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 q30 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 =/>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 ____________________________

*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