



Physician Orders

LEB PICU Hypertension Management Plan

PEDIATRIC

T= Today; N = Now (date and time ordered)

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





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Medications		
<input type="checkbox"/>	Heparin 10 unit/mL flush	5 mL (10units/mL), Ped Injectable, IVPush, prn, PRN Catheter clearance, routine, T;N, peripheral or central line per nursing policy
<input type="checkbox"/>	hydrALAZINE	_____mg, (0.1 mg/kg), Injection, IV, q4h, PRN Hypertension, Routine, T;N, For Systolic BP > ____; or Diastolic BP > ____, Max dose = 20 mg
<input type="checkbox"/>	captopril	_____mg, (0.1 mg/kg), Susp, PO, q8h, PRN Hypertension, Routine, T;N For
<input type="checkbox"/>	labetalol	_____mg, (0.3 mg/kg), Injection, IV, prn, PRN Hypertension, Routine, T;N For
Laboratory		
NOTE: When using nitroprusside as prolonged infusion (>3 days), high doses (>4mcg/kg/min) or in patients with		
<input type="checkbox"/>	Thiocyanate Level	STAT, T;N, qam, Type: Blood
Consults/Notifications		
<input type="checkbox"/>	Notify Resident-Continuing	T;N, For: _____, Who: _____
<input type="checkbox"/>	Notify Resident-Once	T;N, For: _____, Who: _____
<input type="checkbox"/>	Consult MD Group	T;N, Consult Who: _____, Reason: _____
<input type="checkbox"/>	Consult MD	T;N, Consult Who: _____, Reason: _____
<input type="checkbox"/>	Notify Nurse Practitioner-Continuing	T;N, For: _____, Who: _____
<input type="checkbox"/>	Notify Nurse Practitioner-Once	T;N, For: _____, Who: _____

_____ Date _____ Time _____ Physician's Signature _____ MD Number