



Physician Orders

LEB PICU Status Epilepticus Plan

PEDIATRIC

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/>	Initiate Powerplan Phase	T;N, Phase: LEB PICU Admit Phase
Admission/Transfer/Discharge		
<input type="checkbox"/>	Admit Patient to Dr. _____	
<input type="checkbox"/>	Admit Status: <input type="checkbox"/> Inpatient <input type="checkbox"/> Routine Post Procedure <24hrs <input type="checkbox"/> 23 hour OBS	
<input type="checkbox"/>	Bed Type: <input type="checkbox"/> Med/Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Telemetry; Specific Unit Location: _____	
<input type="checkbox"/>	Admit Patient	T;N, Bed Type: Critical Care, Admit to Unit: PICU
<input type="checkbox"/>	Notify Physician-Once	T;N, of room number on arrival to unit.
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
Vital Signs		
<input type="checkbox"/>	Vital Signs	T;N, Monitor and Record T,P,R,BP, q2h(std)
<input type="checkbox"/>	Vital signs w/Neurochecks	T;N, T,P,R,BP, q2h
<input type="checkbox"/>	Arterial Blood Pressure Monitoring	T;N, transduce for continuous monitoring
<input type="checkbox"/>	CVP Monitoring	T;N, transduce for continuous monitoring
Activity		
<input type="checkbox"/>	Bedrest	T;N
<input type="checkbox"/>	Out Of Bed (Activity As Tolerated)	T;N, Up Ad Lib, With Assistance
Food/Nutrition		
<input type="checkbox"/>	NPO	Start at: T;N
<input type="checkbox"/>	Breastmilk (Expressed)	T;N
<input type="checkbox"/>	Formula Per Home Routine	T;N
<input type="checkbox"/>	Formula Orders	_____
<input type="checkbox"/>	Clear Liquid Diet	Start at: T;N
<input type="checkbox"/>	Regular Pediatric Diet	Start at: T;N
Patient Care		
<input type="checkbox"/>	Advance Diet As Tolerated	T;N, Start clear liquids and advance to regular diet as tolerated.
<input type="checkbox"/>	Isolation Precautions	T;N, Type: _____
<input type="checkbox"/>	Strict I/O	T;N, Routine, intake q1h, output q2h or as condition indicates
<input type="checkbox"/>	Daily Weights	T;N, Routine, qEve
<input type="checkbox"/>	Elevate Head Of Bed	T;N, 30 degrees
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N, q1h(std)
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N, q2h(std)
<input type="checkbox"/>	Cardiopulmonary Monitor	T;N Routine, Monitor Type: CP Monitor
<input type="checkbox"/>	Intra-Abdominal Pressure Monitoring	T;N
<input type="checkbox"/>	Bedside Glucose Nsg	T;N, Frequency: _____
<input type="checkbox"/>	Measure circumference	T;N, Of: Head, measure on admission (for ages <1 and as indicated)
<input type="checkbox"/>	Seizure precautions	T;N, routine
<input type="checkbox"/>	Restraint (Protective) MD Order	T;N, Site: _____, For 24 hr, Comment: Based on my assessment of the patient, I have concluded that protective restraint should be initiated/continued as specified until the indications are no longer present or throughout the following calendar day, whichever comes first.
<input type="checkbox"/>	NIRS Monitor	T;N
<input type="checkbox"/>	Bispectral Index Monitoring	T;N



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Respiratory Care	
<input type="checkbox"/>	LEB Critical Care Respiratory Plan see separate sheet
<input type="checkbox"/>	Initiate Pediatric Respiratory Treatment T;N Protocol
<input type="checkbox"/>	Oxygen Delivery T;N, ___ L/min, Special Instructions: Titrate to keep O2 sat at 85% to 93%
Continuous Infusions	
<input type="checkbox"/>	Sodium Chloride 0.9% 1000 mL, Injection, Intra-ARTERIAL, ___ mL/hr, Routine, T;N, Infuse via ART line, To be performed by RT
<input type="checkbox"/>	Sodium Chloride 0.9% 1000 mL, Injection, Central IV, ___ mL/hr, Routine, T;N, Infuse via CVP line, To be performed by RT
<input type="checkbox"/>	Sodium Chloride 0.9% 1000mL,IV,Routine,T:N, at ___ mL/hr
<input type="checkbox"/>	D5 1/2NS 1000mL,IV,Routine,T:N, at ___ mL/hr
<input type="checkbox"/>	D5 1/4NS 1000mL,IV,Routine,T:N, at ___ mL/hr
<input type="checkbox"/>	D5 1/2NS KCL 20mEq/L 1000mL,IV,Routine,T:N, at ___ mL/hr
<input type="checkbox"/>	D5 1/4NS KCL 20mEq/L 1000mL,IV,Routine,T:N, at ___ mL/hr
<input type="checkbox"/>	PENTobarbital _____ mg, (5 mg/kg),Injection,IV,q15min (4 dose),STAT, T;N, Loading dose
<input type="checkbox"/>	PENTobarbital drip (pediatric) _____ mg/kg/hr, Injection, IV, Routine, T;N, Reference Range: 1 to 3 mg/kg/hr
<input type="checkbox"/>	albumin, human 5% bolus _____ mL/kg,injection, IV,once,STAT,T:N, Infuse over: 30 min, (Bolus)
<input type="checkbox"/>	Sodium Chloride 3% 500mL,IV,Routine,T:N, at ___ mL/hr
Anticoagulants	
<input type="checkbox"/>	heparin drip (pediatric) _____ units/kg/hr, Injection, IV, Routine, T;N, Reference Range: 18 to 28 units/kg/hr
Sedatives	
<input type="checkbox"/>	midazolam drip (pediatric) _____ mg/kg/hr, Injection, IV, Routine, T;N, Reference Range: 0.05 to 0.2 mg/kg/hr
<input type="checkbox"/>	ketamine drip (Pediatric) _____ mg/kg/hr, Injection, IV, Routine, T;N, Reference Range: 0.5 to 2 mg/kg/hr
<input type="checkbox"/>	fentaNYL drip (pediatric) _____ mcg/kg/hr, Injection, IV, Routine, T;N, Reference Range: 0.5 to 2 mcg/kg/hr
<input type="checkbox"/>	propofol drip (Pediatric) _____ mg/kg/hr, Injection, IV, Routine, T;N, Reference Range: 1 to 4 mg/kg/hr
Electrolytes	
<input type="checkbox"/>	calcium chloride _____ mg,(10 mg/kg), injection, IV, once, STAT,T;N, Max dose = 1 gram
<input type="checkbox"/>	magnesium sulfate _____ mg/kg, injection, IV,once, STAT,T;N, Reference Range: 25 to 75 mg/kg, Max pediatric dose = 2 grams
<input type="checkbox"/>	sodium bicarbonate _____ mEq,(1 mEq/kg), injection, IV, once, STAT,T;N
<input type="checkbox"/>	tromethamine (THAM) _____ mL/kg,(3 mL/kg), injection, IV, once, STAT,T;N
NOTE: consider calcium gluconate if no central line	
<input type="checkbox"/>	calcium gluconate _____ mg,(100 mg/kg), injection, IV, once, STAT,T;N
Insulins	
<input type="checkbox"/>	insulin Drip (pediatric) _____ units/kg/hr, Injection, IV, Routine, T;N, Titrate Instructions: initiate at 0.05 units/kg/hr and increase by 0.01 units/kg/hr to maintain glucose 80-150 mg/dL

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Medications		
[]	Heparin 10 unit/mL Flush	5 mL (10units/mL), Ped Injectable, IVPush, PRN, routine, T;N, peripheral or central line per nursing policy
[]	acetaminophen	_____mg(10 mg/kg), Liq, PO, q4h, PRN Pain or Fever, T;N, Max Dose=90mg/kg/day up to 4 g/day
[]	acetaminophen	_____mg(10 mg/kg), Supp, PR, q4h, PRN Pain or Fever, T;N, Max Dose=90mg/kg/day up to 4 g/day
[]	acetaminophen	80 mg, chew tab, PO, q4h, PRN Pain or Fever, T;N, Max Dose=90 mg/kg/day up to 4 g/day
[]	acetaminophen	325mg, tab, PO, q4h, PRN Pain or Fever, T;N, Max Dose=90 mg/kg/day up to 4 g/day
[]	ondansetron	_____mg(0.1 mg/kg), Oral Soln, PO, q8h, PRN nausea/vomiting, routine, T;N, Max dose = 4mg
[]	ondansetron	4mg, Orally Disintegrating Tablet, PO, q8h, PRN nausea/vomiting, routine, T;N
[]	ondansetron	_____mg(0.1 mg/kg), injection, IVPush, q8h, PRN nausea/vomiting, routine, T;N, Max dose= 4mg
[]	heparin	_____units, (75 units/kg), Injection, IV, once, Routine, T;N, Give over 10 minutes
[]	enoxaparin	_____mg, (0.5mg/kg), Injection, subcutaneous, q12h, Routine, T;N, Prophylaxis dose, May use subcutaneous catheter
[]	ranitidine	_____mg, (1 mg/kg), Injection, IV, q8h, Routine, T;N, Max dose = 150 mg/day
[]	pantoprazole	_____mg(1mg/kg), Injection, IV Piggyback, q24h, Routine T;N, Max dose = 40 mg/day
[]	LORazepam	_____mg, (0.1 mg/kg), Injection, IV, once, STAT, T;N
[]	midazolam	_____mg, (0.1 mg/kg), Injection, IV, once, STAT, T;N
[]	diazepam	2.5 mg, Gel, PR, once, STAT, T;N
[]	diazepam	5 mg, Gel, PR, once, STAT, T;N
[]	diazepam	10 mg, Gel, PR, once, STAT, T;N
[]	diazepam	12.5 mg, Gel, PR, once, STAT, T;N
[]	diazepam	15 mg, Gel, PR, once, STAT, T;N
[]	diazepam	17.5 mg, Gel, PR, once, STAT, T;N
[]	diazepam	20 mg, Gel, PR, once, STAT, T;N
[]	PHENobarbital	_____mg, (10 mg/kg), Injection, IV, once, STAT, T;N, Loading dose
[]	PHENobarbital	_____mg, (20 mg/kg), Injection, IV, once, STAT, T;N, Loading dose
[]	PHENobarbital	_____mg, (3 mg/kg), Injection, IV Piggyback, q12h, Routine, T;N, For children less than 12 years
[]	PHENobarbital	_____mg, (1 mg/kg), Injection, IV Piggyback, q12h, Routine, T;N, For children greater than or equal to 12 years
[]	fosphenytoin	_____mg, (10 mg/kg), Injection, IV, once, STAT, T;N, Loading dose, Dose measured in fosphenytoin equivalents
[]	fosphenytoin	_____mg, (20 mg/kg), Injection, IV, once, STAT, T;N, Loading dose, Dose measured in fosphenytoin equivalents
[]	fosphenytoin	_____mg, (2.5 mg/kg), Injection, IV Piggyback, q12h, Routine, T;N, Dose measured in fosphenytoin equivalents
[]	levetiracetam (Kepra)	_____mg, (10 mg/kg), Injection, IV Piggyback, once, STAT, T;N, Loading Dose
[]	levetiracetam (Kepra)	_____mg, (10 mg/kg), Injection, IV Piggyback, q12h, routine, T;N

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Anti-infectives		
<input type="checkbox"/>	LEB Anti-Infective Orders	see separate sheet
Laboratory		
<input type="checkbox"/>	LEB Transfusion- 4 Months of Age or Greater Plan	see separate sheet
<input type="checkbox"/>	LEB Transfusion- Neonate Less than 4 Months of Age Plan	see separate sheet
<input type="checkbox"/>	CBC	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Basic Metabolic Panel (BMP)	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Comprehensive Metabolic Panel (CMP)	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	C-Reactive Protein (CRP)	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Prothrombin Time (PT/INR)	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Partial Thromboplastin Time (PTT)	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Fibrinogen Level	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	D-Dimer Quantitative	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Triglyceride	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Ammonia Level	STAT, T;N, Type: Blood, Comment: immediately place specimen on ice
<input type="checkbox"/>	Phenobarbital Level	T;N, STAT, blood,once
<input type="checkbox"/>	Phenytoin Level	T;N, STAT, blood,once
<input type="checkbox"/>	Carbamazepine Level	T;N, STAT, blood,once
<input type="checkbox"/>	Topiramate Level	T;N, STAT, blood,once
<input type="checkbox"/>	Glucose level	T;N, STAT, blood,once
<input type="checkbox"/>	BUN	T;N, STAT, blood,once
<input type="checkbox"/>	Creatinine	T;N, STAT, blood,once
<input type="checkbox"/>	Calcium Level	T;N, STAT, blood,once
<input type="checkbox"/>	Magnesium Level	T;N, STAT, blood,once
<input type="checkbox"/>	Phosphorus Level	T;N, STAT, blood,once
<input type="checkbox"/>	Albumin Level	T;N, STAT, blood,once
<input type="checkbox"/>	AST (SGOT)	T;N, STAT, blood,once
<input type="checkbox"/>	ALT (SGPT)	T;N, STAT, blood,once
<input type="checkbox"/>	GGT	T;N, STAT, blood,once
<input type="checkbox"/>	Blood Culture	STAT, T;N, once, Specimen Source: Line, Central
<input type="checkbox"/>	Blood Culture	STAT, T;N+5, once, Specimen Source: Peripheral Blood
<input type="checkbox"/>	Unknown Drug by GC/MS	T;N, STAT, type:other,once
<input type="checkbox"/>	Drug Screen Blood	T;N, STAT, blood,once
<input type="checkbox"/>	Drug Screen stat, Urine	T;N, STAT, urine,once, nurse collect
<input type="checkbox"/>	Urinalysis w/Reflex Microscopic Exam	T;N, STAT, urine,once, nurse collect
Diagnostic Tests		
<input type="checkbox"/>	EEG	T;N, routine, Type: EEG at bedside, Reason: Seizures
<input type="checkbox"/>	Epilepsy Monitoring	T;N, routine, Type: EEG with video, Comment: Reason/Clinical Hx: Seizures, Status epilepticus
<input type="checkbox"/>	CT Brain W/WO Plan	T;N, routine, Reason: _____, Transport: wheelchair
<input type="checkbox"/>	CT Brain WO	T;N, routine, Reason: _____, Transport: wheelchair

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Consults/Notifications		
<input type="checkbox"/>	Notify Physician For Vital Signs Of	T;N, For: BP Systolic < _____, BP diastolic < _____, mean BP < _____, Celsius Temp < _____, Celsius Temp > _____, HR > _____, HR < _____, Resp Rate > _____, Resp Rate < _____, O2 Sat < _____, UOP < _____, Glucose > _____, Glucose < _____, ICP > _____
<input type="checkbox"/>	Notify Physician-Continuing	T;N, Mental status changes, increased oxygen requirements, O2 sats less than _____%
<input type="checkbox"/>	Notify Resident-Continuing	T;N, For: _____, Who: _____
<input type="checkbox"/>	Notify Resident-Once	T;N, For: _____, Who: _____
<input type="checkbox"/>	Consult MD Group	T;N, Consult Who: _____, Reason: _____ Neurology
<input type="checkbox"/>	Consult MD Group	T;N, Consult Who: _____, Reason: _____
<input type="checkbox"/>	Consult MD	T;N, Consult Who: _____, Reason: _____
<input type="checkbox"/>	Dietitian Consult	T;N, Type: _____
<input type="checkbox"/>	Lactation Consult	T;N, Reason: _____
<input type="checkbox"/>	Consult Child Life	T;N, Reason: _____
<input type="checkbox"/>	Consult Pastoral Care	T;N, Reason: _____
<input type="checkbox"/>	LCAP Consult	T;N, Reason: _____
<input type="checkbox"/>	Medical Social Work Consult	T;N, Reason: _____
<input type="checkbox"/>	Pharmacy Consult for PCA	T;N, Reason: _____

 Date

 Time

 Physician's Signature

 MD Number