



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 \geq 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





Physician Orders PEDIATRIC: LEB ED Hx of VP Shunt Plan

- 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





Physician Orders PEDIATRIC: LEB ED Hx of VP Shunt Plan

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

