![Methodist Le Bonheur Healthcare]

Physician Orders PEDIATRIC: PED GEN SURG Admit Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☑   Initiate Powerplan Phase
         Phase: PED GEN SURG Admit Phase, When to Initiate:_____
PED GEN SURG Admit Phase
Admission/Transfer/Discharge
☐   Patient Status Initial Outpatient
         T;N **Attending Physician: _____**
         Reason for Visit:_____
         Bed Type: _____ Specific Unit: _____
         Outpatient Status/Service: [ ] Ambulatory Surgery, [ ] OP Diagnostic Procedure
                              [ ] OP OBSERVATION Services

☐   Notify Physician-Once
         Notify For: Of room number on arrival to unit.
Vital Signs
☑   Vital Signs
         ☐   *Monitor and Record T,P,R,BP, q4h(std)* (DEF)*
         ☐   *Monitor and Record T,P,R,BP, q2h(std)*
Activity
☑   Activity As Tolerated
         Up Ad Lib
☐   Ambulate
         ambulate in hall ____ times daily
☐   Bedrest
Food/Nutrition
☑   NPO
☐   Regular Pediatric Diet
☐   Clear Liquid Diet
         Start at: T;N
Patient Care
☑   Intake and Output
         Routine, q2h(std)
☑   INT Insert/Site Care
         q2h(std)
☐   Cardiopulmonary Monitor
         T;N Routine, Monitor Type: CP Monitor, Special Instructions: upon arrival to floor
☐   Replogle (NGT)
         Suction Strength: Low Intermittent (DEF)*
         Flush, NGT with _____mL normal saline every _____ hours
☐   Nasogastric Tube Insert
         For instillation of Golytely. polyethylene glycol-electrolyte solution
☐   Nursing Communication
         Ensure electrolyte solution is completed before midnight
☐   Nursing Communication
         Ensure patient has IVF infusing before starting polyethylene glycol with electrolytes
☑   O2 Sat Monitoring NSG
Continuous Infusion
Bolus IV Fluids
☐   Sodium Chloride 0.9% Bolus

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10 mL/kg, Injection, IV, once, Routine, (infuse over 1 hr)

Maintenance IV Fluids

☐ 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 KCl 20 mEq/L
  1,000 mL, IV, Routine, mL/hr

Replacement IV Fluids

☐ 1/2 NS + 20 mEq/L KCL (pediatric) (IVS)*
  Sodium Chloride 0.45%
    1,000 mL, IV, Routine, Replacement IV Fluids, Replace NG output mL/mL every 4 hours
  potassium chloride (additive)
    20 mEq

☐ Lactated Ringers Injection
  1,000 mL, IV, Routine, Replacement IV Fluids, Replace NG output mL/mL every 4 hours

Medications

☐ **+1 Hours** clindamycin
  10 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 14 day), Max dose = 4.8 grams/day

☐ **+1 Hours** cefOXitin
  30 mg/kg, Ped Injectable, IV Piggyback, q8h, (for 14 day), Max dose = 12 grams/day

☐ **+1 Hours** acetaminophen
  10 mg/kg, Supp, PR, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4 g/day
    Comments: For temperature greater than 38.5 Degrees Celsius

☐ **+1 Hours** ketorolac
  0.5 mg/kg, Ped Injectable, IV Piggyback, q6h, Routine, (for 8 dose), Max dose = 30 mg

☐ **+1 Hours** morphine
  0.05 mg/kg, Ped Injectable, IV, q2h, PRN Pain, Severe (8-10), Routine, (for 3 day), Max initial dose=2mg

☐ **+1 Hours** famotidine
  0.5 mg/kg, Injection, IV, q12h, Routine, Max Daily Dose = 20mg/dose or 40 mg/day

☐ **+1 Hours** ondansetron
  0.1 mg/kg, Ped Injectable, IV, q8h, PRN Nausea, Routine, Max dose = 8 mg

☐ **+1 Hours** polyethylene glycol 3350 with electrolytes
  25 mL/kg, Oral Soln, NG, q1h, Routine, (for 4 dose), Until rectal effluent clear. Complete by Midnight.
    Comments: To be given at 25 mL/kg/hr for four hours via NGT, Max total volume = 100mL/kg, Until rectal effluent is clear.   Complete by midnight.

☐ **+1 Hours** Normal saline enema
  10 mL/kg, Enema, PR, once, Routine

Laboratory

☐ Coombs, Direct
  Routine, T;N, once, Type: Blood

☐ Antibody Screen
  Routine, T;N, once, Type: Blood

☐ Type and Screen
  Routine, T;N, for OR, Type: Blood

☐ Type and Crossmatch PRBC
  Routine, T;N, Type: Blood

☐ Transfuse PRBC's <4 Months-Pediatric

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       Routine, T;N
- ☐ Hold PRBC <4 Months
  Routine, T;N
- ☐ Transfuse PRBC's >4 Months-Pediatric
  Routine, T;N
- ☐ Hold PRBC >4 Months
  Routine, T;N
- ☐ Crossmatch Additional Units
  Routine, T;N
- ☐ Crossmatch Units from Type and Screen
  Routine, T;N
- ☐ Blood Keep Ahead Order
  Routine, T;N
- ☐ Plasma Transfuse
  Routine, T;N
- ☐ Hold Plasma
  Routine, T;N, Reason: On Hold for OR
- ☐ Platelets Transfuse
  Routine, T;N
- ☐ Hold Platelets
  Routine, T;N, Reason: On Hold for OR
- ☐ Cryoprecipitate Transfuse
  Routine, T;N, Reason: transfuse
- ☐ Granulocytes Transfuse
  Routine, T;N, Reason: transfuse
      Comments: Requires Blood Bank Approval
- ☐ CBC
  Routine, T;N, once, Type: Blood
- ☐ Blood Culture
  Routine, T;N, once, Specimen Source: Peripheral Blood
- ☐ BMP
  Routine, T;N, once, Type: Blood
- ☐ CMP
  Routine, T;N, once, Type: Blood
- ☐ Amylase Level
  Routine, T;N, once, Type: Blood
- ☐ Lipase Level
  Routine, T;N, once, Type: Blood
- ☐ PTT
  Routine, T;N, once, Type: Blood
- ☐ PT/INR
  Routine, T;N, once, Type: Blood
- ☐ Ova & Parasites Stool
  Routine, T;N, Specimen Source: Stool, Nurse Collect
- ☐ Stool WBC
  Routine, T;N, once, Type: Stool, Nurse Collect
- ☐ Clostridium difficile Assay
  Routine, T;N, once, Type: Stool, Nurse Collect
      Comments: Test cannot be performed on formed stools

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☐ Stool Culture
  Routine, T;N, Specimen Source: Stool, Nurse Collect

☐ Urinalysis w/Reflex Microscopic Exam
  ☐ *Routine, T;N, once, Type: Urine, Nurse Collect* (DEF)*
  ☐ *Routine, T;N, once, Type: Urine, Catheterized, Nurse Collect*

☐ Urine Culture
  ☐ *Routine, T;N, Specimen Source: Urine, Clean Catch, Nurse Collect* (DEF)*
  ☐ *Routine, T;N, Specimen Source: Urine, Catheterized, Nurse Collect*

☐ Pregnancy Screen Serum
  Routine, T;N, once, Type: Blood

Diagnostic Tests

☐ Chest 2 Views
  T;N, Routine, Wheelchair

☐ Abdomen 2 Views
  T;N, Routine, Wheelchair

☐ US Pelvic Non OB Comp
  T;N, Routine, Wheelchair

☐ US Abd Comp   W/Delay Diet Plan(SUB)*
☐ CT Abdomen W/WO Cont Plan(SUB)*
☐ CT Pelvis W/WO Cont Plan(SUB)*

Consults/Notifications/Referrals

☑ Notify Physician-Continuing
  Notify: MD, Notify For: of temperature 38.5 degrees, persistent abdominal pain or vomiting, or urinary output less than 1mL/kg/hr over 4 hours

☑ Notify Physician-Once
  Notify: PCP, Notify For: of admission in AM

☐ PT Ped Eval & Tx
  Routine

_____   _____   _____   _____
　　　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