



# Physician Orders

## LEB NICU Congenital Heart Disease Plan

[X or R] = will be ordered unless marked out.

PEDIATRIC

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

|  |                                   |   |
|--|-----------------------------------|---|
| <b>Allergies:</b>  |                                   | <input type="checkbox"/> No known allergies   |
| <input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____   |                                   |   |
| <input type="checkbox"/>   | Initiate Powerplan Phase          | T;N, Phase: LEB NICU Congenital Heart Dz Phase  |
| <b>Admission/Transfer/Discharge</b>  |                                   |   |
| <input type="checkbox"/>   | Patient Status Initial Inpatient  | Attending Physician: _____  |
| <b>Bed Type:</b> <input type="checkbox"/> Med Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Other   |                                   |   |
| <input type="checkbox"/>   | Patient Status Initial Outpatient | Attending Physician: _____  |
| Outpatient Status/Service: <input type="checkbox"/> OP-Ambulatory <input type="checkbox"/> OP-Diagnostic Procedure <input type="checkbox"/> OP-Observation Services  |                                   |   |
| <b>Initial status – inpatient</b> --- For a condition/dx with severity of illness or co-morbid conditions indicating a hospital stay greater than 24 hours is required.  |                                   |   |
| <b>Initial Status Outpatient – Ambulatory surgery</b> – Outpatient surgery/procedure with discharge anticipated after a routine or, in some cases, extended recovery.<br><ul style="list-style-type: none"> <li>• Routine recovery after outpatient surgery is estimated at 6-8 hours.</li> <li>• “Extended” routine recovery may be required for a patient to stay longer (could be overnight) to recover from anticipated sequela of surgery including effects of anesthesia, nausea, pain.</li> <li>• For unanticipated sequela of surgery or a complicated post operative course, the patient may require a status change to inpatient. Please consult with a case manager before making this choice of “status change”.</li> <li>• Examples: Initial status outpatient is generally selected for patients undergoing PCI, diagnostic caths, EP studies, ablations, pacemaker implantations, other routine surgeries.</li> </ul> |                                   |   |
| <b>Initial status Outpatient -Observation Services</b> – Short term treatment, assessment and reassessment - estimate discharge within 24 hours<br><ul style="list-style-type: none"> <li>• In some cases (for Medicare patients), this can be extended to 48 hours.</li> <li>• Observation Services can also be utilized when it is unclear (without additional assessment) whether the patient will require an inpatient stay.</li> </ul>  |                                   |   |
| <input type="checkbox"/>   | Notify Physician Once             | T;N, of room number on arrival to unit  |
| <b>Vital Signs</b>   |                                   |   |
| <input type="checkbox"/>   | Vital Signs                       | T;N, Monitor and Record T,P,R,BP, q1h X _____h, then q2h, BP from all four extremities on admission                       |
| <b>Activity</b>  |                                   |   |
| <input type="checkbox"/>   | Out Of Bed                        | T;N, Up Ad Lib  |
| <input type="checkbox"/>   | Out Of Bed                        | T;N, Up Kangaroo Care (Peds)  |
| <b>Food/Nutrition</b>  |                                   |   |
| <input type="checkbox"/>   | NPO                               | Start at: T;N   |
| <input type="checkbox"/>   | Breastmilk (Expressed)            | T;N, mL   |
| <input type="checkbox"/>   | Breastmilk, Donor                 | T;N, mL   |
| <input type="checkbox"/>   | <b>LEB Formula Orders Plan</b>    |   |
| <b>Patient Care</b>  |                                   |   |
| <input type="checkbox"/>   | Consent Signed For                | T;N, Procedure: Transfusion of Blood/Blood Products   |
| <input type="checkbox"/>   | Consent Signed For                | T;N, Procedure: Insertion of PICC Line  |
| <input type="checkbox"/>   | Isolation Precautions             | T;N   |
| <input type="checkbox"/>   | Intake and Output                 | T;N, Routine, q2h(std)  |
| <input type="checkbox"/>   | Daily Weights                     | T;N, Routine, qEve  |
| <input type="checkbox"/>   | Pediatric Bed Type NSG            | T;N   |
| <input type="checkbox"/>   | Position Patient                  | T;N   |
| <input type="checkbox"/>   | Minimal Stimulation               | T;N, Routine  |
| <input type="checkbox"/>   | Nursing Communication             | T;N, Obtain mother's results from delivery hospital (HBBsAG, RPR, GBS, Rubella, HIV, maternal blood type, ABO, Rh Coombs. |



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| Patient Care continued   |  |  |
|--|--|--|
| <input type="checkbox"/>   | O2 Sat Monitoring NSG                          | T;N, q1h(std), pre and post ductal   |
| <input type="checkbox"/>   | Cardiopulmonary Monitor                        | T;N Routine, Monitor Type: CP Monitor  |
| Respiratory Care   |  |  |
| <input type="checkbox"/>   | LEB NICU Respiratory Plan                      |  |
| <input type="checkbox"/>   | Oxygen Delivery                                | T;N, Special Instructions: Titrate to keep O2 sat at ____%   |
| <input type="checkbox"/>   | Aa Gradient                                    | T;N  |
| Continuous Infusion  |  |  |
| <b>NOTE: Use D5 for Infants less than 1000 grams. Use D10 for Infants greater than 1000 grams.</b> |  |  |
| <input type="checkbox"/>   | Dextrose 5% in Water( D5W)                     | 1,000 mL, IV, STAT, mL/hr  |
| <input type="checkbox"/>   | Dextrose 10% in Water( D10W)                   | 1,000 mL, IV, STAT, mL/hr  |
| <input type="checkbox"/>   | Dextrose 12.5% in Water 500 ml Bag (Pediatric) | 375 mL, IV, STAT   |
| <input type="checkbox"/>   | Dextrose 5% with 0.2% NaCl ( D5 1/4 NS)        | 1,000 mL, IV, STAT, mL/hr  |
| <input type="checkbox"/>   | D10 1/4 NS (Pediatric)                         | 250 mL, IV, STAT   |
| <input type="checkbox"/>   | potassium chloride (D5 1/4 NS KCl 20 mEq/L)    | 1,000 mL, IV, STAT, mL/hr  |
| <input type="checkbox"/>   | D10 1/4 NS + 20 KCL (Pediatric)                | 250 mL, IV, STAT   |
| <input type="checkbox"/>   | potassium chloride (D5 1/2 NS KCl 20 mEq/L)    | 1,000 mL, IV, STAT, mL/hr  |
| <input type="checkbox"/>   | D10 1/2 NS 250 + 20 mEq/L KCL (Pediatric)      | 250 mL, IV, STAT   |
| <input type="checkbox"/>   | 1/2 NS + heparin 1 unit/ml                     | 500 mL, IV, Routine, mL/hr, Infuse via central or arterial line                                      |
| Prostaglandins   |  |  |
| <input type="checkbox"/>   | Alprostadil Drip (Pediatric)                   | 24 mL, Central IV, Routine, Reference range: 0.05 to 0.1 mcg/kg/min, Use most concentrated strengths |
| Vasoactive Medications   |  |  |
| <input type="checkbox"/>   | DOPamine Drip (Pediatric)                      | 250 mL, Central IV, Routine, Reference range: 2 to 20 mcg/kg/min                                     |
| <input type="checkbox"/>   | EPINEPHrine Drip (Pediatric)                   | 95 mL, Central IV, Routine, Reference range: 0.1 to 1 mcg/kg/min, Use most concentrated strengths    |
| <input type="checkbox"/>   | DOBUTamine Drip (Pediatric)                    | 250 mL, Central IV, Routine, Reference range: 2 to 25 mcg/kg/min                                     |
| Sedation   |  |  |
| <input type="checkbox"/>   | Morphine Drip (Pediatric)                      | 49.5 mL, Central IV, Routine, Reference range: 10 to 20 mcg/kg/hr, Use most concentrated strengths   |
| <input type="checkbox"/>   | Fentanyl Drip (Pediatric)                      | 15 mL, Central IV, Routine, Reference range: 1 to 5 mcg/kg/hr  |
| <input type="checkbox"/>   | Midazolam Drip (Pediatric)                     | 15 mL, Central IV, Routine, Reference range: 0.01 to 0.2 mg/kg/hr                                    |
| Paralytics   |  |  |
| <input type="checkbox"/>   | Pancuronium Drip (Pediatric)                   | 30 mL, Central IV, Routine, Reference range: 0.02 to 0.2 mg/kg/hr                                    |
| <input type="checkbox"/>   | Vecuronium Drip (Pediatric)                    | 30 mL, Central IV, Routine, Reference range: 0.02 to 0.2 mg/kg/hr                                    |
| Diuretics  |  |  |
| <input type="checkbox"/>   | Furosemide Drip (Pediatric)                    | 30 mL, Central IV, Routine, Reference range: 2.5 to 10 mg/kg/day                                     |
| <input type="checkbox"/>   | Bumetanide Drip (Pediatric)                    | 30 mL, Central IV, Routine, Reference range: 2.5 to 10 mcg/kg/hr                                     |



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| Medicine                 |  |   |
|--------------------------|--|---|
| <input type="checkbox"/> | heparin flush  | 1 mL, Ped Injectable, IV Push, prn, PRN Cath Clearance, Routine, peripheral or central line per nursing policy  |
| Laboratory               |  |   |
| <input type="checkbox"/> | Newborn Screen, TN Health Dept.                            | Routine, T+1;N, once, Type: Blood   |
| <input type="checkbox"/> | CBC  | STAT, T;N, once, Type: Blood  |
| <input type="checkbox"/> | Comprehensive Metabolic Panel( CMP)                        | STAT, T;N, once, Type: Blood  |
| <input type="checkbox"/> | C-Reactive Protein( CRP)                                   | STAT, T;N, once, Type: Blood  |
| <input type="checkbox"/> | Basic Metabolic Panel( BMP)                                | STAT, T;N, once, Type: Blood  |
| <input type="checkbox"/> | Fetal Maternal Smear( Kleihauer-Betke)                     | STAT, T;N, once, Type: Blood  |
| <input type="checkbox"/> | <b>LEB Transfusion Less Than 4 Months of Age Plan</b>      |   |
| <input type="checkbox"/> | <b>LEB Transfusion 4 Months of Age or Greater Plan</b>     |   |
| <input type="checkbox"/> | Nursing Communication                                      | T;N, Obtain mother's type and screen results, if results not available, obtain a FIN# for the mother and place order for Type and Screen Maternal STAT on the mother's chart. Registration forms can be obtained from the Access Department and faxed back to 287-5562. Once the FIN is obtained for the mother, log on to mother's chart and place the order "Type and Screen Maternal Blood", be sure to include the baby's name & FIN in the comments. |
| Diagnostic Tests         |  |   |
| <input type="checkbox"/> | Chest 1VW Frontal( CXR Portable)                           | T;N, Routine, Portable  |
| <input type="checkbox"/> | Chest 2VW Frontal & Lat( Chest PA & Lateral)               | T;N, Reason for Exam: Other, Enter in Comments, Routine, Infant Transport   |
| <input type="checkbox"/> | Electrocardiogram  | Start at: T;N, Priority: Stat, Transport: Portable  |
| <input type="checkbox"/> | Echocardiogram Pediatric (0-18 yrs)                        | Start at: T;N, Priority: Stat, Transport: Portable  |
| <input type="checkbox"/> | US Head Neonatal/Echoencephalogram                         | T;N, Routine, Portable  |
| <input type="checkbox"/> | US Retroperitoneal B Scan/Real Time Comp(Renal Ultrasound) | T;N, Routine, Portable  |
| <input type="checkbox"/> | <b>LEB CT Chest W Cont Plan</b>                            |   |
| Consults/Notifications   |  |   |
| <input type="checkbox"/> | Notify Physician For Vital Signs Of                        | T;N, Oxygen Sat < 85%   |
| <input type="checkbox"/> | Notify Physician-Continuing                                | T;N, HCT < 40%  |
| <input type="checkbox"/> | Notify Physician-Continuing                                | T;N   |
| <input type="checkbox"/> | Notify Physician-Once                                      | T;N   |
| <input type="checkbox"/> | Notify Nurse Practitioner For Vital Signs Of               | T;N, Oxygen Sat < 85%   |
| <input type="checkbox"/> | Notify Nurse Practitioner-Continuing                       | T;N   |
| <input type="checkbox"/> | Notify Nurse Practitioner-Once                             | T;N   |
| <input type="checkbox"/> | Physician Group Consult( Consult MD Group)                 | T;N, CV Surgery   |



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| Consults/Notifications continued |  |
|----------------------------------|--|
| <input type="checkbox"/>         | Physician Group Consult( Consult MD Group) T;N, Cardiology   |
| <input type="checkbox"/>         | Physician Group Consult( Consult MD Group) T;N   |
| <input type="checkbox"/>         | Physician Consult( Consult MD) T;N   |
|                                  | <b>NOTE: Place Physician Consult order below for Retinopathy of Prematurity Consultation at 4 to 6 weeks after birth of at 31 weeks post-menstrual age (whichever comes later)</b> |
| <input type="checkbox"/>         | Physician Consult T;N, Reason for Consult: Retinopathy of Prematurity Consultation   |
| <input type="checkbox"/>         | Nutritional Support Team Consult Start at: T;N, Reason: Total Parenteral Nutrition   |
| <input type="checkbox"/>         | PICC Consult Ped - for Line Placement T;N  |
| <input type="checkbox"/>         | Dietitian Consult T;N, Type of Consult: Nutrition Management   |
| <input type="checkbox"/>         | Lactation Consult T;N  |
| <input type="checkbox"/>         | PT Ped Eval & Tx( Physical Therapy Ped Eval & Tx) T;N  |
| <input type="checkbox"/>         | OT Ped Eval & Tx( Occupational Therapy Ped Eval & Tx) T;N  |
| <input type="checkbox"/>         | ST Ped Eval & Tx( Speech Therapy Ped Eval & Tx) T;N  |
| <input type="checkbox"/>         | Audiology Consult T;N, Initial newborn hearing screen, Routine   |
| <input type="checkbox"/>         | Medical Social Work Consult T;N, Reason: Assistance at Discharge   |
| <input type="checkbox"/>         | Child Life Consult( Consult Child Life) T;N  |
| <input type="checkbox"/>         | Pastoral Care Consult( Consult Pastoral Care) T;N, Reason for Consult: Baptism   Family Support  |
| <input type="checkbox"/>         | Consult Case Management T;N, Reason for Consult: Discharge Planning  |

\_\_\_\_\_  
**Date**                      **Time**                      **Physician's Signature**                      **MD Number**