



**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  
*Comments: Max dose = 50 mg/hr, Continuous infusion*  
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, 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
- +1 Hours NitroGLYcerin Drip (Pediatric) (IVS)\***  
Diluent volume  
250 mL, IV, Routine, Reference Range: 0.5 to 2 mcg/kg/min  
nitroGLYcerin (additive) pediatric  
100 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

- Rocuronium Drip (Pediatric) (IVS)\*  
 Diluent volume  
*30 mL, IV, Routine*  
*Comments: Reference Range: 7 to 12 mcg/kg/min*  
 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 (DEF)\*
- 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  
STAT, T;N, once, Type: Blood
- BMP  
STAT, T;N, once, Type: Blood
- CMP  
STAT, T;N, once, Type: Blood
- CRP  
STAT, T;N, once, Type: Blood
- PT/INR  
STAT, T;N, once, Type: Blood
- PTT  
STAT, T;N, once, Type: Blood
- Fibrinogen Level  
STAT, T;N, once, Type: Blood
- D-Dimer Quantitative  
STAT, T;N, once, Type: Blood
- Triglyceride  
STAT, T;N, once, Type: Blood
- Ammonia Level  
STAT, T;N, Type: Blood  
Comments: immediately place specimen on ice
- Blood Culture  
STAT, T;N, once, Specimen Source: Line, Central
- 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





**Physician Orders PEDIATRIC: LEB PICU Admit Plan**

- Consult Child Life  
*T;N*
- Consult Pastoral Care
- LCAP Consult
- Medical Social Work Consult  
*Routine*
- Pharmacy Consult for PCA
- PT Ped Eval & Tx  
*Routine*

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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

