



Physician Orders PEDIATRIC: LEB Ortho Femur Fracture Admit Phase

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase
Phase: LEB Ortho Femur Fracture Admit Phase, When to Initiate: _____

LEB Ortho Femur Fracture 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: notify of room number on arrival to unit.

Vital Signs

- Vital Signs
Monitor and Record T,P,R,BP, per unit routine

Activity

- Bedrest

Food/Nutrition

- NPO
- Breastfeed
- LEB Formula Orders Plan(SUB)*
- Regular Pediatric Diet
- Clear Liquid Diet
Start at: T;N

Patient Care

- Advance Diet As Tolerated
advance to regular diet as tolerated.
- Neurovascular Checks
Routine, q2h(std)
- Intake and Output
Routine, q2h(std)
- Elevate Head Of Bed
- Elevate
 - Area: Affected Extremity, at heart level (DEF)**
 - Area: Affected Extremity, above heart*
- Traction Apply
- Pin Site Care





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bid

- Teach
Instruct: parents/patient, Topic: Pin Site Care
- O2 Sat Spot Check-NSG
with vital signs
- Cardiopulmonary Monitor
Stat, Monitor Type: CP Monitor
- CSR Supply Request
geomat
- O2 Sat Monitoring NSG

Nursing Communication

- Nursing Communication
Discontinue IV fluid once patient is tolerating clear liquids and has a urine output of at least 1mL/kg/hr

Respiratory Care

- Oxygen Delivery
Special Instructions: Titrate to keep O2 =>93%, wean to room air.

Continuous Infusion

- D5 1/2 NS KCl 20 mEq/L
1,000 mL, IV, STAT, mL/hr
- Sodium Chloride 0.9%
1,000 mL, IV, Routine, mL/hr
- D5 1/2NS
250 mL, IV, Routine, For Medication administration

Medications

- +1 Hours** acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
1 tab, Tab, PO, q4h, PRN Pain, Mild (1-3), Routine, (for 5 day), (1 tab = 5 mg HYDROcodone), Max dose = 10 mg
- +1 Hours** acetaminophen-HYDROcodone 325 mg-7.5 mg/15 mL oral solution
0.15 mg/kg, Liq, PO, q4h, PRN Pain, Mild (1-3), Routine, (for 5 day), (5 mL = 2.5 mg HYDROcodone), Max dose = 10mg
- +1 Hours** acetaminophen-oxyCODONE 325 mg-5 mg oral tablet
1 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine, (for 3 day), 1 tab = 5 mg of OXYcodone, Max single dose = 10 mg
- +1 Hours** morphine
0.1 mg/kg, Ped Injectable, IV, q2h, PRN Pain, Breakthrough, Routine, (for 3 day), Max initial dose = 2 mg
- +1 Hours** diphenhydrAMINE
1 mg/kg, Cap, PO, q6h, PRN Other, specify in Comment, Routine, Max dose = 50 mg (DEF)
Comments: May be used for itching or insomnia*





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1 mg/kg, Liq, PO, q6h, PRN Other, specify in Comment, Routine, Max dose = 50 mg
Comments: May be used for itching or insomnia

- +1 Hours** docusate
2.5 mg/kg, Oral Susp, PO, bid, Routine, Hold for loose stools (DEF)*
Comments: Please mix with drink/pudding of patient's preference
50 mg, Cap, PO, bid, Routine, Hold for loose stools
- +1 Hours** diazePAM
 - 0.1 mg/kg, Oral Soln, PO, q8h, PRN Muscle Spasm, Routine, Max dose = 5 mg/day (DEF)*
 - 0.1 mg/kg, Injection, IV, q8h, PRN Muscle Spasm, Routine
Comments: May have IV if unable to take PO.

Laboratory

- CBC
Routine, T;N, once, Type: Blood
- CMP
Routine, T;N, once, Type: Blood
- Amylase Level
Routine, T;N, once, Type: Blood
- Amylase Level LeBonheur Germantown
Routine, T;N, once, Type: Blood
- Lipase Level
Routine, T;N, once, Type: Blood
- Lipase Level LeBonheur Germantown
Routine, T;N, once, Type: Blood
- Drug Screen Urine Stat LEB
Routine, T;N, once, Type: Urine, Nurse Collect

Diagnostic Tests

- Femur 2 VW Minimum LT
T;N, Reason for Exam: Fracture, Routine, Portable
- Femur 2 VW Minimum RT
T;N, Reason for Exam: Fracture, Routine, Portable
- Osseous Survey Comp Axial & Appendicular
T;N, Routine, Stretcher
- Osseous Survey Infant
T;N, Routine, Stretcher

Consults/Notifications/Referrals

- Notify Physician-Continuing
Notify: Orthopedic resident, Notify For: Hematocrit less than 25%, increased O2 requirements.
- Notify Physician-Continuing
Notify: Orthopedic resident, Notify For: of ANY change in neurovascular status.





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- Consult Case Management
Routine, Reclining wheelchair with elevated leg rest
- Consult Medical Social Work
Routine, Reason: Other, specify, spica car seat
- Consult Medical Social Work
Routine, Reason: Other, specify, Child Assessment Program
- OT Ped Eval & Tx
Routine, Special Instructions: Evaluate and Treat

Date	Time	Physician's Signature	MD Number
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***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

