

# Physician Orders

## LEB Infliximab Infusion Power Plan

[X or R] = will be ordered unless marked out.

PEDIATRIC

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

Allergies:  No known allergies

### Admission/Transfer/Discharge

Patient Status Initial Inpatient Attending Physician: \_\_\_\_\_

Bed Type:  Med Surg  Critical Care  Stepdown  Other

Patient Status Initial Outpatient Attending Physician: \_\_\_\_\_

Outpatient Status/Service:  OP-A  OP-Diagnostic Procedure  OP-Observation Services

**Initial status – inpatient** --- For a condition/dx with severity of illness or co-morbid conditions indicating a hospital stay greater than 24 hours is required.

**Initial status Outpatient -Observation Services** – Short term treatment, assessment and reassessment - estimate discharge within 24 hours  
 • In some cases (for Medicare patients), this can be extended to 48 hours.  
 • Observation Services can also be utilized when it is unclear (without additional assessment) whether the patient will require an inpatient stay.

### Vital Signs

Vital Signs T;N, Routine Monitor and Record T, P, R, BP, q15 min for first hour of infusion with each rate change, q 30 min during infusion, and 30 min post infusion

### Activity

Out of Bed (Activity As Tolerated) T;N, Up As Tolerated

### Food/Nutrition

Regular Pediatric Diet Start at T;N

### Patient Care

IV Insert/Site Care LEB T;N, Routine, q2h(std)

Discharge Instructions T;N, Followup Appointments: Followup with \_\_\_\_\_ in \_\_\_\_\_ weeks

### Nursing Communication

Nursing Communication T;N, Discharge home after completion of therapy

### Medications

acetaminophen 650mg, Tab, PO, once, Routine, Give 45 minutes prior to Infliximab infusion

acetaminophen 325mg, Tab, PO, once, Routine, Give 45 minutes prior to Infliximab infusion

diphenhydrAMINE 50mg, Cap, PO, once, Routine, Give 45 minutes prior to Infliximab infusion

diphenhydrAMINE 25mg, Cap, PO, once, Routine, Give 45 minutes prior to Infliximab infusion

Hydrocortisone 1 mg/kg, Ped Injectable, IV, once, Routine, Give 45 minutes prior to Infliximab infusion

Infliximab 5 mg/kg, Ped Injectable, IV Piggyback, once, Routine, Comment: Infuse over 2 hours

### Laboratory

CBC T;N, Routine, once, Type: Blood, draw prior to Infliximab infusion

CMP T;N, Routine, once, Type: Blood, draw prior to Infliximab infusion

CRP T;N, Routine, once, Type: Blood, draw prior to Infliximab infusion

Reticulocyte Count T;N, Routine, once, Type: Blood, draw prior to Infliximab infusion

ESR T;N, Routine, once, Type: Blood, draw prior to Infliximab infusion

GGT T;N, Routine, once, Type: Blood

Lipase T;N, Routine, once, Type: Blood

Amylase T;N, Routine, once, Type: Blood

fecal calprotectin T;N, Routine, once, Type: Stool, Nurse Collect

Date \_\_\_\_\_ Time \_\_\_\_\_ Physician's Signature \_\_\_\_\_ MD Number \_\_\_\_\_

