# Physician Orders

**LEB PICU Hypertension Management Plan**

**Height:** cm  **Weight:** kg

### Allergies:

[ ] No known allergies

### Admission/Transfer/Discharge

[ ] Admit Patient to Dr.

[ ] **Admit Status:**  [ ] Inpatient  [ ] Routine Post Procedure <24hrs  [ ] 23 hour OBS

[ ] **Bed Type:**  [ ] Med/Surg  [ ] Critical Care  [ ] Stepdown  [ ] Telemetry; Specific Unit Location:

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

**Primary Diagnosis:**

**Secondary Diagnosis:**

### Vital Signs

[ ] Vital Signs  

T;N, Monitor and Record T,P,R,BP, q2h(std), Or as condition indicates

### Patient Care

[ ] Nursing Communication  

T;N, Goal BP range _____, SBP _____, DBP _____, MAP _____, range _____

[ ] Arterial Blood Pressure Monitoring  

T;N, Transduce for continuous BP monitoring

### Continuous Infusions

[ ] **Sodium Chloride 0.9%**  

1000 mL, Injection, Intra-ARTERIAL, ___ mL/hr, Routine, T;N, Infuse via ART line, To be performed by RT

[ ] **Sodium Chloride 0.9%**  

1000 mL, Injection, Central, ___ mL/hr, Routine, T;N, Infuse via CVP line, To be performed by RT

### Vasoactive Medications

[ ] **DOPamine drip (pediatric)**  

_____ mcg/kg/min, Injection, IV, Routine, T;N, Reference Range: 2 to 20 mcg/kg/min

[ ] **DOBUTamine drip (pediatric)**  

_____ mcg/kg/min, Injection, IV, Routine, T;N, Reference Range: 2 to 20 mcg/kg/min

[ ] **EPINEPHrine drip (pediatric)**  

_____ mcg/kg/min, Injection, IV, Routine, T;N, Reference Range: 0.01 to 0.2 mcg/kg/min

[ ] **norepinephrine drip (pediatric)**  

_____ mcg/kg/min, Injection, IV, Routine, T;N, Reference Range: 0.01 to 0.2 mcg/kg/min

[ ] **vasopressin drip (pediatric)**  

_____ milli-units/kg/min, Injection, IV, Routine, T;N, Reference Range: 0.2 to 0.5 milli-units/kg/min

[ ] **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

[ ] **NiCARdipine drip (pediatric)**  

_____ mcg/kg/min, Injection, IV, Routine, T;N, Reference Range: 1 to 3 mcg/kg/min

[ ] **labetalol drip (pediatric)**  

_____ mg/kg/hr, Injection, IV, Routine, T;N, Reference Range: 0.25 to 1 mg/kg/hr

[ ] **nitroPRUSSIDE drip (pediatric)**  

_____ mcg/kg/min, Injection, IV, Routine, T;N, Reference Range: 0.5 to 5 mcg/kg/min

[ ] **esmolol drip (Pediatric)**  

_____ mcg/kg/min, Injection, IV, Routine, T;N, Reference Range: 50 to 250 mcg/kg/min

[ ] **nitroglycerin drip (Pediatric)**  

_____ mcg/kg/min, Injection, IV, Routine, T;N, Reference Range: 0.5 to 2 mcg/kg/min
# Physician Orders

**LEB PICU Hypertension Management Plan**

<table>
<thead>
<tr>
<th>Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Heparin 10 unit/mL flush</strong></td>
</tr>
<tr>
<td><strong>hydrALAZINE</strong></td>
</tr>
<tr>
<td><strong>captopril</strong></td>
</tr>
<tr>
<td><strong>labetalol</strong></td>
</tr>
</tbody>
</table>

## Laboratory

**NOTE:** When using nitroprusside as prolonged infusion (>3 days), high doses (>4 mcg/kg/min) or in patients with ...

<table>
<thead>
<tr>
<th>Consults/Notifications</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Thiocyanate Level</strong></td>
</tr>
<tr>
<td><strong>Notify Resident-Continuing</strong></td>
</tr>
<tr>
<td><strong>Notify Resident-Once</strong></td>
</tr>
<tr>
<td><strong>Consult MD Group</strong></td>
</tr>
<tr>
<td><strong>Consult MD</strong></td>
</tr>
<tr>
<td><strong>Notify Nurse Practitioner-Continuing</strong></td>
</tr>
<tr>
<td><strong>Notify Nurse Practitioner-Once</strong></td>
</tr>
</tbody>
</table>

---

Date: ____________  Time: ____________  Physician’s Signature: ____________________  MD Number: ____________________

---

40703 PP Hypertension Management-QM0209