



Physician Orders PEDIATRIC: LEB Pulm Cystic Fibrosis Admit Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase
Phase: LEB Pulmonary CF Admit Phase, When to Initiate: _____

LEB Pulm Cystic Fibrosis Admit Phase

Admission/Transfer/Discharge

- ☐ Patient Status Initial Inpatient
T;N Admitting Physician: _____
Reason for Visit: _____
Bed Type: _____ Specific Unit: _____
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 (DEF)**
- ☐ *Monitor and Record T,P,R,BP, q4h(std)*

Activity

- ☒ Activity As Tolerated
Up Ad Lib, must wear mask when leaving room, wash hands before leaving room, must remain at least 3 ft away from other cystic fibrosis patients, no visiting in other cystic fibrosis patient rooms

Food/Nutrition

- ☐ NPO
Start at: T
- ☐ Breastfeed
- ☐ LEB Formula Orders Plan(SUB)*
- ☐ High Calorie High Protein Diet
3 meals and 3 high calorie snacks limited 1 diet carbonated soda/day, discourage grazing, no concentrated sweets.
- ☐ Clear Liquid Diet
Start at: T;N

Patient Care

- ☐ Advance Diet As Tolerated
Start clear liquids and advance to regular diet as tolerated.
- ☒ Isolation Precautions
Isolation Type: Contact Precautions, must wear mask when out of room, must remain at least 6 ft away from other cystic fibrosis patients, no visiting in other cystic fibrosis patient rooms, for patients with multi-resistant pseudomonas or colonized B. cep
- ☒ Nursing Communication





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T;N, If possible separate nursing staff if more than one cystic fibrosis patient on unit

- ☒ Intake and Output
Routine, q2h(std), include stools
- ☐ Daily Weights
Routine, qam
- ☒ Weight
Routine, MonThu
- ☐ O2 Sat Spot Check-NSG
T;N, with vital signs, discontinue if no oxygen required for 24 hours
- ☐ O2 Sat Spot Check-NSG
T;N, Sleeping O2 sat nightly until O2 sat>92%
- ☐ O2 Sat Monitoring NSG
- ☐ Cardiopulmonary Monitor
T;N Routine, Monitor Type: CP Monitor
- ☐ Bedside Glucose Nsg
Routine, achs
- ☐ Bedside Glucose Nsg
Routine, once, overnight between midnight and 0300.
- R Instruct/Educate
Instruct: patient and caregiver, on hand hygiene before leaving room
- ☐ Implanted Port Access
Use for blood draw and medication administration
- ☐ IV Insert/Site Care LEB
Routine
Place PICC line insertion plan order below for patients needing PICC line access. Place PICC Consult for Non-Line Placement in Consult section for patients needing port a cath access(NOTE)*
- ☐ LEB PICC Line Insertion Plan(SUB)*

Respiratory Care

- ☐ Oxygen Delivery
Special Instructions: Titrate to keep O2 sat >92%. Wean to room air
- ☐ Spirometry, bedside (Pulmonary Func Test)
Routine MonThu, Special Instructions: For patients unable to leave room.
- ☒ Spirometry (Pulmonary Function Test)
Routine, Special Instructions: MonThu
- ☒ RT Communication
Special Instructions: CF order of inhalation medication administration: 1. albuterol 2. hypertonic saline 3. dornase alfa 4. airway clearance 5. steroid 6. inhaled antibiotic
- ☐ RT Assess and Call
Routine





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- ☒ Initiate Pediatric CPT/Hyperinflation Protocol

Continuous Infusion

- ☐ Sodium Chloride 0.9%
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

- ☐ **+1 Hours** 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
☐ 325 mg, Tab, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day
- ☐ **+1 Hours** acetaminophen
10 mg/kg, Supp, PR, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day
- ☐ **+1 Hours** albuterol (MDI)
puff, MDI, INH, bid, Routine, (1 puff = 90 mcg), before airway clearance
- ☐ **+1 Hours** HyperSal 7% Inhalation Solution
_____ mL, Inh Soln, NEB, bid, Routine
Comments: give after bronchodilator and before airway clearance
- ☐ **+1 Hours** sodium chloride 3% inhalation solution
_____ mL, Inh Soln, NEB, bid, Routine, give after bronchodilator and before airway clearance
- ☐ **+1 Hours** dornase alfa
☐ 2.5 mg, Inh Soln, NEB, QDay, Routine (DEF)*
Comments: via PARI nebulizer (after hypertonic saline and before airway clearance)
☐ 2.5 mg, Inh Soln, NEB, bid, Routine
Comments: via PARI nebulizer (after hypertonic saline and before airway clearance)
- ☐ **+1 Hours** tobramycin inhalation soln
300 mg, Inh Soln, NEB, bid, Routine, via PARI nebulizer (after airway clearance)
- ☐ **+1 Hours** colistimethate
75 mg, Inh Soln, NEB, q12h, Routine, via PARI nebulizer (after airway clearance) Max dose = 150 mg
- ☐ **+1 Hours** Sodium Chloride 0.9%





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250 mL, IV, Routine, or medication administration

- ☐ **+1 Hours** template non-formulary medication
 75 mg, Inh Soln, NEB, tid, Routine, Continuation of a Home Medication, For children greater than or equal to 7 years and adolescents
 Comments: via Altera nebulizer system

Anti-infectives

- ☐ **+1 Hours** tobramycin
- ☐ 5 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day) (DEF)*
 Comments: for _____ doses, for patients greater than or equal to 8 years old
 - ☐ 3.3 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 14 day)
 Comments: for _____ doses, for patients less than 8 years old
- ☐ **+1 Hours** piperacillin-tazobactam
 100 mg/kg, Ped Injectable, IV Piggyback, q6h, Routine, (for 14 day)
 Comments: (_____mg of piperacillin component) for _____ doses, (1125mg of Zosyn contains 1000mg of piperacillin), Max dose = 12 grams/day of piperacillin compnent.
- ☐ **+1 Hours** cefTAZidime
 50 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 14 day), Max dose = 6 grams/day
 Comments: for _____ doses.
- ☐ **+1 Hours** cefepime
 50 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 14 day), Max dose = 2 grams
 Comments: for _____ doses.
- ☐ **+1 Hours** ciprofloxacin
- ☐ 15 mg/kg, Oral Susp, PO, q12h, Routine, (for 14 day), Max dose = 1.5 grams/day (DEF)*
 - ☐ 250 mg, Tab, PO, q12h, Routine, (for 14 day), Max dose = 1.5 grams/day
 - ☐ 500 mg, Tab, PO, q12h, Routine, (for 14 day), Max dose = 1.5 grams/day
 - ☐ 750 mg, Tab, PO, q12h, Routine, (for 14 day), Max dose = 1.5 grams/day
- ☐ **+1 Hours** meropenem
 40 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 14 day), Max dose = 2 grams
- ☐ **+1 Hours** vancomycin
- ☐ 1 g, Ped Injectable, IV Piggyback, q8h, Routine, (for 14 day), Max dose = 1 gram, for patients greater than or equal to 50 kg (DEF)*
 - ☐ 15 mg/kg, Ped Injectable, IV Piggyback, q6h, Routine, (for 14 day), Max dose = 1 gram
- ☐ **+1 Hours** sulfamethoxazole-trimethoprim susp
 10 mg/kg, Susp, PO, q12h, Routine, (for 14 day), (5 mL = 40 mg trimethoprim)
 Comments: Dose expressed as mg of trimethoprim
- ☐ **+1 Hours** sulfamethoxazole-trimethoprim SS
 80 mg, Tab, PO, q12h, Routine, (for 14 day), (80 mg of trimethoprim = 1 Tab)
 Comments: Dose expressed as mg of trimethoprim





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- ☐ **+1 Hours** sulfamethoxazole-trimethoprim DS
160 mg, DS Tab, PO, q12h, Routine, (for 14 day), (160 mg of trimethoprim = 1 DS Tab)
Comments: Dose expressed as mg of trimethoprim. Max dose = 320 mg of trimethoprim/day
- ☐ **+1 Hours** azithromycin
 - ☐ 250 mg, Susp, PO, MWF, Routine, anti-inflammatory dose, patient less than 40kg (DEF)*
 - ☐ 500 mg, Susp, PO, MWF, Routine, anti-inflammatory dose, patient greater than 40kg
- ☐ **+1 Hours** azithromycin
 - ☐ 500 mg, Tab, PO, MWF, Routine, anti-inflammatory dose, patient greater than 40kg (DEF)*
 - ☐ 250 mg, Tab, PO, MWF, Routine, anti-inflammatory dose, patient less than 40kg
- ☐ **+1 Hours** Zyvox
 - ☐ 10 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 14 day) (DEF)*
Comments: less than 8 years old
 - ☐ 10 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day)
Comments: greater than or equal to 8 years old
 - ☐ 10 mg/kg, Oral Susp, PO, q8h, Routine, (for 14 day)
Comments: less than 8 years old
 - ☐ 10 mg/kg, Oral Susp, PO, q12h, Routine, (for 14 day)
Comments: greater than or equal to 8 years old, Max dose = 600 mg

Gastrointestinal Agents

- ☐ **+1 Hours** lansoprazole
 - ☐ 15 mg, Tab, PO, QDay, Routine, (Solutab) (DEF)*
 - ☐ 30 mg, Tab, PO, QDay, Routine, (Solutab)
- ☐ **+1 Hours** MiraLax
17 g, Powder, PO, QDay, Routine
- ☐ **+1 Hours** ursodiol
 - ☐ 15 mg/kg, Oral Soln, PO, bid, Routine (DEF)*
 - ☐ 15 mg/kg, Tab, PO, bid, Routine
- ☐ **+1 Hours** ADEKs oral tablet, chewable
tab, Chew tab, PO, QDay, Routine
Comments: Take with meals and enzymes
- ☐ **+1 Hours** Antioxidant Multiple Vitamins (A,D,E,K-intensive) and Minerals oral liquid
- ☐ **+1 Hours** Adeks
cap, Cap, PO, QDay, Routine
Comments: Take with meals and enzymes
- ☐ **+1 Hours** Vitamin D3 1000 intl units oral tablet
1,000 IntUnits, Tab, PO, QDay, Routine





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- ☐ **+1 Hours** Creon 3000 units oral delayed release capsule
 - ☐ 1 cap, ER Capsule, PO, wm, Routine (DEF)*
 - ☐ 1 cap, ER Capsule, PO, prn, PRN Snacks, Routine
- ☐ **+1 Hours** Creon 6 delayed release capsule
 - ☐ 1 cap, ER Capsule, PO, wm, Routine (DEF)*
 - ☐ 1 cap, ER Capsule, PO, prn, PRN Snacks, Routine
- ☐ **+1 Hours** Creon 12 delayed release capsule
 - ☐ 1 cap, ER Capsule, PO, wm, Routine (DEF)*
 - ☐ 1 cap, ER Capsule, PO, prn, PRN Snacks, Routine
- ☐ Creon 24 delayed release capsule
 - ☐ 1 cap, ER Capsule, PO, wm, Routine (DEF)*
 - ☐ 1 cap, ER Capsule, PO, prn, PRN Snacks, Routine
- ☐ **+1 Hours** Zenpep 3000 units-10,000 units-16,000 units oral delayed release capsule
 - ☐ 1 cap, EC Capsule, PO, wm, Routine (DEF)*
 - ☐ 1 cap, EC Capsule, PO, prn, PRN Snacks, Routine
- ☐ **+1 Hours** Zenpep 5 oral delayed release capsule
 - ☐ 1 cap, ER Capsule, PO, wm, Routine (DEF)*
 - ☐ 1 cap, ER Capsule, PO, prn, PRN Snacks, Routine
- ☐ **+1 Hours** Zenpep 10 oral delayed release capsule
 - ☐ 1 cap, ER Capsule, PO, wm, Routine (DEF)*
 - ☐ 1 cap, ER Capsule, PO, prn, PRN Snacks, Routine
- ☐ **+1 Hours** Zenpep 15 oral delayed release capsule
 - ☐ 1 cap, ER Capsule, PO, wm, Routine (DEF)*
 - ☐ 1 cap, ER Capsule, PO, prn, PRN Snacks, Routine
- ☐ **+1 Hours** Zenpep 20 oral delayed release capsule
 - ☐ 1 cap, ER Capsule, PO, wm, Routine (DEF)*
 - ☐ 1 cap, ER Capsule, PO, prn, PRN Snacks, Routine
- ☐ **+1 Hours** Zenpep 25,000 units-85,000 units-136,000 units oral delayed release capsule
 - ☐ 1 cap, ER Capsule, PO, wm, Routine (DEF)*
 - ☐ 1 cap, ER Capsule, PO, prn, PRN Snacks, Routine
- ☐ **+1 Hours** Pancreaze 4200 units-17,500 units-10,000 units oral delayed release capsule
 - ☐ 1 cap, ER Capsule, PO, wm, Routine (DEF)*
 - ☐ 1 cap, ER Capsule, PO, prn, PRN Snacks, Routine





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- ☐ **+1 Hours** Pancreaze 10,500 units-43,750 units-25,000 units oral delayed release capsule
 - ☐ 1 cap, ER Capsule, PO, wm, Routine (DEF)*
 - ☐ 1 cap, ER Capsule, PO, prn, PRN Snacks, Routine
- ☐ **+1 Hours** Pancreaze 21,000 units-61,000 units-37,000 units oral delayed release capsule
 - ☐ 1 cap, ER Capsule, PO, wm, Routine (DEF)*
 - ☐ 1 cap, ER Capsule, PO, prn, PRN Snacks, Routine
- ☐ **+1 Hours** Pancreaze 16,800 units-70,000 units-40,00 units oral delayed release capsule
 - ☐ 1 cap, ER Capsule, PO, wm, Routine (DEF)*
 - ☐ 1 cap, ER Capsule, PO, prn, PRN Snacks, Routine

Vitamin K

- ☐ **+1 Hours** phytonadione
 - 5 mg, Tab, PO, MWF, Routine
 - Comments: Take with meals and enzymes

Laboratory

- ☒ CBC
 - Routine, T;N, once, Type: Blood
- ☒ CMP
 - Routine, T;N, once, Type: Blood
- ☐ PT
 - Routine, T;N, once, Type: Blood
- ☐ PTT
 - Routine, T;N, once, Type: Blood
- ☐ IgE Antibody
 - Routine, T;N, once, Type: Blood
- ☐ Cystic Fibrosis Carrier Screen
 - Routine, T;N, once, Type: Blood
- ☐ Pancreatic Elastase I
 - Routine, T;N, Type: Stool, Nurse Collect
- ☐ Pregnancy Screen Serum
 - Routine, T;N, once, Type: Blood
- ☐ Cystic Fibrosis Respiratory Culture
 - Routine, T;N, Specimen Source: Sputum Pharynx, Nurse Collect, Method: Swab
- ☐ AFB Culture and Smear
 - Routine, T;N, Specimen Source: Sputum Pharynx
- ☒ Urinalysis w/Reflex Microscopic Exam
 - Routine, T;N, once, Type: Urine, Nurse Collect
- ☐ Vit D 25OH





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Routine, T;N, once, Type: Blood

Diagnostic Tests

- ☐ Chest PA & Lateral
 - ☐ T;N, Reason for Exam: Other, Enter in Comments, Routine, Wheelchair (DEF)*
Comments: Cystic Fibrosis Exacerbation
 - ☐ T;N, Reason for Exam: Line Placement, Routine, Wheelchair
 - ☐ T;N, Routine, Wheelchair
- ☐ KUB
 - T;N, Routine, Wheelchair*
- ☐ KUB Flat and Upright
 - T;N, Routine, Wheelchair*
- ☐ LEB CT Chest W Cont Plan(SUB)*
- ☐ LEB CT Chest WO Plan(SUB)*
- ☐ LEB CT Abdomen WWO Cont Plan(SUB)*
- ☐ LEB GI Upper WWO Delayed Films W KUB w/Delay Diet Plan(SUB)*
- ☐ LEB GI Upper WWO Delayed Films WO KUB w/Delay Diet Plan(SUB)*
- ☐ LEB GI Upper W Sm Bowel W Mult Serial Films w/Delay Diet Plan(SUB)*
- ☐ LEB Esophogram Plan w/Delay Diet(SUB)*

Consults/Notifications/Referrals

- ☐ Notify Resident-Continuing
- ☐ Notify Resident-Once
- ☐ Consult MD Group
 - Group: ULPS Endo, Reason for Consult: assistance with CFRD management*
- ☐ Consult MD Group
 - Group: ULPS ID*
- ☐ Consult MD Group
 - Group: ULPS Gastro*
- ☐ Consult MD Group
 - Group: UT Pediatrics GI*
- ☐ Consult MD Group
 - Group: UTMG Pulmonology*
- ☐ Consult MD Group
 - Group: Hospice and Palliative Care - xcov*
- ☐ Consult MD
- ☐ Consult MD Group
 - Group: UTMG Ob/Gyn*
- ☐ PICC Consult Ped - for Non Line Placement





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Routine, port a cath access

- ☐ Consult Wound Care Nurse
- ☒ Dietitian Consult/Nutrition Therapy
- ☒ PT Ped Eval & Tx
- ☒ Medical Social Work Consult
- ☒ Child Life Consult

T;N

- ☐ Consult School Teacher
- ☐ Consult Clinical Pharmacist

Reason: continuous ceftazadine therapy

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

