**Physician Orders**

**LEB NICU PDA Ligation Post Op Plan**

**PEDIATRIC**

- **Height:** ___________ cm  
- **Weight:** ___________ kg

**Allergies:**  

- [ ] No known allergies

**Vital Signs**

- [ ] Vital Signs  
  T;N, Monitor and Record T,P,R,BP, q1h X _____h, then q2h, BP all four extremities

**Activity**

- [ ] Out Of Bed ( Activity As Tolerated )  
  T;N, Up Ad Lib

**Food/Nutrition**

- [ ] NPO  
  Start at: T;N

- [ ] Breastmilk (Expressed)  
  T;N, _____ mL, _______ frequency

- [ ] Breastmilk, Donor  
  T;N, _____ mL, _______ frequency

- [ ] Formula Orders

**Patient Care**

- [ ] Isolation Precautions  
  T;N, Isolation Type: __________

- [ ] Strict I/O  
  T;N, Routine, q2h(std)

- [ ] Position Patient  
  T;N

- [ ] O2 Sat Monitoring NSG  
  T;N q1h(std)

**Respiratory Care**

- [ ] NICU Respiratory Plan  
  see separate sheet

**Continuous Infusions**

- **NOTE:** Use D5 for Infants less than 1000 grams. Use D10 for Infants greater than 1000 grams.

- [ ] D5W  
  1000mL,IV,STAT,T;N, at____ mL/hr

- [ ] D10W  
  1000mL,IV,STAT,T;N, at____ mL/hr

- [ ] D12.5W  
  500mL,IV,STAT,T;N, at____ mL/hr

- [ ] D5 1/4 NS  
  1000mL,IV,STAT,T;N, at____ mL/hr

- [ ] D10 1/4 NS  
  250mL,IV,STAT,T;N, at____ mL/hr

- [ ] D5 1/4 NS KCL 20mEq/L  
  1000mL,IV,STAT,T;N, at____ mL/hr

- [ ] D10 1/4 NS KCL 20mEq/L  
  250mL,IV,STAT,T;N, at____ mL/hr

- [ ] D5 1/2 NS KCL 20mEq/L  
  1000mL,IV,STAT,T;N, at____ mL/hr

- [ ] D10 1/2 NS KCL 20mEq/L  
  250mL,IV,STAT,T;N, at____ mL/hr

- [ ] 1/2 NS with heparin 1 unit/ml  
  250mL,IV,STAT,T;N, at____ mL/hr,Infuse via central or arterial line

- [ ] Sodium Chloride 0.9% Bolus  
  mL, IV, once, STAT, ( 1 dose ), ( infuse over 30 min ), (Bolus)

**Sedatives**

- [ ] morPHINE drip (pediatric)  
  ______ mcg/kg/hr, Injection, IV, routine,T;N, Use most concentrated strengths,  
  Reference range: 10 to 20 mcg/kg/hr

- [ ] fentaNYL drip (pediatric)  
  ______ mcg/kg/hr, Injection, IV, routine,T;N, Use most concentrated strengths,  
  Reference range: 1 to 5 mcg/kg/hr

- [ ] midazolam drip (pediatric)  
  ______ mg/kg/hr, Injection, IV, routine, T;N, Use most concentrated strengths,  
  Reference range: 0.01 to 0.2 mg/kg/hr

**Medications**

- [ ] Heparin 10 unit/mL flush  
  1 mL (10units/mL),Ped Injectable, IVPush, pm, PRN Cath Clearence, routine,T;N,  
  peripheral or central line per nursing policy

- [ ] acetaminophen  
  ______ mg(15 mg/kg), Supp, PR, q4h, PRN Pain, routine, T;N,Max  
  Dose=90mg/kg/day up to 4 g/day

- [ ] fentaNYL  
  ______ mcg(1mcg/kg), Injection, IV, q3h, PRN Pain,T;N

- [ ] morPHINE  
  ______ mg(0.1mg/kg), Injection, IV, q4h, PRN Pain,T;N
## Physician Orders
### LEB NICU PDA Ligation Post Op Plan

**Laboratory**

<table>
<thead>
<tr>
<th></th>
<th>CBC</th>
<th>STAT, T;N, once, Type: Blood</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BMP</td>
<td>STAT, T;N, once, Type: Blood</td>
</tr>
<tr>
<td></td>
<td>CMP</td>
<td>STAT, T;N, once, Type: Blood</td>
</tr>
<tr>
<td></td>
<td>CRP</td>
<td>STAT, T;N, once, Type: Blood</td>
</tr>
</tbody>
</table>

### LEB Transfusion Less Than 4 Months of Age Plan
- See separate sheet

### LEB Transfusion-4 Months of Age or Greater Plan

### Diagnostic Tests

|   | Chest 1VW Frontal (CXR Portable) | T;N, routine, Reason: post PDA Ligation, Transport: Portable |

### Consults/Notifications

<table>
<thead>
<tr>
<th></th>
<th>Notify Physician-Continuing</th>
<th>T;N, Notify: Surgical Team, any post op complications such as hemothorax, pneumothorax, chlothorax or wound problems.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Notify Physician-Once</td>
<td>T;N, when CXR is completed and upper/lower extremity BP results</td>
</tr>
<tr>
<td></td>
<td>Notify Physician For Vital Signs Of</td>
<td>T;N, For: O2 sats less than 85%, Who:</td>
</tr>
<tr>
<td></td>
<td>Notify Physician-Continuing</td>
<td>T;N, For: ____________, Who: ____________</td>
</tr>
<tr>
<td></td>
<td>Notify Physician-Once</td>
<td>T;N, For: ____________, Who: ____________</td>
</tr>
<tr>
<td></td>
<td>Notify Nurse Practitioner For Vital Signs Of</td>
<td>T;N, For: O2 sats less than 85%, Who: ____________</td>
</tr>
<tr>
<td></td>
<td>Notify Nurse Practitioner-Continuing</td>
<td>T;N, For: ____________, Who: ____________</td>
</tr>
<tr>
<td></td>
<td>Notify Nurse Practitioner-Once</td>
<td>T;N, For: ____________, Who: ____________</td>
</tr>
<tr>
<td></td>
<td>Consult MD Group</td>
<td>T;N, Consult Who: ____________, Reason: ____________</td>
</tr>
<tr>
<td></td>
<td>Consult MD</td>
<td>T;N, Consult Who: ____________, Reason: ____________</td>
</tr>
<tr>
<td></td>
<td>PICC Nurse Consult</td>
<td>T;N Stat, Reason for Consult: Insert PICC</td>
</tr>
<tr>
<td></td>
<td>Dietitian Consult</td>
<td>T;N, Type of Consult: Nutrition Management</td>
</tr>
<tr>
<td></td>
<td>Lactation Consult</td>
<td>T;N, Reason: ____________</td>
</tr>
<tr>
<td></td>
<td>Consult Child Life</td>
<td>T;N, Reason: ____________</td>
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<tr>
<td></td>
<td>Physical Therapy Ped Eval &amp; Tx</td>
<td>T;N, Reason: ____________</td>
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<tr>
<td></td>
<td>Occupational Therapy Ped Eval &amp; Tx</td>
<td>T;N, Reason: ____________</td>
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<tr>
<td></td>
<td>Speech Therapy Ped Eval &amp; Tx</td>
<td>T;N, Reason: ____________</td>
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<tr>
<td></td>
<td>Medical Social Work Consult</td>
<td>T;N, Reason: Assistance at Discharge</td>
</tr>
<tr>
<td></td>
<td>Consult Pastoral Care</td>
<td>T;N, Reason for Consult: Baptism</td>
</tr>
</tbody>
</table>

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Date ____________________ Time ____________________ Physician's Signature ____________________ MD Number ____________________

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41405 PP NICU PDA Post Op-QM-1208