



Physician Orders PEDIATRIC: LEB HEM Sickle Cell Disease Admit Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase
Phase: LEB HEM Sickle Cell Admit Phase, When to Initiate: _____

LEB HEM Sickle Cell Disease Admit Phase

Admission/Transfer/Discharge

- Patient Status Initial Inpatient
*T;N Admitting Physician: _____
Reason for Visit: _____
Bed Type: _____ Specific Unit: _____
Care Team: _____ Anticipated LOS: 2 midnights or more*
- Notify Physician-Once
Notify For: of room number on arrival to unit

Vital Signs

- Vital Signs
 - Monitor and Record T,P,R,BP, per unit routine (DEF)**
 - Monitor and Record T,P,R,BP, q4h(std)*
- Vital Signs w/Neuro Checks
 - Monitor and Record T,P,R,BP, per unit routine (DEF)**
 - Monitor and Record T,P,R,BP, q4h(std)*

Activity

- Activity As Tolerated
Up Ad Lib
- Ambulate
 - bid (DEF)**
 - bid, in room only*
- Bedrest
Routine
- Up To Chair
Up Ad Lib

Food/Nutrition

- NPO Communication Nsg
 - After Midnight (DEF)**
 - After Midnight, NPO except for medications*
- NPO
Instructions: NPO except for medications
- Breastfeed
- LEB Formula Orders Plan(SUB)*
- Regular Pediatric Diet
- Clear Liquid Diet
Start at: T;N

Patient Care

- Advance Diet As Tolerated
Start clear liquids and advance to regular diet as tolerated.
- Isolation Precautions
- Seizure Precautions
Routine
- Intake and Output
Routine, q2h(std)
- Daily Weights
Routine, qEve





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- Avoid
Avoid: Contact with Pregnant Women
- O2 Sat Spot Check-NSG
T;N, with vital signs
- O2 Sat Monitoring NSG
- Cardiopulmonary Monitor
T;N Routine, Monitor Type: CP Monitor
- Incentive Spirometry NSG
q2h-Awake, 10 breaths

Respiratory Care

- Oxygen Delivery
Special Instructions: titrate to keep O2 Sat greater than 92%, wean to room air

Continuous Infusion

- Sodium Chloride 0.9%
1,000 mL, IV, Routine, mL/hr
- D5 1/2NS
1,000 mL, IV, Routine, mL/hr
- D5 1/2 NS 500 + 10 meq/L KCL(Pediatric) (IVS)*
*Dextrose 5% with 0.45% NaCl
500 mL, IV, Routine, mL/hr
potassium chloride (additive)
5 mEq*
- D5 1/2 NS KCl 20 mEq/L
1,000 mL, IV, Routine, mL/hr

Medications

- +1 Hours** acetaminophen
 - _____ mg, Liq, PO, q4h, PRN Pain or Fever, Routine, Single dose: 10 mg/kg/dose; Max Dose = 75 mg/kg/day up to 4 g/day (DEF)*
 - 80 mg, Chew tab, PO, q4h, PRN Pain, Mild or Fever, Routine, Max Dose = 75 mg/kg/day up to 4 g/day, (1tab=80mg)
 - 325 mg, Tab, PO, q4h, PRN Pain, Mild or Fever, Routine, Max Dose = 75 mg/kg/day up to 4 g/day
- +1 Hours** acetaminophen
mg, Supp, PR, q4h, PRN Pain, Mild or Fever, Routine, Single dose: 10 mg/kg/dose; Max Dose = 75 mg/kg/day up to 4 g/day
Comments: May give PR if unable to take PO:
(NOTE): Please choose one of the following medications for Pain, Moderate (4-7)(NOTE)*
- +1 Hours** HYDROcodone-acetaminophen oral elixir
mg/kg, Elixir, PO, q4h, PRN Pain, Moderate (4-7), (for 5 day), (1 mL = 0.5 mg HYDROcodone), Max dose = 10 mg hydrocodone [Less Than 50 kg]
- +1 Hours** acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
 - 1 tab, Tab, PO, q6h, PRN Pain, Moderate (4-7), (for 5 day), (1 tab = 5 mg HYDROcodone) [Greater Than or Equal To 50 kg] (DEF)*
 - 2 tab, Tab, PO, q6h, PRN Pain, Moderate (4-7), (for 5 day), (2 tabs = 10mg HYDROcodone) [Greater Than or Equal To 50 kg]
- +1 Hours** ibuprofen
 - 10 mg/kg, Oral Soln, PO, q8h, PRN Pain, Moderate (4-7), Routine, Max dose = 800 mg (DEF)*
 - 200 mg, Tab, PO, q8h, PRN Pain, Moderate (4-7), Routine
 - 400 mg, Tab, PO, q8h, PRN Pain, Moderate (4-7), Routine
 - 600 mg, Tab, PO, q8h, PRN Pain, Moderate (4-7), Routine
 - 800 mg, Tab, PO, q8h, PRN Pain, Moderate (4-7), Routine
- +1 Hours** ketorolac





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0.5 mg/kg, Ped Injectable, IV Piggyback, q6h, PRN Pain, Moderate (4-7), Routine, (for 5 day), Max dose = 30 mg

Comments: May have IV if unable to have PO

- +1 Hours** morphine
_____ , Ped Injectable, IV Push, q3h, PRN Pain, Severe (8-10), Routine, (for 3 day), Ref. Range: 0.05 to 0.1 mg/kg/dose. Max dose=5 mg
Comments: May have IV if unable to have PO
- +1 Hours** morPHINE immediate release
 - _____ mg, Oral Soln, PO, q4h, PRN Pain, Severe (8-10), Routine, (for 3 day), Ref. Range: 0.1 to 0.2 mg/kg/dose (DEF)*
 - 15 mg, Tab, PO, q4h, PRN Pain, Severe (8-10), Routine, (for 3 day)
- +1 Hours** morPHINE extended release (MS Contin)
 - 30 mg, ER Tablet, PO, q12h, Routine, (for 3 day) (DEF)*
 - 15 mg, ER Tablet, PO, q12h, Routine, (for 3 day)
 - 60 mg, ER Tablet, PO, q12h, Routine, (for 3 day)
- LEB Morphine PCA(SUB)*
- +1 Hours** penicillin V potassium
 - 125 mg, Oral Soln, PO, q12h, (for 14 day) (DEF)*
 - 250 mg, Oral Soln, PO, q12h, (for 14 day)
 - 125 mg, Tab, PO, q12h, (for 14 day)
 - 250 mg, Tab, PO, q12h, (for 14 day)
- +1 Hours** erythromycin ethylsuccinate
 - 10 mg/kg, Oral Soln, PO, qid, Routine, (for 14 day) (DEF)*
 - 10 mg/kg, Tab, PO, qid, Routine, (for 14 day)
- +1 Hours** cefTRIAxone
50 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day), Max dose = 2 grams
- +1 Hours** vancomycin
15 mg/kg, Ped Injectable, IV Piggyback, q6h, Routine, (for 14 day), Max dose = 1 gram
- +1 Hours** azithromycin
 - 10 mg/kg, Susp, PO, once, Routine, Max dose = 500 mg (DEF)*
 - 500 mg, Tab, PO, once, Routine
- +1 Days** azithromycin
 - 5 mg/kg, Susp, PO, q24h, Routine, (for 4 dose), Max dose = 250 mg (DEF)*
 - 250 mg, Tab, PO, QDay, Routine, (for 4 dose)
- +1 Hours** clindamycin
10 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 14 day), Max dose = 4.8 grams/day
- +1 Hours** clindamycin
 - 10 mg/kg, Oral Soln, PO, q8h, Routine, (for 14 day), Max dose = 1.8 grams/day (DEF)*
 - 300 mg, Cap, PO, q8h, Routine, (for 14 day), Max dose = 1.8 grams/day
 - 600 mg, Cap, PO, q8h, Routine, (for 14 day), Max dose = 1.8 grams/day
- +1 Hours** levofloxacin
10 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day), Max dose = 250 mg per dose
- +1 Hours** levofloxacin
10 mg/kg, Tab, PO, q12h, Routine, (for 14 day), Max dose = 250 mg per dose
- +1 Hours** polyethylene glycol 3350
 - 17 g, Powder, PO, QDay, Routine (DEF)*
 - 8.5 g, Powder, PO, QDay, Routine
- +1 Hours** docusate





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- 2.5 mg/kg, Oral Susp, PO, bid, Routine (DEF)*
- 50 mg, Cap, PO, bid, Routine, Max single dose = 100mg
- 100 mg, Cap, PO, bid, Routine, Max single dose = 100mg
- +1 Hours** sodium biphosphate-sodium phosphate enema pediatric
66 mL, Enema, PR, once, Routine, (2 to 11 years)
- +1 Hours** sodium biphosphate-sodium phosphate enema adult
133 mL, Enema, PR, once, Routine, (greater than or equal to 12 years)
- +1 Hours** ondansetron
 - _____mg, Oral Susp, PO, q8h, PRN Nausea/Vomiting, Routine, Max dose = 8 mg (DEF)*
Comments: Reference Range: Age 4 to 11 years = 4 mg/dose, Age greater than 11 = 8 mg/dose, Maximum 24 mg/day.
 - _____mg, Orally Disintegrating Tab, PO, q8h, PRN Nausea/Vomiting, Routine
- +1 Hours** ondansetron
0.15 mg/kg, Ped Injectable, IV Push, q8h, PRN Nausea/Vomiting, Routine, Max dose = 8 mg
- +1 Hours** diphenhydrAMINE
1 mg/kg, Ped Injectable, IV, q6h, PRN Itching, Routine, Max dose = 50 mg
- +1 Hours** hydroxyurea
 - _____mg, Cap, PO, QDay, Routine, Max dose = 2000 mg (DEF)*
 - _____mg, Oral Susp, PO, QDay, Routine, (1 mL = 100mg), Max dose = 2000 mg

Laboratory

- Urinalysis w/Reflex Microscopic Exam
Routine, T;N, once, Type: Urine, Nurse Collect
- Urinalysis w/Reflex Microscopic Exam
Routine, T;N, qam

Transfusion Orders

- LEB Transfusion Less Than 4 Months of Age Plan(SUB)*
- LEB Transfusion 4 Months of Age or Greater Plan(SUB)*
The LEB Apheresis Pre Procedure Plan must be ordered outside of this Powerplan(NOTE)*
- RBC Phenotype Ext, Ag Testing
Routine, T;N, once, Type: Blood
- Coombs, Direct
Routine, T;N, once, Type: Blood

Chemistry

- CMP
Routine, T;N, once, Type: Blood
- CMP
Routine, T;N, qam, Type: Blood
- Uric Acid Level
Routine, T;N, once, Type: Blood
- Amylase Level
Routine, T;N, once, Type: Blood
- Lipase Level
Routine, T;N, once, Type: Blood
- LD
Routine, T;N, once, Type: Blood
- LD
Routine, T;N, qam, Type: Blood

Hematology

- CBC
T;N, Routine, once, Type: Blood
- CBC





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- Routine, T;N, qam, Type: Blood*
- Reticulocyte Count
Routine, T;N, once, Type: Blood
- Reticulocyte Count
Routine, T;N, qam, Type: Blood
- Erythrocyte Sedimentation Rate
Routine, T;N, once, Type: Blood

Microbiology

- Pregnancy Screen Serum
Routine, T;N, once, Type: Blood
- Epstein-Barr Virus Profile
Routine, T;N, once, Type: Blood
- Blood Culture
Routine, T;N, once, Specimen Source: Peripheral Blood
- +5 Minutes** Blood Culture
Routine, T;N, once, Specimen Source: Line, Central
- Urine Culture
 - Routine, T;N, Specimen Source: Urine, Catheterized, Nurse Collect (DEF)**
 - Routine, T;N, Specimen Source: Urine, Clean Catch, Nurse Collect*
 - Routine, T;N, Specimen Source: Urine, Suprapubic, Nurse Collect*
- Occult Blood
Routine, T;N, once, Type: Stool, Nurse Collect
- Stool Culture
Routine, T;N, Specimen Source: Stool, Nurse Collect

Reference Lab

- Abnormal Hemoglobin Analysis(HPLC)
Routine, T;N, once, Type: Blood
- Human Parvovirus B-19 Antibody Panel
Routine, T;N, once, Type: Blood
- Hemoglobin F
Routine, T;N, once, Type: Blood
- Hemoglobin S
Routine, T;N, once, Type: Blood

Diagnostic Tests

- Chest PA & Lateral
T;N, Routine, Wheelchair
- Chest 1 VW
T;N, Routine, Portable
- Echocardiogram Pediatric (0-18 yrs)
Start at: T;N, Priority: Routine, Transport: Wheelchair
- EKG
Start at: T;N, Priority: Routine, Transport: Wheelchair
- KUB
T;N, Routine, Wheelchair
- LEB CT Brain/Head WO Cont Plan(SUB)*
- LEB MRI Brain & Stem WO Cont Plan(SUB)*
- LEB MRA Head WO Cont Plan(SUB)*
- LEB CT Abdomen WO Cont Plan(SUB)*
- LEB CT Pelvis WO Cont Plan(SUB)*
- LEB US Abd Comp w/Delay Diet Plan(SUB)*
- LEB US Abd Ltd Sing Organ/FU w/Delay Diet Plan(SUB)*





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- US Abd Limited w/Doppler
T;N, Routine, Wheelchair
- Hip Uni 2-3VW LT
T;N, Reason for Exam: Pain, Routine, Wheelchair
- Hip Uni 2-3VW RT
T;N, Reason for Exam: Pain, Routine, Wheelchair
- Hips Bil 2 VWs
T;N, Reason for Exam: Pain, Routine, Wheelchair
- Hips Bil 3-4 VWs
T;N, Reason for Exam: Pain, Routine, Wheelchair

Consults/Notifications/Referrals

- Notify Resident-Continuing
- Notify Resident-Once
- Consult MD Group
- Consult MD
- Consult Medical Social Work
- Dietitian Consult/Nutrition Therapy
- Child Life Consult
- Consult School Teacher
- Physical Therapy Ped Eval & Tx
- Occupational Therapy Ped Eval & Tx
- Speech Therapy Ped Eval & Tx

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

