



**Physician Orders PEDIATRIC: LEB ED Sickle Cell Hx with Pain Plan**

**LEB ED Standing Orders Sickle Cell w Pain**

**Non Categorized**

Criteria: Patients less than 18 years of age with history of hemoglobinopathy and presents with pain(NOTE)\*

**Vital Signs**

- Vital Signs  
*T;N, Stat Monitor and Record T,P,R,BP, per routine and PRN for changes in patient's status*

**Patient Care**

- IV Insert/Site Care LEB  
*T;N, Stat, q2h(std)*
- O2 Sat Spot Check-NSG  
*T;N, Stat, with vital signs*
- Cardiopulmonary Monitor  
*T;N Stat, Monitor Type: CP Monitor*
- Nursing Communication  
*T;N, Place on 40% O2 BNC if SpO2 < 90%*

**Laboratory**

- CBC  
*STAT, T;N, once, Type: Blood*
- CMP  
*STAT, T;N, once, Type: Blood*
- Reticulocyte Count  
*STAT, T;N, once, Type: Blood*

**LEB ED Sickle Cell Hx with Pain Phase**

**Non Categorized**

- Powerplan Open

**Food/Nutrition**

- NPO  
*Start at: T;N*

**Patient Care**

- O2 Sat Monitoring NSG  
*T;N, Stat*

**Respiratory Care**

- ISTAT POC (RT Collect)  
*T;N Stat once, Test Select Venous Blood Gas*
- Oxygen Delivery  
*T;N, Special Instructions: Titrate to keep O2 sat  $\geq$  92%. Wean to room air.*

**Continuous Infusion**

- Sodium Chloride 0.9% Bolus
  - 20 mL/kg, Injection, IV, once, STAT, ( infuse over 15 min ), (Bolus) (DEF)\*





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- 10 mL/kg, Injection, IV, once, STAT, ( infuse over 15 min ), (Bolus)
- 10 mL/kg, Injection, IV, once, STAT, ( infuse over 30 min ), (Bolus)
- 20 mL/kg, Injection, IV, once, STAT, ( infuse over 30 min ), (Bolus)
- Sodium Chloride 0.9%  
1,000 mL, IV, STAT, mL/hr
- D5 1/2NS  
1,000 mL, IV, STAT, mL/hr
- D5 1/4 NS  
1,000 mL, IV, STAT, mL/hr
- D5 1/2 NS KCl 20 mEq/L  
1,000 mL, IV, STAT, mL/hr
- D5 1/4 NS KCl 20 mEq/L  
1,000 mL, IV, STAT, mL/hr

**Medications**

- morphine  
0.1 mg/kg, Ped Injectable, IV, once, STAT, Max initial dose = 10 mg  
*Comments: follow with morphine 0.05mg/kg, IV, q15-30min until pain controlled*
- morphine  
0.05 mg/kg, Ped Injectable, IV Push, q15min, PRN Pain, STAT, Max initial dose = 10 mg
- HYDRomorphone  
0.015 mg/kg, Injection, IV Push, once, STAT, Max initial dose = 0.5 mg
- ketorolac  
0.5 mg/kg, Ped Injectable, IV Push, once, STAT, Max single dose = 30 mg
- hydrOXYzine hydrochloride  
1 mg/kg, Injection, IM, q4h, PRN Itching, STAT
- hydrOXYzine hydrochloride  
0.5 mg/kg, Tab, PO, q6h, PRN Itching, STAT
- ondansetron  
0.1 mg/kg, Ped Injectable, IV Piggyback, q8h, PRN Nausea/Vomiting, STAT, Max dose = 8mg
- diphenhydrAMINE
  - 1 mg/kg, Elixir, PO, once, STAT, dose not to exceed 25mg (DEF)\*
  - 25 mg, Cap, PO, once, STAT
  - 1 mg/kg, Injection, IV Push, once, STAT, dose not to exceed 25mg

**Laboratory**

- Blood Culture  
STAT, T;N, once, Nurse Collect  
If possibility of pregnancy, place order below:(NOTE)\*





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- Pregnancy Screen Serum  
*STAT, T;N, once, Type: Blood*

**Diagnostic Tests**

- Chest 2VW Frontal & Lat  
*T;N, Reason for Exam: Chest Pain, Stat, Portable*
- Chest 1VW Frontal  
*T;N, Reason for Exam: Chest Pain, Stat, Portable*

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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

