Physician Orders PEDIATRIC: LEB ED Facial Laceration Plan

LEB ED Triage Standing Facial Laceration
Non Categorized
Criteria: Patient presents with a laceration. (NOTE)*

Vital Signs
☑️ Vital Signs
Monitor and Record T, P, R, BP, per ED policy

Food/Nutrition
☑️ NPO

Patient Care
☑️ Nursing Communication
If there is a suspected foreign body in the wound, mark the site with a marker and obtain x-ray of affected area

☑️ Nursing Communication
Clean wound and apply moist saline bandages to laceration.

☑️ Nursing Communication
Apply LET solution to wounds equal to or less than 7 cm and cover with Tegaderm.

☑️ Nursing Communication
Leave LET solution on site until local anesthesia is achieved (20 minutes onset). Reassess effectiveness of tetracaine gel every 30 minutes

Medications
☑️ LET Solution
3 mL, Topical Soln, TOP, once, STAT, apply per departmental competency

LEB ED Facial Laceration Phase
Non Categorized
☑️ Powerplan Open

Patient Care
☐ IV Insert/Site Care LEB
Stat, q2h(std)
☐ Clean/Suture/Dress (ED Only)
Stat
☐ Clean/Suture/Dress (ED Only)
Stat, EDT to infiltrate wound

Medications
☐ +1 Hours fentaNYL
3 mcg/kg, Inh Soln, Nasal, once, STAT, Max Dose: 200 mcg

☐ +1 Minutes acetaminophen-HYDROcodone 325 mg-7.5 mg/15 mL oral solution
0.2 mg/kg, Elixir, PO, once, STAT, Max dose = 10mg (Sml = 2.5 mg HYDROcodone)

☐ +1 Hours acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
☐ 1 tab, Tab, PO, once, STAT, Max dose = 10mg (1 tab = 5 mg HYDROcodone) (DEF)*
☐ 2 tab, Tab, PO, once, STAT, Max dose = 10mg (2 tabs = 10 mg HYDROcodone)

☐ +1 Hours midazolam
0.5 mg/kg, Syrup, PO, once, STAT, Max Dose: 20 mg (DEF)*
0.3 mg/kg, Inh Soln, Nasal, once, STAT, Max Dose: 10 mg

☐ EPINEPhrine-lidocaine 1:100,000-1% inj
_____mL, Injection, Infiltration, once, STAT, Max dose of lidocaine = 7 mg/kg/dose
Comments: (1 mL = 10 mg of lidocaine component)

☐ lidocaine 1% inj
_____mL, Injection, Infiltration, once, STAT, Max dose of lidocaine = 4.5 mg/kg/dose
Comments: (1 mL = 10 mg)

Laboratory
If possibility of pregnancy, order below: (NOTE)*
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☐ Pregnancy Screen Serum
   STAT, T;N, once, Type: Blood
☐ Pregnancy Screen Urine POC
   Urine, T;N, Stat, STAT

Diagnostic Tests
☐ Skull Comp 4+ view
   T;N, Reason for Exam: Other, Enter in Comments, Stretcher
   Comments: Reason: injury
☐ LEB CT Maxillofacial Area WO Cont Plan(SUB)*

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