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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☐ 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)*
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

*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