Physician Orders PEDIATRIC: LEB ED Hx of VP Shunt Plan

LEB ED Triage Standing Hx of VP Shunt Phase
Non Categorized
Criteria: patients < 18 years of age, presenting with a past medical history of intracranial ventricular shunts with suspected shunt malfunction as suggested by headache, vomiting, altered mental status, or abnormal vital signs. (NOTE)*

Vital Signs
☐ Vital Signs
Monitor and Record T,P,R,BP, per ED policy

Food/Nutrition
☐ NPO

Patient Care
☐ O2 Sat Monitoring NSG q2h(std)
☐ Cardiopulmonary Monitor
Stat, Monitor Type: O2 Monitor
☐ Elevate Head Of Bed
☐ Nursing Communication
If temperature is =/>38.1 degrees, notify MD

LEB ED Hx of VP Shunt Phase
Non Categorized
☐ Powerplan Open

Patient Care
☐ Bedside Glucose Nsg Stat
☐ IV Insert/Site Care LEB Stat, q2h(std)

Respiratory Care
☐ ISTAT POC (RT Collect) Stat

Continuous Infusion
☐ Sodium Chloride 0.9% Bolus
☐ 20 mL/kg, Injection, IV, once, STAT, (infuse over 15 min), (Bolus) (DEF)*
☐ 10 mL/kg, Injection, IV, once, STAT, (infuse over 15 min), (Bolus)
☐ 10 mL/kg, Injection, IV, once, STAT, (infuse over 30 min), (Bolus)
☐ 20 mL/kg, Injection, IV, once, STAT, (infuse over 30 min), (Bolus)

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

☐ D5 1/2NS
1,000 mL, IV, STAT, mL/hr

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

Laboratory
☐ Type and Screen <4 months(DAT included)
STAT, T,N, Type: Blood
☐ Type and Screen Pediatric
STAT, T,N, Type: Blood
☐ CBC
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STAT, T;N, once, Type: Blood

☐ BMP
STAT, T;N, once, Type: Blood

☐ Blood Culture
STAT, T;N, once, Specimen Source: Peripheral Blood, Nurse Collect

☐ PT
STAT, T;N, once, Type: Blood

☐ PTT
STAT, T;N, once, Type: Blood

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

☐ Urine Culture
STAT, T;N, Specimen Source: Urine, Clean Catch, Nurse Collect

☐ CSF Culture and Gram Stain
STAT, T;N, Specimen Source: Cerebrospinal Fluid(CSF), Nurse Collect

☐ CSF Cell Count & Diff
STAT, T;N, once, Type: CSF, Nurse Collect

☐ CSF Glucose
STAT, T;N, once, Type: CSF, Nurse Collect

If possibility of pregnancy, order one of below:(NOTE)*

☐ Pregnancy Screen Serum
STAT, T;N, once, Type: Blood

Diagnostic Tests

☐ Chest 1 View
T;N, Stat, Portable

☐ Chest 2 Views
T;N, Stat, Stretcher

☐ LEB CT Brain/Head WO Cont Plan(SUB)*

☐ Shuntogram Previously Placed Shunt Nonva
T;N, Stat, Stretcher

Consults/Notifications/Referrals

☐ Notify Physician-Continuing
Notify For: If patient exhibits:___________________________________________

☐ Consult MD Group
Reason for Consult:______________ Neurosurgery

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
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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