



# Physician Orders

**Powerplan: LEB CVICU Neonatal Admit 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 – Ambulatory surgery** – Outpatient surgery/procedure with discharge anticipated after a routine or, in some cases, extended recovery.

- Routine recovery after outpatient surgery is estimated at 6-8 hours.
- “Extended” routine recovery may be required for a patient to stay longer (could be overnight) to recover from anticipated sequela of surgery including effects of anesthesia, nausea, pain.
- For unanticipated sequela of surgery or a complicated post operative course, the patient may require a status change to inpatient. Please consult with a case manager before making this choice of “status change”.
- Examples: Initial status outpatient is generally selected for patients undergoing PCI, diagnostic caths, EP studies, ablations, pacemaker implantations, other routine surgeries.

**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.

Notify Physician Once      T;N, of room number on arrival to unit

### Vital Signs

Vital Signs      T;N, Monitor and Record T, P, R, BP, q1h x \_\_\_\_, then q2h, Comment: BP from all four extremities on admission.

### Activity

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

### Food/Nutrition

NPO      T;N

Breastmilk (Expressed)      T;N, \_\_\_ mL, \_\_\_ frequency

Breastmilk, Donor      T;N, \_\_\_ mL, \_\_\_ frequency

**Formula Orders, see separate sheet**

### Patient Care

Consent Signed For      T;N, Procedure: Transfusion of Blood/Blood Products

Consent Signed For      T;N, Procedure: Insertion for PICC Line

Isolation Precautions      T;N, Isolation Type: \_\_\_\_\_

Intake and Output      T;N, Routine, q2h (std)

Daily Weights      T;N, Routine, qEVE

Minimal Stimulation      T;N, Routine

O2 Sat Monitoring NSG      T;N, q1h(std), pre and post ductal

Cardiopulmonary Monitor      T;N, Routine, Monitor Type: CP Monitor

PreOp Bath/Shower      T;N, Product to Use: Other, see special instructions, Special Instructions: Sage



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Nursing Communication		
<input type="checkbox"/>	Nursing Communication	T;N, Obtain mother's results from delivery hospital (HBBsAG, RPR, GBS, Rubella, HIV, maternal blood type, ABO, Rh Coombs)
Respiratory Care		
<input type="checkbox"/>	Oxygen Delivery	T;N, ___ L/min, Special Instructions: Titrate to keep O2 sat at ___%
<input type="checkbox"/>	<b>LEB Critical Care Respiratory Plan, see separate sheet</b>	
Continuous Infusion		
<input type="checkbox"/>	D10W	1000mL, IV, STAT, T;N, ___ mL/hr
<input type="checkbox"/>	D12.5W	500mL, IV, STAT, T;N, ___ mL/hr
<input type="checkbox"/>	D10 1/4 NS	250mL, IV, STAT, T;N, ___ mL/hr
<input type="checkbox"/>	D10 1/4NS + 20mEq/L KCL	250mL, IV, STAT, T;N, ___ mL/hr
<input type="checkbox"/>	D10 1/2NS + 20mEq/L KCL	250mL, IV, STAT, T;N, ___ mL/hr
<input type="checkbox"/>	Heparin 2 Units/mL in 500 mL NS (Pediatric)	500 mL, Injection, IV, STAT, T;N, at ___ mL/hr, infuse via arterial line
Prostaglandins		
<input type="checkbox"/>	alprostadil Drip (pediatric)	___ mcg/kg/min, Injection, IV, routine, T;N, Use most concentrated strengths, Reference range: 0.02 to 0.1 mcg/kg/min
Vaso-Active Drugs		
<input type="checkbox"/>	DOPamine Drip (Pediatric)	___mcg/kg/min, Injection, IV, routine, T;N, Use most concentrated strengths, Reference range: 2 to 20 mcg/kg/min
<input type="checkbox"/>	Isoproterenol Drip (Pediatric)	___mcg/kg/min, Injection, IV, routine, T;N, Use most concentrated strengths, Reference range: 0.02 to 0.5 mcg/kg/min
<input type="checkbox"/>	phenylephrine drip	___ mcg/kg/min, Injection, IV, routine, T;N, Reference range: 0.1 to 0.5 mcg/kg/min
<input type="checkbox"/>	EPINEPHrine drip (pediatric)	___mcg/kg/min, Injection, IV, Routine, T;N, Reference Range: 0.01 to 0.2 mcg/kg/min
<input type="checkbox"/>	milrinone drip (pediatric)	___ mcg/kg/min, Injection, IV, Routine, T;N, Reference Range: 0.25 to 0.75 mcg/kg/min, Dose must be adjusted for renal dysfunction
<input type="checkbox"/>	esmolol drip (Pediatric)	___mcg/kg/min, Injection, IV, Routine, T;N, Reference Range: 50 to 250 mcg/kg/min
Sedatives		
<input type="checkbox"/>	morPHINE drip (pediatric)	___mcg/kg/hr, Injection, IVC, routine, T;N, Use most concentrated strengths, Reference range: 10 to 100 mcg/kg/hr
<input type="checkbox"/>	fentaNYL drip (pediatric)	___mcg/kg/hr, Injection, IVC, routine, T;N, Use most concentrated strengths, Reference range: 0.5 to 2 mcg/kg/hr
<input type="checkbox"/>	midazolam drip (pediatric)	___mg/kg/hr, Injection, IVC, routine, T;N, Use most concentrated strengths, Reference range: 0.01 to 0.2 mg/kg/hr
Paralytics		
<input type="checkbox"/>	vecuronium drip (pediatric)	___ mg/kg/hr, Injection, IVC, routine, T;N, Use most concentrated strengths, Reference range: 0.02 to 0.2 mg/kg/hr
<input type="checkbox"/>	cisatracurium drip	___ mcg/kg/min, Injection, IVC, routine, T;N, Use most concentrated strengths, Reference range: 1 to 5 mcg/kg/min

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Diuretics		
[ ]	furosemide drip (pediatric)	___mg/kg/day, Injection, IVC, routine, T;N, Use most concentrated strengths, Reference range: 2.5 to 10 mg/kg/day
[ ]	bumetanide drip (pediatric)	___ mcg/kg/hr, Injection, IVC, routine, T;N, Use most concentrated strengths, Reference range: 2.5 to 10 mcg/kg/hr
Electrolytes		
[ ]	potassium chloride	___mEq (0.5 mEq/kg), Injection, IV, q4h, PRN Other, specify in comment, routine, T;N, Potassium less than or equal to 3.5, Max dose = 40 mEq, Infuse over 2 hours
[ ]	potassium chloride	___mEq (1 mEq/kg), Injection, IV, q4h, PRN Other, specify in comment, routine, T;N, Potassium less than or equal to 3, Max dose = 40 mEq, Infuse over 2 hours
[ ]	calcium chloride	10 mg/kg, Ped Injectable, IV, q4h, PRN Other, specify in Comment, Routine, (infuse over 2 hr ), Max dose = 1 gram, Ionized Calcium less than 1.3
[ ]	magnesium sulfate	15 mg/kg, Ped Injectable, IV, q4h, PRN Other, specify in Comment, Routine, (infuse over 4 hr ), Max dose = 2 grams, Magnesium less than 2
Medications		
[ ]	caffeine	10 mg/kg, Ped Injectable, IV, once, Routine, T;N,(infuse over 30 min), Loading Dose
[ ]	caffeine	5 mg/kg, Ped Injectable, IV, q24h, Routine, T;N, (infuse over 30 min)
[ ]	furosemide	1 mg/kg, Ped Injectable, IV Push, q6h, Routine, Max dose = 40 mg
[ ]	furosemide	1 mg/kg, Ped Injectable, IV Push, q8h, Routine, Max dose = 40 mg
[ ]	furosemide	1 mg/kg, Ped Injectable, IV Push, q12h, Routine, Max dose = 40 mg
[ ]	Bumetanide	0.025 mg/kg, Ped Injectable, IV, q24h, Routine, T;N, Max dose = 1 mg
[ ]	MethylPREDNISolone (Solumedrol)	10 mg/kg, injection, IV, once, Routine, T;N, To be administered at 0300 on morning of surgery
[ ]	<b>NICU Anti-infective Plan, see separate sheet</b>	
[ ]	ceFAZolin	25 mg/kg, injection, IV Piggyback, once, Routine, T;N, To be administered at 0300 on morning of surgery
[ ]	acetaminophen	___ mg (10 mg/kg), Liq, PO, q4h, PRN Pain or Fever, T;N, Max Dose = 90 mg/kg/day up to 4 g/day
[ ]	acetaminophen	___ mg (10 mg/kg), Supp, PR, q4h, PRN Pain or Fever, T;N, Max Dose = 90 mg/kg/day to up 4 g/day
[ ]	pantoprazole	___ mg (1 mg/kg), Injection, IV Piggyback, q24h, Routine, T;N, Max dose =
[ ]	midazolam	___ mg ( 0.1 mg/kg), Injection, IV, q1h, PRN sedation, Routine, T;N
[ ]	morPHINE	___mg ( 0.1 mg/kg), Injection, IV, q1h, PRN pain, Routine, T;N
[ ]	fentaNYL	___mcg (1 mcg/kg), Injection, IV, q1h, PRN pain, Routine, T;N
Laboratory		
[ ]	Newborn Screen, TN Health Dept	Routine, T+1, N, once, Type; Blood
[ ]	CBC	STAT, T;N, once, Type; Blood
[ ]	CMP	STAT, T;N, once, Type; Blood
[ ]	CRP	STAT, T;N, once, Type; Blood
[ ]	BMP	STAT, T;N, once, Type; Blood
[ ]	Urinalysis w/Reflex Microscopic Exam	STAT, T;N, once, Type; urine, nurse collect
[ ]	Urine Organic Acid by GC	STAT, T;N, once, Type: Urine, nurse collect

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Laboratory continued		
<input type="checkbox"/>	Fish Study, Di George/10p Type2	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Fish Study, Di George/22q Type 1	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	cytogenetic karyotype	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Type and Screen Pediatric < 4 months DAT	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Transfuse PRBC < 4 months	STAT, T;N, once, Type: Blood
<b>NOTE: order below for Heart Failure</b>		
<input type="checkbox"/>	PT/INR	T;N, STAT, blood, once
<input type="checkbox"/>	PTT	T;N, STAT, blood, once
<input type="checkbox"/>	Hepzyme	T;N, STAT, blood, once
<input type="checkbox"/>	Fibrinogen Level	T;N, STAT, blood, once
<input type="checkbox"/>	D-Dimer Quantitative	T;N, STAT, blood, once
<input type="checkbox"/>	Antithrombin III Level	T;N, STAT, blood, once
<input type="checkbox"/>	HIT/Heparin Platelet Antibody	T;N, STAT, blood, once
<input type="checkbox"/>	Platelet Count	T;N, STAT, blood, once
<input type="checkbox"/>	Protein C	T;N, STAT, blood, once
<input type="checkbox"/>	Protein S	T;N, STAT, blood, once
<input type="checkbox"/>	Prothrombin Mutation PCR/Factor II	T;N, STAT, blood, once
<input type="checkbox"/>	Factor V Leiden by PCR	T;N, STAT, blood, once
Diagnostic Tests		
<input type="checkbox"/>	Chest 1VW Frontal (CXR Portable)	T;N, Routine, Reason: _____. Transport: Portable
<input type="checkbox"/>	Electrocardiogram	T;N, STAT, Reason: _____. Transport: Portable
<input type="checkbox"/>	Echocardiogram Pediatric (0-18 yrs)	T;N, STAT, Reason: _____. Transport: Portable
<input type="checkbox"/>	US Head	T;N, Routine, Reason: _____. Transport: Portable
<input type="checkbox"/>	US Retroperitoneal B Scan/Real Time Comp	T;N, Routine, Reason: _____. Transport: Portable
<input type="checkbox"/>	LEB CT Chest W Cont Plan	
Consults/Notifications		
<input type="checkbox"/>	Notify Physician for Vital Signs Of	T;N, For: O2 sats less than ____, Who: _____
<input type="checkbox"/>	Notify Physician- Continuing	T;N, For Hct < ____, Who: _____
<input type="checkbox"/>	Notify Physician- Continuing	T;N, For: _____, Who: _____
<input type="checkbox"/>	Notify Physician- Once	T;N, For: _____
<input type="checkbox"/>	Consult MD Group	T;N, Consult Who: ULPS Neonatology, Reason: _____ -
<input type="checkbox"/>	Consult MD Group	T;N, Consult Who: ULPS Genetics, Reason: _____
<input type="checkbox"/>	Dietitian Consult	T;N, Type of Consult: Nutrition Management



attach patient label

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Consults/Notifications continued		
<input type="checkbox"/>	Lactation Consult	T;N, Type of Consult: Breastfeeding Support
<input type="checkbox"/>	Speech Therapy Ped Eval & Tx	T;N, Reason: _____
<input type="checkbox"/>	Audiology Consult	T;N, Initial newborn hearing screen, Routine
<input type="checkbox"/>	Medical Social Work Consult	T;N, Reason: Assistance at Discharge
<input type="checkbox"/>	Consult Pastoral Care	T;N, Reason for Consult: Family Support

Date	Time	Physician's Signature	MD Number
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LEB CVICU Neonatal Admit Plan-40909-PP-  
QM0813-03252014