



Physician Orders

Care Set: LEB ED Psychiatric Symptoms Plan

PEDIATRIC

Height: _____ cm Weight: _____ kg T= Today; N = Now (date and time ordered)

Allergies:	<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s):	_____
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other:	_____
Initial Orders	
<input type="checkbox"/> Vital signs	T;N, Stat Monitor and Record T,P,R,BP, per routine

Date	Time	RN Signature
Food/Nutrition		
<input type="checkbox"/>	NPO	T;N
Patient Care		
<input type="checkbox"/>	Suicide Precautions	T;N, STAT
<input type="checkbox"/>	IV Insert/Site Care LEB	T;N, STAT, q2h
<input type="checkbox"/>	O2 Sat-Spot Check (Nsg)	T;N, with vitals
<input type="checkbox"/>	O2 Sat- Continuous Monitoring (RT)	T;N, STAT
<input type="checkbox"/>	Restraint Protocol-Emergency Behavior	T;N
<input type="checkbox"/>	Restraint (Protective) MD Order	T;N
<input type="checkbox"/>	Cardiopulmonary Monitor	T;N, STAT, monitor type: O2 monitor
Respiratory Care		
<input type="checkbox"/>	Oxygen Delivery	T; N, _____L/min, Titrate to keep O2 sat => 92%. Wean to room air.
Continuous Infusions		
<input type="checkbox"/>	Sodium Chloride 0.9% bolus	_____mL, IV, once, (Infuse over 15 min),STAT, T;N,(Bolus), Volume 20mL/Kg
<input type="checkbox"/>	Sodium Chloride 0.9%	1000mL,IV,STAT,T:N, at _____mL/hr
<input type="checkbox"/>	D5 1/2 NS	1000mL,IV,STAT,T:N, at _____mL/hr
<input type="checkbox"/>	D5 1/4 NS	1000mL,IV,STAT,T:N, at _____mL/hr
<input type="checkbox"/>	D5 1/2 NS KCl 20 mEq/L	1000mL,IV,STAT,T:N, at _____mL/hr
<input type="checkbox"/>	D5 1/4 NS KCl 20 mEq/L	1000mL,IV,STAT,T:N, at _____mL/hr
Medications		
<input type="checkbox"/>	haloperidol	1mg,injection,IM,once, STAT,T;N
<input type="checkbox"/>	LORazepam	_____mg(0.1mg/kg),injection,IV PUSH,once, STAT,T;N
<input type="checkbox"/>	LORazepam	_____mg(0.1mg/kg),injection,IM,once, STAT,T;N
<input type="checkbox"/>	midazolam	_____mg(0.1mg/kg),injection,IV,once,STAT,T:N,max dose = 10mg
<input type="checkbox"/>	midazolam	_____mg(0.1mg/kg),injection,IM,once,STAT,T:N,max dose = 10mg
<input type="checkbox"/>	naloxone	_____mg(0.1mg/kg),injection,IV,once,STAT,T;N, Max dose = 2 mg
<input type="checkbox"/>	naloxone	_____mg(0.1mg/kg),injection,IM,once,STAT,T;N, Max dose = 2 mg
Laboratory		
<input type="checkbox"/>	Comprehensive Metabolic Panel (CMP)	T;N, STAT, blood,once
<input type="checkbox"/>	Basic Metabolic Panel (BMP)	T;N, STAT, blood,once
<input type="checkbox"/>	CBC	T;N, STAT, blood,once
<input type="checkbox"/>	Alcohol Level	T;N, STAT, blood,once
<input type="checkbox"/>	Acetaminophen Level	T;N, STAT, blood,once
<input type="checkbox"/>	Salicylate Level	T;N, STAT, blood,once
<input type="checkbox"/>	Lithium Level	T;N, STAT, blood,once



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Laboratory continued	
<input type="checkbox"/>	Urinalysis w/Reflex Microscopic Exam T;N, STAT, urine,once
<input type="checkbox"/>	Drug Screen Stat Urine T;N, STAT, urine,once
If possibility of pregnancy, order one of below:	
<input type="checkbox"/>	Pregnancy Screen serum T;N, STAT, blood,once
<input type="checkbox"/>	Pregnancy Screen Urine Point of Care T;N, STAT, urine,once
Diagnostic Tests	
<input type="checkbox"/>	Electrocardiogram (EKG) T;N,STAT, Reason: _____, Transport: Bedside
<input type="checkbox"/>	Chest 1VW Frontal (Chest 1 VW) T;N,STAT, Reason: _____, Transport: portable
<input type="checkbox"/>	CT Brain/Head WO Cont T;N,STAT, Reason: _____, Transport: Stretcher
Consults/Notifications	
<input type="checkbox"/>	Physician Consult (Consult MD) T;N,Consult Who: _____, Reason: _____, Psychiatry
<input type="checkbox"/>	Medical Social Work Consult (Consult Medical Social Work) T;N,STAT, Reason: _____
<input type="checkbox"/>	Behavioral Health Consult T;N,STAT, Reason: _____

Date

Time

Physician's Signature

MD Number