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
Physician Orders PEDIATRIC: LEB HEM Sickle Cell Disease Admit Plan

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
Physician Orders PEDIATRIC: LEB HEM Sickle Cell Disease Admit Plan

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, QDay, Routine (DEF)*
8.5 g, Powder, PO, QDay, Routine

+1 Hours docusate
Physician Orders PEDIATRIC: LEB HEM Sickle Cell Disease Admit Plan

☐ 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
Physician Orders PEDIATRIC: LEB HEM Sickle Cell Disease Admit Plan

- **Reticulocyte Count**
  - Routine, T;N, qam, Type: Blood

- **Reticulocyte Count**
  - Routine, T;N, once, 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

- **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

*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