



Physician Orders PEDIATRIC: LEB Cardiac Cath Post Procedure Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase
Phase: LEB Cardiac Cath Post Procedure Phase, When to Initiate:

LEB Cardiac Cath Post Procedure Phase

Admission/Transfer/Discharge

- Transfer Pt within current facility
Return Patient to Room
T;N,

Vital Signs

- Vital Signs
Monitor and Record T,P,R,BP, q15 min x 4 occurrences, then q30min x 4 occurrences, then q1 x 1 occurrence, then routine. Complete distal pulse checks with vital signs.

Activity

- Bedrest
For 4 hr, Strict. Keep affected extremity straight for 2h, then limited ambulation until tomorrow AM. (DEF)\*
Stat, For 6 hr, Strict. Keep affected extremity straight for 2hr, then limited ambulation until tomorrow am.

Food/Nutrition

- NPO
Start at: T
NPO
2 hours post procedure, Start at: T
Clear Liquid Diet
Start at: T;N

Patient Care

- Advance Diet As Tolerated
Start clear liquids when awake and advance to regular diet as tolerated.
Elevate Head Of Bed
30 degrees 2 hours after completion of procedure
Intake and Output
Routine, q2h(std)
Check Cath Site
Check cath site and distal extremity pulses, color and perfusion, q15 min x 4 occurrences, then q 30 min x 4 occurrences , then q1h x 3 h, then routine per unit
Dressing Care
T;N, Action: Do Not Change, dressing unless soiled with urine or feces.
Remove Dressing
T;N, remove in AM
Remove Dressing





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*T;N, immediately prior to discharge*

- Remove Dressing  
*T;N, remove in 12 hours*
- Observe For  
*signs /symptoms of bleeding/hematoma from puncture site*
- O2 Sat Spot Check-NSG  
*T;N, With vital signs.*
- O2 Sat Monitoring NSG
- Telemetry  
*Routine*
- Cardiopulmonary Monitor  
*T;N Routine, Monitor Type: CP Monitor*
- DC CP Monitor  
*When ALL Criteria met: No NG-Tube, No PCA, No Chest Tube, No Sepsis Alert notified, PEWS of 0 and 24 hour post op.*
- IV Discontinue When Tolerating PO  
*T;N, heplock IV when tolerating PO liquids*

**Respiratory Care**

- Oxygen Delivery  
*Special Instructions: Titrate to keep O2 sat  $\geq$  92%. Wean to room air.*

**Continuous Infusion**

- Lactated Ringers Injection  
*1,000 mL, IV, Routine, mL/hr*
- D5 1/2NS  
*1,000 mL, IV, Routine, mL/hr*
- D5 1/4 NS  
*1,000 mL, IV, Routine, mL/hr*
- D5 1/2 NS KCl 20 mEq/L  
*1,000 mL, IV, Routine, mL/hr*
- D5 1/4 NS KCl 20 mEq/L  
*1,000 mL, IV, Routine, mL/hr*

**Medications**

- +8 Hours** ceFAZolin  
*25 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 2 dose ), Max dose = 1 gram*
- +6 Hours** vancomycin  
*10 mg/kg, Ped Injectable, IV Piggyback, q6h, Routine, (for 3 dose ), Max dose = 1 gram*
- acetaminophen
  - 10 mg/kg, Liq, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day (DEF)\**
  - 80 mg, Chew tab, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day*





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- 325 mg, Tab, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day
- acetaminophen  
10 mg/kg, Supp, PR, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day
- aspirin
  - 81 mg, Chew tab, PO, QDay, Routine (DEF)\*
  - 325 mg, Tab, PO, QDay, Routine
- ondansetron
  - 0.1 mg/kg, Oral Susp, PO, q8h, PRN Nausea/Vomiting, Routine, Max dose = 4mg (DEF)\*
  - 4 mg, Orally Disintegrating Tab, PO, q8h, PRN Nausea/Vomiting, Routine
- ondansetron  
0.1 mg/kg, Ped Injectable, IV Push, q8h, PRN Nausea/Vomiting, Routine, Max dose = 8 mg

**Laboratory**

- CBC  
T;N, Routine, once, Type: Blood
- PT/INR  
Routine, T;N, once, Type: Blood
- APTT  
Routine, T;N, once, Type: Blood

**Diagnostic Tests**

- EKG  
Start at: T;N, Priority: Stat, Reason: Other, specify, Post cardiac cath, Transport: Bedside
- EKG  
Start at: T+1;0600, Priority: Routine, Reason: Other, specify, Post cardiac cath, Transport: Bedside
- Chest 1 VW  
T;N, Reason for Exam: Other, Enter in Comments, Stat, Bedside  
Comments: Post cardiac cath
- Chest 1 VW  
T+1;0600, Reason for Exam: Other, Enter in Comments, Routine, Bedside  
Comments: Post Cardiac Cath
- Echocardiogram Pediatric (0-18 yrs)  
Start at: T;N, Priority: Stat, Reason: Other, specify, Other reason: Post Cardiac Cath, Transport: Bedside
- Echocardiogram Pediatric (0-18 yrs)  
Start at: T+1;0600, Priority: Routine, Reason: Other, specify, Other reason: Post cardiac cath, Transport: Bedside, Frequency: once
- Holter Monitor  
Start at: T;N, Type of Holter: 24 hrs, Priority: Routine, Reason: Other, specify, Other reason: Post Cardiac Cath
- NM Pulm Perf Imag Particulate  
T;N, Reason for Exam: Other, Enter in Comments, Stat, Wheelchair





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*Comments: Post Cardiac Cath*

**Consults/Notifications/Referrals**

- Notify Physician For Vital Signs Of  
*Notify: Resident*
- R Interventional Radiology Consult LeB only

Date	Time	Physician's Signature	MD Number
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**\*Report Legend:**

- DEF - This order sentence is the default for the selected order
- GOAL - This component is a goal
- IND - This component is an indicator
- INT - This component is an intervention
- IVS - This component is an IV Set
- NOTE - This component is a note
- Rx - This component is a prescription
- SUB - This component is a sub phase, see separate sheet
- R-Required order

