Physician Orders PEDIATRIC: LEB PICU Admit Plan

to PROD-DMM.

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

☑ Initiate Powerplan Phase

Phase: LEB PICU Admit Phase, When to Initiate: __________________________

LEB PICU Admit Phase

Admission/Transfer/Discharge

☐ Patient Status Initial Inpatient
T,N Admitting Physician: ________________________________
Reason for Visit: ____________________________________________
Bed Type: Critical Care Specific Unit: PICU
Care Team: ________________________________ Anticipated LOS: 2 midnights or more
☑ Notify Physician-Once

Notify For: of room number on arrival to unit.

Vital Signs

☐ Vital Signs

☐ Monitor and Record T,P,R,BP, q2h(std) (DEF)*
☐ Monitor and Record T,P,R,BP, q1h(std)

☐ Arterial Blood Pressure Monitoring

transduce for continuous monitoring

☐ CVP Monitoring

transduce for continuous monitoring

Activity

☑ Bedrest

☐ Activity As Tolerated

Up Ad Lib, With Assistance

Food/Nutrition

☑ NPO

☐ Breastmilk (Expressed)

☐ LEB Formula Orders Plan(SUB)*

☐ Clear Liquid Diet

Start at: T,N

☑ Regular Pediatric Diet

Patient Care

☐ Advance Diet As Tolerated

Start clear liquids and advance to regular diet as tolerated.

☐ Isolation Precautions

Intake and Output

☐ Routine, intake q1h, output q2h

☐ Daily Weights

Routine, qEve

☐ Measure Circumference

Of: Head, Measure on admission (for ages <1 and as indicated)

☐ Measure Circumference

Of: Abdominal Girth

☑ Elevate Head Of Bed

30 degrees

☐ Elevate
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Area: Affected Extremity

☑ O2 Sat Monitoring NSG
  ☑ q1h(std) (DEF)*
  ☑ q2h(std)

☑ Cardiopulmonary Monitor
  Routine, Monitor Type: CP Monitor

☑ Suction Patient
  PRN, airway clearance

☐ Intra-Abdominal Pressure Monitoring
☐ ICP Insertion Setup
☐ ICP Monitoring
☐ Bedside Glucose Nsg
☐ NGT
  NG Tube Type: Flexible, use for meds and feedings

☐ Replogle (NGT)
  NG Tube Type: Rigid, Suction Strength: To Gravity (DEF)*
  NG Tube Type: Rigid, Suction Strength: Low Intermittent

☐ Replogle (OGT)
  OG Tube Type: Rigid, to gravity (DEF)*
  OG Tube Type: Rigid, to low intermittent wall suction

☐ Chest Tube Care
  To Suction At: -20cm (DEF)*
  To Suction At: -30cm
  To Suction At: -10cm
to water seal

☐ Heat Apply
☐ Cold Apply
☐ SCD Apply
  Apply To Lower Extremities

☐ NIRS Monitor
☐ Bispectral Index Monitoring

Respiratory Care

☐ LEB Critical Care Respiratory Plan(SUB)*

☐ Oxygen Delivery
  Special Instructions: Titrate to keep O2 sat at 85% to 93%

Continuous Infusion

☐ Sodium Chloride 0.9% Bolus
  mL/kg, Injection, IV, once, STAT, (infuse over 15 min), (Bolus)

☐ Lactated Ringers Bolus
  mL/kg, Injection, IV, once, STAT, (infuse over 15 min), Comment: (Bolus)

☐ albumin, human 5% Bolus
  mL/kg, Injection, IV, once, STAT, (infuse over 15 min), Comment: (Bolus)

☐ Heparin 2 Units/ml in 500 ml NS (Pediatric)
  500 mL, Central IV, Routine, mL/hr
  Comments: Infuse via central line

☐ Sodium Chloride 0.9%
  1,000 mL, Intra-ARTERIAL, Routine, mL/hr
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Comments: Infuse via ART line, To be performed by RT

☐ Sodium Chloride 0.9%
  1,000 mL, Central IV, Routine, mL/hr
  Comments: Infuse via CVP line

☐ Heparin 2 Units/ml in 500 ml NS (Pediatric)
  500 mL, Intra-ARTERIAL, Routine, mL/hr
  Comments: Infuse via arterial line

☐ +1 Hours Heparin Drip (Pediatric) (IVS)*
  Diluent volume
  500 mL, IV, Routine
  heparin (additive)
  25,000 units, unit/kg/hr

☐ Sodium Chloride 0.9%
  1,000 mL, IV, Routine, mL/hr

☐ D5 1/2NS
  1,000 mL, IV, Routine, mL/hr

☐ D5 1/2 NS KCl 20 mEq/L
  1,000 mL, IV, Routine, mL/hr

☐ D10W
  1,000 mL, IV, Routine, mL/hr

☐ Sodium Chloride 3%
  500 mL, IV, Routine, mL/hr

☐ aminophylline
  6 mg/kg, Ped Injectable, IV, once, Routine, (infuse over 30 min), (Loading Dose)

☐ Aminophylline Drip (Pediatric) (IVS)*
  Dextrose 5% in Water
  30 mL, IV, Routine, Reference Range: 0.8 to 1 mg/kg/hr
  aminophylline (additive)
  500 mg, mg/kg/hr

Vasoactive Medications

☐ +1 Hours DOPamine Drip (Pediatric) (IVS)*
  Diluent volume
  250 mL, IV, Routine, Reference Range: 2 to 20 mcg/kg/min
  DOPamine
  400 mg, mcg/kg/min

☐ +1 Hours DOBUTamine Drip (Pediatric) (IVS)*
  Diluent volume
  250 mL, IV, Routine, Reference Range: 2 to 20 mcg/kg/min
  DOBUTamine
  500 mg, mcg/kg/min

☐ +1 Hours EPINEPHrine Drip (Pediatric) (IVS)*
  Dextrose 5% in Water
  49.5 mL, IV, Routine, Reference Range: 0.01 to 0.2 mcg/kg/min
  EPINEPHrine (additive)
  0.5 mg, mcg/kg/min

☐ +1 Hours NORepinephrine Drip (Pediatric) (IVS)*
  Dextrose 5% in Water
  96 mL, IV, Routine, Reference Range: 0.01 to 0.2 mcg/kg/min
  norepinephrine
  4 mg, mcg/kg/min
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+1 Hours Vasopressin Drip (Pediatric) (SHOCK) (IVS)*
Sodium Chloride 0.9%
97.5 mL, IV, Routine, milli-units/kg/min, Reference Range: 0.2 to 0.5 milli-units/kg/min
vasopressin (additive)
50 units

+1 Hours Milrinone Drip (Pediatric) (IVS)*
Diluent volume
100 mL, IV, Routine, Reference Range: 0.25 to 0.75 mcg/kg/min
Comments: Dose must be adjusted for renal dysfunction
milrinone (additive)
20 mg, mcg/kg/min

+1 Hours NICARdipine Drip (Pediatric) (IVS)*
Diluent volume
200 mL, IV, Routine, Reference Range: 1 to 3 mcg/kg/min
niCARdipine (additive)
40 mg, mcg/kg/min

+1 Hours Labetalol Drip (Pediatric) (IVS)*
Diluent volume
40 mL, IV, Routine, Reference Range: 0.25 to 1 mg/kg/hr
labetalol (additive) pediatric
200 mg, mg/kg/hr

+1 Hours NitroPRUSSIDE Drip (Pediatric) (IVS)*
Dextrose 5% in Water
98 mL, IV, Routine, Reference Range: 0.5 to 5 mcg/kg/min
nitroprusside
50 mg, mcg/kg/min

+1 Hours Esmolol Drip (Pediatric) (IVS)*
Diluent volume
100 mL, IV, Routine, Reference Range: 50 to 250 mcg/kg/min
esmolol
2,000 mg, mcg/kg/min

Sedation
+1 Hours Midazolam Drip (Pediatric) (IVS)*
Dextrose 5% in Water
15 mL, IV, Routine, Reference Range: 0.05 to 0.2 mg/kg/hr
midazolam (additive)
50 mg, mg/kg/hr

+1 Hours MorPHINE Drip (Pediatric) (IVS)*
Dextrose 5% in Water
49.5 mL, IV, Routine, Reference Range: 20 to 100 mcg/kg/hr
morPHINE (additive)
5 mg, mcg/kg/hr

+1 Hours FentaNYL Drip (Pediatric) (IVS)*
Dextrose 5% in Water
15 mL, IV, Routine, Reference Range: 0.5 to 2 mcg/kg/hr
fentanyl (additive)
500 mcg, mcg/kg/hr
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+1 Hours Propofol Drip (Pediatric) (IVS)*
   Diluent volume
   100 mL, IV, Routine, Reference Range: 1 to 4 mg/kg/hr
   propofol (additive pediatric)
   1,000 mg/kg/hr, mg/kg/hr

Paralytics
   +1 Hours Rocuronium Drip (Pediatric) (IVS)*
   Diluent volume
   30 mL, IV, Routine
   rocuronium (additive)
   300 mg, mcg/kg/min

Electrolytes
   Consider calcium gluconate if no central line (NOTE)*
   calcium chloride
   10 mg/kg, Ped Injectable, IV, once, STAT, Max dose= 1 gram
   Comments: Consider calcium gluconate if no central line calcium gluconate 100 mg/kg, Ped Injectable, IV, once, STAT
   +1 Hours calcium gluconate
   100 mg/kg, Ped Injectable, IV, once, STAT
   magnesium sulfate
   mg/kg, IV, once, STAT, Max pediatric dose= 2 grams
   Comments: Reference Range: 25 to 75 mg/kg
   sodium bicarbonate 4.2% intravenous solution
   1 mEq/Kg, Injection, IV, once, STAT, ( infuse over 30 min )
   sodium bicarbonate 8.4% intravenous solution
   1 mEq/Kg, Injection, IV, once, STAT, ( infuse over 30 min )
   tromethamine
   3 mL/kg, Ped Injectable, IV, once, STAT

Insulins
   +1 Hours Insulin Drip (Pediatric) (IVS)*
   Sodium Chloride 0.9%
   248.75 mL, IV, Routine, unit/kg/hr
   Comments: Titrate Instructions: initiate at 0.05 units/kg/hr and increase by 0.01 units/kg/hr to maintain glucose 100-180 mg/dL. Prime Tubing with solution, WAIT 20 minutes flush tubing with priming volume, then start infusion. Do NOT bolus insulin.
   insulin reg (additive)
   125 units

Medications
   +1 Hours heparin
   75 units/kg, Injection, IV, once, Routine, ( infuse over 10 min ), Loading Dose
   Comments: Give over 10 minutes
   +1 Hours enoxaparin
   0.75 mg/kg, Injection, Subcutaneous, q12h, Routine [Less Than 1 year] (DEF)*
   Comments: Prophylaxis dose,
   0.5 mg/kg, Injection, Subcutaneous, q12h, Routine [Greater Than or Equal To 1 year]
   Comments: Prophylaxis dose,
   +1 Hours famotidine
   0.25 mg/kg, Injection, IV, q12h, Routine, Max Daily Dose = 40 mg/day
   +1 Hours pantoprazole
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1 mg/kg, Ped Injectable, IV Piggyback, q24h, Routine, (infuse over 15 min), Max dose = 40 mg/day

+1 Hours midazolam
0.1 mg/kg, Ped Injectable, IV Push, q1h, PRN Sedation, Routine, (for 5 day)
Comments: Max Dose= 4mg

+1 Hours acetaminophen
325 mg, Tab, PO, q4h, PRN Mild Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day
Comments: Max Dose= 4mg

+1 Hours acetaminophen
10 mg/kg, Liq, PO, q4h, PRN Mild Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day

+1 Minutes acetaminophen
10 mg/kg, Supp, PR, q4h, PRN Mild Pain or Fever

Comments: Max Dose = 75 mg/kg/day up to 4g/day

+1 Hours ketorolac
0.5 mg/kg, Ped Injectable, IV Push, q6h, PRN Pain, Moderate (4-7), Routine, (for 5 day), Max dose = 30mg

+1 Hours morphine
0.1 mg/kg, Ped Injectable, IV Push, q1h, PRN Pain, Routine, (for 3 day), Max dose = 5 mg

+1 Hours propofol 10 mg/mL intravenous emulsion
2 mg/kg, Injection, IV, q1h, PRN Sedation, Routine

+1 Hours Lacri-Lube S.O.P.
1 application, Ophthalmic Oint, Both Eyes, q1h, PRN Dry Eyes, Routine
Comments: Apply approximately 0.5 inches of the drug to each eye

LEB Anti-Infective Orders Plan(SUB)*

Laboratory

- LEB Transfusion 4 Months of Age or Greater Plan(SUB)*
- LEB Transfusion Less Than 4 Months of Age Plan(SUB)*
- CBC
- BMP
- CMP
- CRP
- PT/INR
- PTT
- Fibrinogen Level
- D-Dimer Quantitative
- Triglyceride
- Ammonia Level
- Blood Culture
- Blood Culture
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STAT, T;N+5, once, Specimen Source: Peripheral Blood

☐ Urinalysis w/Reflex Microscopic Exam
   STAT, T;N, once, Type: Urine, Nurse Collect

☐ Urine C&S
   STAT, T;N, Specimen Source: Urine, Nurse Collect

☐ Osmolality Urine
   STAT, T;N, Type: Urine, Nurse Collect

☐ Sodium Urine Random
   STAT, T;N, Type: Urine, Nurse Collect

☐ Influenza A&B Screen w/ Reflex PCR
   STAT, T;N, once, Type: Nasopharyngeal(N-P), Nurse Collect

☐ RSV Antigen Screen
   STAT, T;N, once, Type: Nasopharyngeal(N-P), Nurse Collect

☐ Respiratory Culture, Viral
   STAT, T;N, Specimen Source: Nasopharyngeal(N-P), Nurse Collect

☐ Culture, Respiratory and Gram Stain
   STAT, T;N, Specimen Source: Aspirate Trachea, Nurse Collect

☐ Cell Count & Diff CSF
   STAT, T;N, Type: CSF
   Comments: Tube #3

☐ CSF Culture and Gram Stain
   STAT, T;N, Specimen Source: Cerebrospinal Fluid(CSF) Tube # 1
   Comments: Tube #1

☐ Glucose CSF
   STAT, T;N, once, Type: CSF
   Comments: Tube #2

☐ Protein CSF
   STAT, T;N, once, Type: CSF
   Comments: Tube #2

Diagnostic Tests

☐ Chest 1 View
   T;N, Stat, Portable

☐ KUB
   T;N, Stat, Portable

☐ LEB CT Brain Head W/WO Cont Plan(SUB)*
☐ LEB CT Soft Tissue Neck W Cont Plan(SUB)*
☐ LEB CT Spine Cervical WO Cont Plan(SUB)*
☐ LEB CT Abdomen WO Cont Plan(SUB)*
☐ LEB CT Abdomen W/WO Cont Plan(SUB)*

Consults/Notifications/Referrals

☐ Notify Physician For Vital Signs Of
☐ Notify Physician-Continuing
   Notify For: Mental status changes, increased oxygen requirements, O2 sats less than ____%

☐ Notify Resident-Continuing
☐ Notify Resident-Once
☐ Consult MD Group
☐ Consult MD
☐ Dietitian Consult/Nutrition Therapy
☐ Lactation Consult

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☑ Consult Child Life  
☐ Consult Pastoral Care  
☐ LCAP Consult  
☑ Medical Social Work Consult  
   Routine  
☐ Pharmacy Consult for PCA  
☐ PT Ped Eval & Tx  
   Routine

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