



# Physician Orders

## LEB ED Joint Aspiration Procedure Plan

[X or R] = will be ordered unless marked out.

PEDIATRIC

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
<b>Initial Protocol Phase</b>		
<input checked="" type="checkbox"/>	Vital signs	T;N, Stat Monitor and Record T,P,R,BP, per routine
<input checked="" type="checkbox"/>	NPO	T;N
<b>Patient Care</b>		
<input type="checkbox"/>	<b>LEB ED Procedural Sedation Plan</b>	<b>see separate order sheet</b>
<input type="checkbox"/>	IV Insert/Site Care LEB	T;N, STAT, q2h
<input type="checkbox"/>	Consent Signed For	T;N, Procedure: _____, Performed by: _____
<input type="checkbox"/>	Immobilizer Apply	T;N, Apply to: _____
<input type="checkbox"/>	Splint Apply	T;N, Apply to: _____
<input type="checkbox"/>	Instruct/Educated (ED Crutches-Give & Instruct)	T;N, Obtain crutches and instruct on crutch walking.
<b>Continuous Infusions</b>		
<input type="checkbox"/>	Sodium Chloride 0.9% Chloride 0.9% Bolus	(Sodium _____ml(20 mL/kg), IV,once, STAT (Infuse over 15 min),(Bolus)
<input type="checkbox"/>	Sodium Chloride 0.9% Chloride 0.9% Bolus	(Sodium _____ml(10 mL/kg), IV,once, STAT (Infuse over 15 min),(Bolus)
<input type="checkbox"/>	Sodium Chloride 0.9% Chloride 0.9% Bolus	(Sodium _____ml(10 mL/kg), IV,once, STAT (Infuse over 30 min),(Bolus)
<input type="checkbox"/>	Sodium Chloride 0.9% Chloride 0.9% Bolus	(Sodium _____ml(20 mL/kg), IV,once, STAT (Infuse over 30 min),(Bolus)
<input type="checkbox"/>	Sodium Chloride 0.9%	1000mL,IV,STAT,T:N, at _____mL/hr
<input type="checkbox"/>	Dextrose 5% with 0.45% NaCl 1/2NS)	(D5 1000mL,IV,STAT,T:N, at _____mL/hr
<input type="checkbox"/>	Dextrose 5% with 0.2% NaCl 1/4NS)	(D5 1000mL,IV,STAT,T:N, at _____mL/hr
<input type="checkbox"/>	Potassium Chloride 1/2 NS KCl 20 mEq/L)	(D5 1000mL,IV,STAT,T:N, at _____mL/hr
<input type="checkbox"/>	Potassium Chloride 1/4 NS KCl 20 mEq/L)	(D5 1000mL,IV,STAT,T:N, at _____mL/hr
<b>Medications</b>		
<input type="checkbox"/>	acetaminophen-codeine (acetaminophen-codeine 120mg-12mg/5mL oral liquid)	_____mg(1mg/kg),Liq,PO,once,STAT,T;N,(5mL=12mg codeine), Max dose = 24 mg
<input type="checkbox"/>	acetaminophen-codeine (acetaminophen-codeine #3)	1 tab,Tab,PO,once,STAT,T;N, (1 tab = 30mg codeine)
<input type="checkbox"/>	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 325mg-7.5mg/15mL oral sol)	_____mL (02.mg/kg) Elixar, PO, once, STAT, (5mL = 2.5mg HYDROcodone), For Pain
<input type="checkbox"/>	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 325mg-5mg oral tablet)	1 tab,Tab,PO,once,STAT,T;N, (1 tab = 5 mg of HYDROcodone), Max dose = 10mg





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### Medications continued

<input type="checkbox"/>	EPINEPHrine-lidocaine (EPINEPHrine-lidocaine 1:100,000-1% inj)	___mL,injection,ID,once,STAT,T;N
<input type="checkbox"/>	lidocaine (lidocaine 1% inj)	___mL,injection,ID,once,STAT,T;N
<input type="checkbox"/>	ketorolac	___mg(0.5mg/kg),injectable,IV PUSH,once,STAT,T;N, Max single dose = 30 mg
<input type="checkbox"/>	ketorolac	___mg(0.5mg/kg),injectable,IM,once,STAT,T;N, Max single dose = 30 mg
<input type="checkbox"/>	morPHINE	___mg(0.1mg/kg),injectable,IV PUSH,once,STAT,T;N, Max initial dose = 10 mg
<input type="checkbox"/>	morPHINE	___mg(0.1mg/kg),injectable,IM,once,STAT,T;N, Max initial dose = 10 mg
<input type="checkbox"/>	LORazepam	___mg(0.1mg/kg),Ped injectable,IV PUSH,once,STAT

### Laboratory

<input type="checkbox"/>	Blood Culture	STAT, T;N, once
<input type="checkbox"/>	Basic Metabolic Panel (BMP)	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	C-Reactive Protein (CRP)	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	CBC	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Erythrocyte Sedimentation Rate (Sed Rate)	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Synovial Fluid Profile	STAT, T;N, once, Type: Synovial Fluid, once, Nurse Collect
<input type="checkbox"/>	Body Fluid Culture and Gram Stain (Culture, Body Fluid and Gram Stain )	STAT, T;N, once, Nurse Collect
<input type="checkbox"/>	Crystal Analysis Fluid	STAT, T;N, once, Type: Joint Fluid, once, Nurse Collect

### If possibility of pregnancy, order one of below:

<input type="checkbox"/>	Pregnancy Screen Serum	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Pregnancy Screen Urine Point of Care	T;N, STAT, once

### Diagnostic Tests

<input type="checkbox"/>	US Guide for Ndl Place Bx/Asp/Inj/Loc	T;N, STAT, Reason:_____, Transport Mode: Stretcher
<input type="checkbox"/>	Elbow 2+VW LT	T;N Reason for Exam:Trauma, STAT, Transport Mode: Stretcher
<input type="checkbox"/>	Elbow 2+VW RT	T;N Reason for Exam:Trauma, STAT, Transport Mode: Stretcher
<input type="checkbox"/>	Femur 2VW LT	T;N Reason for Exam:Trauma, STAT, Transport Mode: Stretcher
<input type="checkbox"/>	Femur 2VW RT	T;N Reason for Exam:Trauma, STAT, Transport Mode: Stretcher
<input type="checkbox"/>	Knee 1/2VW LT	T;N Reason for Exam:Trauma, STAT, Transport Mode: Stretcher
<input type="checkbox"/>	Knee 1/2VW RT	T;N Reason for Exam:Trauma, STAT, Transport Mode: Stretcher
<input type="checkbox"/>	Knee 3VW LT	T;N Reason for Exam:Trauma, STAT, Transport Mode: Stretcher
<input type="checkbox"/>	Knee 3VW RT	T;N Reason for Exam:Trauma, STAT, Transport Mode: Stretcher



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### Diagnostic Tests continued

<input type="checkbox"/>	Pelvis 1/2VW	T;N Reason for Exam:Trauma, STAT, Transport Mode: Stretcher
<input type="checkbox"/>	Pelvis & Hips Infant/Ped 2+VW	T;N Reason for Exam:Trauma, STAT, Transport Mode: Stretcher
<input type="checkbox"/>	Hips 2+VW Ea Hip Incl AP Pelvis Bil ( AP & Frogleg Lat Hips )	T;N Reason for Exam:Trauma, STAT, Transport Mode: Stretcher
<input type="checkbox"/>	Hip Comp 2+VW LT ( AP & Lat LT Hip )	T;N Reason for Exam:Trauma, STAT, Transport Mode: Stretcher
<input type="checkbox"/>	Hip Comp 2+VW RT ( AP & Lat RT Hip )	T;N Reason for Exam:Trauma, STAT, Transport Mode: Stretcher
<input type="checkbox"/>	Tibia & Fibula 2VW LT	T;N Reason for Exam:Trauma, STAT, Transport Mode: Stretcher
<input type="checkbox"/>	Tibia & Fibula 2VW RT	T;N Reason for Exam:Trauma, STAT, Transport Mode: Stretcher

<b>Date</b>	<b>Time</b>	<b>Physician's Signature</b>	<b>MD Number</b>