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 =/>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

Date Time Physician’s Signature MD Number

*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