Physician Orders PEDIATRIC: LEB Ortho General Admit Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase

  *Phase: LEB Ortho General Admit Phase, When to Initiate:________________________

LEB Ortho General Admit Phase
Non Categorized

- Pre Op Diagnosis/Reason

Admission/Transfer/Discharge

- Patient Status Initial Outpatient
  
  T;N Attending Physician: ______________________________________
  
  Reason for Visit: ______________________________________________
  
  Bed Type: _______________________________ Specific Unit: _____________________
  
  Outpatient Status/Service: [ ] Ambulatory Surgery, [ ] OP Diagnostic Procedure
  [ ] OP OBSERVATION Services

- Notify Physician-Once
  
  Notify For: of room number on arrival to unit

Vital Signs

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

Activity

- Bedrest
  
  Routine

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)*
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☐ Area: Affected Extremity, above heart

☐ Pin Site Care
  bid

☐ Teach
  *Instruct: parents /patient, Topic: pin site care*

☐ O2 Sat Spot Check-NSG
  *with vital signs*

☐ O2 Sat Monitoring NSG

☐ Cardiopulmonary Monitor
  *Routine, Monitor Type: CP Monitor*

☐ CSR Supply Request
  *geomatt*

☐ PreOp Bath/Shower

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 sat =/>92%. Wean to room air.*

Continuous Infusion

☐ D5 1/2 NS KCl 20 mEq/L
  1,000 mL, IV, Routine, 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-7.5 mg/15 mL oral solution
  0.15 mg/kg, Elixir, PO, q4h, PRN Pain, Mild (1-3), Routine, (for 5 day ), (5 mL = 2.5 mg HYDROcodone), Max dose = 10mg

☐ +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-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

☐ +1 Hours morphine
  0.1 mg/kg, Ped Injectable, IV, q2h, PRN Pain, Severe (8-10), Routine, (for 3 day ), Max initial dose = 2 mg
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+1 Hours diphenhydramine
- 1 mg/kg, Elixir, PO, q6h, PRN Itching, Routine, Max dose = 50 mg (DEF)*
  Comments: May use for itching or insomnia
- 25 mg, Cap, PO, q6h, PRN Itching, Routine
  Comments: May use for itching or insomnia
- 50 mg, Cap, PO, q6h, PRN Itching, Routine
  Comments: May use for itching or insomnia

+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, Tab, PO, q8h, PRN Muscle Spasm, Routine
- 0.1 mg/kg, Injection, IV, q8h, PRN Muscle Spasm, Routine
  Comments: May take IV if unable to take PO

+1 Hours docusate
- 50 mg, Cap, PO, bid, Routine, Hold for loose stools. (DEF)*
- 2.5 mg/kg, Oral Susp, PO, bid, Routine, Hold for loose stools.
  Comments: Please mix with drink/pudding of patient's preference

Laboratory
- CBC  Routine, T;N, once, Type: Blood
- CMP  Routine, T;N, once, Type: Blood
- CRP  Routine, T;N, once, Type: Blood
- C-Reactive Protein LeBonheur Germantown  Routine, T;N, once, Type: Blood
- ESR  Routine, T;N, once, Type: Blood
- CRP  Routine, T+1;0400, once, Type: Blood
- ESR  Routine, T+1;0400, once, Type: Blood
- Type and Crossmatch Pediatric >4 months  Routine, T;N, Type: Blood
- Transfuse PRBC >4 Months  Routine, T;N
- Hold PRBC >4 Months  Routine, T;N

Diagnostic Tests
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☐ LEB Ortho Diagnostic Orders Plan(SUB)*

Consults/Notifications/Referrals
☐ Notify Resident-Continuing
   Notify: Orthopaedic resident, Notify For: of ANY changes in neurovascular status

☐ Consult Medical Social Work
   Reason: Other, specify, spica care seat (DEF)*
   Routine, Reason: Other, specify, reclining wheelchair with elevated leg rest

☐ Consult Medical Social Work
   Reason: Other, specify, Child Assessment Program

☐ Case Management Consult
   Routine, Contact Orthotist for ______

☐ PT Ped Ortho Eval & Tx
   Routine

__________________   _________________   ______________________________________  __________
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