LeBonheur Children's Medical Center

attach patient label

PHYSICIAN ORDERS

Care Set: Pediatric Admit To Epilepsy Monitoring Unit

Date: _____ Time: _____ Weight: _____ kg Height: _____ cm BSA _____

Admission
Admit to Dr. _____ Pager: _____
Status: [ ] Inpatient [ ] Observation
[ ] Notify physician of room number on arrival to unit
Primary Diagnosis: _____
Secondary Diagnosis: _____
Allergies: [ ] No known allergies [ ] Latex allergy [ ] Other:
[ ] Medication allergy(s): _____
Vital Signs
[ ] Vital Signs and neuro checks q 1 hr x 2 hrs, then q 2 hrs x 8 hrs, then q 4 hrs x 48 hrs, then q 8 hrs
[ ] Q 2 hrs
[ ] Q 4hrs
[ ] Routine
Activity
[ ] Bedrest
[ ] Out of bed _____ times per day
[ ] Assist
[ ] As tolerated
Food/Nutrition
[ ] Clear liquids advance as tolerated
[ ] Regular - age appropriate
Patient Care
[ ] Seizure Precautions
[ ] Hold anticonvulsant medication on the evening of admission
[ ] Continuous Pulse OX
[ ] CP Monitor
[ ] Continuous Video-EEG Monitoring to start on
[ ]
[ ]
[ ]
[ ] **Notify M.D. if patient has one generalized tonic-clonic seizure or more than two partial seizures in an eight hour period.**
Medications (this section can be subdivided as necessary)
[ ] Heparin lock to be inserted and maintained throughout admission; flush with Heparin 10units/ml
[ ] 1% Lidocaine with Epinephrine - 1:100,000 vial to floor for sphenodial electrode insertion
[ ] Diazepam Rectal Gel (Diastat) _____ mg PR every 6 hrs PRN seizure activity (max. dose 30mg)
Diagnostic Tests
[ ] MRI of head with contrast [ ] MRI of head without contrast
[ ] Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday
[ ] with Epilepsy Sequences
[ ] with Epilepsy MEG Sequences
[ ] with sedation [ ] with general anesthesia
[ ] Interictal and ictal SPECT of the brain. Call nuclear medicine when injection is given. Notify EEG tech of injection time.
[ ] Ictal SPECT first
[ ] Interictal SPECT first
[ ] Neuropsychological testing
[ ] Hepatic Function Test:
[ ] Anticonvulsant Levels:
[ ] PLTS
[ ] CBC
[ ] BMP
[ ] Urine HCG
[ ]
[ ]
[ ]
Consults
[ ] Social Work [ ] Child Life [ ] Other: _____
[ ] Nutrition Services [ ] Pediatrics [ ] Other: _____
[ ] Other _____ [ ] Other: _____

Physician's/Nurse Practitioner's Signature **Name Printed** **Physician Number** **Beeper Number**