



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 \geq 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, Max dose = 5 mg/day
 - 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
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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

