

Physician Orders

LEB NICU Abdominal Anomalies Plan

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

PEDIATRIC

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/>	Initiate Powerplan Phase	T;N, Phase: LEB NICU Abdominal Anomalies Phase
Admission/Transfer/Discharge		
<input type="checkbox"/>	Patient Status Initial Inpatient	Attending Physician: _____
Bed Type: <input type="checkbox"/> Med Surg <input checked="" 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		
Initial status – inpatient --- For a condition/dx with severity of illness or co-morbid conditions indicating a hospital stay greater than 24 hours is required.		
Initial Status Outpatient – Ambulatory surgery – Outpatient surgery/procedure with discharge anticipated after a routine or, in some cases, extended recovery. <ul style="list-style-type: none"> • Routine recovery after outpatient surgery is estimated at 6-8 hours. • “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. • 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”. • Examples: Initial status outpatient is generally selected for patients undergoing PCI, diagnostic caths, EP studies, ablations, pacemaker implantations, other routine surgeries. 		
Initial status Outpatient -Observation Services – Short term treatment, assessment and reassessment - estimate discharge within 24 hours <ul style="list-style-type: none"> • In some cases (for Medicare patients), this can be extended to 48 hours. • Observation Services can also be utilized when it is unclear (without additional assessment) whether the patient will require an inpatient stay. 		
<input type="checkbox"/>	Notify Physician Once	T;N, of room number on arrival to unit
Vital Signs		
<input type="checkbox"/>	Vital Signs	T;N, Monitor and Record T,P,R,BP, q1h X ____ h, then q2h
Activity		
<input type="checkbox"/>	Out Of Bed	T;N, Up Kangaroo Care (Peds)
Food/Nutrition		
<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"/>	LEB Formula Orders Plan- see separate sheet	
Patient Care		
<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 (NICU Bed Type NSG)	T;N
<input type="checkbox"/>	Position Patient	T;N
<input type="checkbox"/>	Minimal Stimulation	T;N



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Patient Care continued		
[]	Oral Gastric Tube Insert (Replogle (OGT))	T;N, Low intermittent suction
[]	Oral Gastric Tube Insert (Replogle (OGT))	T;N, to gravity drainage
[]	Nasogastric Tube (Replogle (NGT))	T;N, Suction Strength: Low Intermittent
[]	Radiant Warmer Apply	T;N, Routine
[]	Dressing Care	T;N, Routine, Moist gauze to exposed area
[]	O2 Sat Monitoring NSG	T;N, q1h(std)
[]	Cardiopulmonary Monitor	T;N Routine, Monitor Type: CP Monitor
Nursing Communication		
[]	Nursing Communication	T;N, Obtain mother's results from delivery hospital (HBBsAG, RPR, GBS, Rubella, HIV, maternal blood type, ABO, Rh Coombs.
Respiratory Care		
[]	LEB NICU Respiratory Plan- see separate sheet	
[]	Oxygen Delivery	T;N, Special Instructions: titrate to keep O2 sat 90-95%
Continuous Infusions		
[]	Dextrose 5% in Water	1,000 mL, IV, STAT, mL/hr
[]	Dextrose 7.5% in Water	1,000 mL, IV, STAT, mL/hr
[]	Dextrose 10% in Water	1,000 mL, IV, STAT, mL/hr
[]	Dextrose 12.5% in Water 500 ml Bag (Pediatric)	375 mL, IV, STAT, mL/hr
[]	Dextrose 5% with 0.2% NaCl(D5 1/4 NS)	1,000 mL, IV, STAT, mL/hr)
[]	D10 1/4 NS (Pediatric)	250 mL, STAT
[]	potassium chloride (D5 1/4 NS KCl 20 mEq/L)	1,000 mL, IV, STAT, mL/hr
[]	D10 1/4 NS + 20 KCL (Pediatric)	250 mL, STAT
[]	potassium chloride (D5 1/2 NS KCl 20 mEq/L)	1,000 mL, IV, STAT, mL/hr
[]	D10 1/2 NS 250 + 20 mEq/L KCL (Pediatric)	250 mL, IV, STAT
[]	D5 1/4 NS KCL 20mEq/L	1000 mL, IV, STAT, T;N, at ___ mL/hr, add 10 mEq/L Calcium Gluconate

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Continuous Infusions continued		
[]	D10 1/4 NS KCL 20mEq/L (Pediatric)	250 mL, IV, STAT, T;N, at ___ mL/hr, add 10 mEq/L Calcium Gluconate
[]	D5 1/2 NS KCL 20 mEq/L	1000 mL, IV, STAT, T;N, at ___ mL/hr, add 10 mEq/L Calcium Gluconate
[]	D10 1/2 NS KCL 20mEq/L (Pediatric)	250 mL, IV, STAT, T;N, at ___ mL/hr, add 10 mEq/L Calcium Gluconate
[]	1/2 NS + heparin 1 unit/ml	500 mL, IV, Routine, mL/hr, Infuse via central or arterial line
[]	Sodium Chloride 0.9% (Sodium Chloride 0.9% Bolus)	mL, IV, once, STAT, (infuse over 30 min), (Bolus)
[]	Lactated Ringers(Lactated Ringers Bolus)	mL, IV, once, STAT, (infuse over 30 min), (Bolus)
[]	Stock Neonatal TPN 250 mL	T;N, 250 mL, Injection, IV, q24h, Routine
Vasoactive Medications		
[]	DOPamine Drip (Pediatric)	250 mL, Central IV, Routine, Reference range: 2 to 20 mcg/kg/min
Sedation		
[]	Fentanyl Drip (Pediatric)	15 mL, Central IV, Routine, Reference range: 1 to 5 mcg/kg/hr
[]	Midazolam Drip (Pediatric)	15 mL, Central IV, Routine, Reference range: 0.01 to 0.2 mg/kg/hr
Paralytics		
[]	Vecuronium Drip (Pediatric)	30 mL, Central IV, Routine, Reference range: 0.02 to 0.2 mg/kg/hr
Medications		
[]	PHENobarbital	10 mg/kg, Ped Injectable, IV Piggyback, q20min, STAT, (for 2 dose), Loading Dose
[]	PHENobarbital	20 mg/kg, Ped Injectable, IV Piggyback, once, STAT, Loading Dose
[]	PHENobarbital	___ mg/kg, Ped Injectable, IV Piggyback, q24h, Routine
[]	LORazepam	0.05 mg/kg, Ped Injectable, IV Push, once, Routine
[]	LORazepam	0.05 mg/kg, Ped Injectable, IV Push, q6h, PRN Agitation, Routine
[]	LORazepam	0.1 mg/kg, Ped Injectable, IV Push, once, Routine
[]	LORazepam	0.1 mg/kg, Ped Injectable, IV Push, q6h, PRN Agitation, Routine
Replacement Fluids		
[]	1/2 NS + 20 mEq/L KCL (pediatric)	1,000 mL, IV, Routine, Replacement fluids, Replace ml : ml q4h over 4 hours
[]	1/2 NS + 20 mEq/L KCL (pediatric)	1,000 mL, IV, Routine, Replacement fluids, Replace 1/2ml : ml q4h over 4 hours
[]	Lactated Ringers	1,000 mL, IV, Routine, Replacement fluids, Replace ml : ml q4h over 4 hours
[]	Lactated Ringers	1,000 mL, IV, Routine, Replacement fluids, Replace 1/2ml : ml q4h over 4 hours
Anti-Infectives		
[]	LEB NICU Anti-infective Plan- see separate sheet	



attach patient label

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Laboratory		
[]	Newborn Screen, TN Health Dept	Routine, T+1, N, once, Type: Blood
[]	CBC	STAT, T;N, once, Type: Blood
[]	Basic Metabolic Panel(BMP)	STAT, T;N, once, Type: Blood
[]	Comprehensive Metabolic Panel(CMP)	STAT, T;N, once, Type: Blood
[]	C-Reactive Protein(CRP)	STAT, T;N, once, Type: Blood
[]	Urinalysis w/Reflex Microscopic Exam	Routine, T;N, once, Type: Urine, Nurse Collect
NOTE: Genetic workup (especially if Omphalocele)		
[]	Torch Antibody Panel Pediatric	STAT, T;N, once, Type: Blood
[]	Chromosome Analysis Blood	STAT, T;N, once, Type: Blood
[]	Chromosome Analysis, Tissue	STAT, T;N, once, Type: Tissue
[]	Organic Acid by GC Urine	STAT, T;N, once, Type: Urine, Nurse Collect
LEB Transfusion Less Than		
[]	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. Order comment: Registration forms can be obtained from the Access Department and faxed back to 287-5562. Once the FIN is obtained for the mother, log onto 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		
[]	Chest 2VW Frontal & Lat (Chest PA & Lateral)	T;N, Routine, Portable
[]	Abd Sing AP VW(KUB)	T;N, Routine, Portable
[]	Abd Comp W Decubitus/Erect VW(KUB Flat and Upright)	T;N, Routine, Portable
[]	NM Gastroesophageal Reflux Study(Milk Study)	T;N, Reason for Exam: Other, Enter in Comments, Routine, Infant Transport
[]	LEB US Abd Comp w/Delay Diet Plan- see separate sheet	
[]	LEB CT Abdomen w/WO Cont Plan- see separate sheet	
[]	LEB GI Upper W/WO Delayed Films W KUB w/Delay Diet Plan- see separate sheet	
[]	LEB GI Upper W/WO Delayed Films WO KUB w/Delay Diet Plan- see separate sheet	
[]	LEB GI Upper W Sm Bowel W Multi Serial Films w/Delay Diet Plan- see separate sheet	
[]	LEB Esophogram Plan- see separate sheet	



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Consults/Notifications		
[]	Notify Physician For Vital Signs Of	T;N, Oxygen Sat < 85
[]	Notify Physician-Continuing	T;N
[]	Notify Nurse Practitioner For Vital Signs Of	T;N, Oxygen Sat < 85
[]	Notify Nurse Practitioner-Continuing	T;N
[]	Physician Group Consult(Consult MD Group)	T;N,Pediatric Surgical Group
[]	Physician Group Consult(Consult MD Group)	T;N, ULPS Genetics
[]	Physician Group Consult(Consult MD Group)	T;N, ULPS Urology
[]	Physician Group Consult	T;N, ULPS Cardiology
[]	Physician Consult	T;N
NOTE: Please Physician Consult order below for Retinopathy of Prematurity Consultation at 4 to 6 weeks after birth or at 31 weeks post-menstrual age (whichever comes later)		
[]	Physician Consult	T;N, Reason for Consult: Retinopathy of Prematurity consultation
[]	PICC Consult Ped - for Line Placement	T;N
[]	Nutritional Support Team Consult	Start at: T;N, Reason: Total Parenteral Nutrition
[]	Dietitian Consult	T;N, Type of Consult: Nutrition Management
[]	Lactation Consult	T;N
[]	Child Life Consult(Consult Child Life)	T;N
[]	PT Ped Eval & Tx(Physical Therapy Ped Eval & Tx)	T;N
[]	OT Ped Eval & Tx(Occupational Therapy Ped Eval & Tx)	T;N
[]	ST Ped Eval & Tx(Speech Therapy Ped Eval & Tx)	T;N
[]	Medical Social Work Consult	T;N, Reason: Assistance at Discharge
[]	Audiology Consult	T;N, Initial newborn hearing screen, Routine
[]	Pastoral Care Consult(Consult Pastoral Care)	T;N, Reason for Consult: Family Support Baptism
[]	Case Management Consult	T;N, Reason for Consult: Discharge Planning

Date Time Physician's Signature MD Number