



Physician Orders PEDIATRIC: LEB NEURO Epilepsy Monitoring Unit Admit Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase
Phase: LEB Neuro Epilepsy Monitoring Unit Admit Phase, When to Initiate:

LEB Neuro Epilepsy Monitor Unit Admit Phase

Non Categorized

- Add To Problem List
Problem: Epilepsy

- Add To Problem List

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

- 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

Vital Signs

- Vital Signs
Monitor and Record T,P,R,BP

Activity

- Bedrest
Out Of Bed
Up
With Assistance
Activity As Tolerated
Up Ad Lib

Food/Nutrition

- NPO
Breastfeed
Formula Per Home Routine
T;N
LEB Formula Orders Plan(SUB)*
Regular Pediatric Diet
Clear Liquid Diet





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Start at: T;N

Patient Care

- LEB Status Epilepticus Plan(SUB)*
- Advance Diet As Tolerated
start clear liquids and advance to regular diet as tolerated
- Seizure Precautions
- Intake and Output
Routine, q2h(std)
- Daily Weights
Routine, qEve
- Hepwell Insert/Site Care LEB
Routine, q2h(std)
- Cardiopulmonary Monitor
T;N Stat, Monitor Type: CP Monitor
- O2 Sat Monitoring NSG
- Neurochecks
q4h(std), while awake.

Respiratory Care

- Oxygen Delivery
Special Instructions: Titrate to keep O2 sat \geq 92%. Wean to room air

Medications

- +1 Hours** acetaminophen
 - 10 mg/kg, Liq, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4 g/day (DEF)*
 - 80 mg, Chew tab, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4 g/day, 1 tab =80 mg
 - 325 mg, Tab, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4 g/day
- +1 Hours** acetaminophen
10 mg/kg, Supp, PR, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day
Comments: If unable to give PO
- +1 Hours** ibuprofen
10 mg/kg, Oral Soln, PO, q8h, PRN Pain, Routine, Max dose = 800 mg
- +1 Hours** diazePAM
 - 0.5 mg/kg, Gel, PR, q8h, PRN Seizure Activity, Routine, Max dose =20mg (DEF)*
Comments: Children 2 to 5 years
 - 0.3 mg/kg, Gel, PR, q8h, PRN Seizure Activity, Routine, Max dose =20mg
Comments: Children 6 to 11 years
 - 0.2 mg/kg, Gel, PR, q8h, PRN Seizure Activity, Routine, Max dose = 20 mg
Comments: Children greater than or equal to 12 years old and Adults
- +1 Hours** diazePAM





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0.1 mg/kg, Injection, IV Push, q6h, PRN Seizure Activity, Routine, Max dose = 15 mg

Laboratory

- Hepatic Panel
T;N,Routine,once,Type: Blood
- Vitamin D 25 Hydroxy Level
Routine, T;N, once, Type: Blood
- CBC
T;N, Routine, once, Type: Blood
- CMP
T;N, Routine, once, Type: Blood
- High Resolution Chromosome
Routine, T;N, once, Type: Blood
- Rett Syndrome Mutation Analysis
Routine, T;N, once, Type: Blood
- SCN1A Sanger Sequencing
Routine, T;N, once, Type: Blood
- TSH
T;N, Routine, once, Type: Blood
- Free T4
T;N, Routine, once, Type: Blood
- Pregnancy Screen Urine
Routine, T;N, Type: Urine
- LEB Anticonvulsant Lab Orders Plan(SUB)*
- Comprehensive Epilepsy DNA NGS Panel
Routine, T;N, once, Type: Blood

Diagnostic Tests

- Epilepsy Monitoring
Type of Monitoring: EEG with video, Routine
- EEG
EEG Type: EEG at Bedside, Routine, Wheelchair
Comments: High Density
- NM Brain Imag Comp Study SPECT
*T;N, Routine, Wheelchair (DEF)**
Comments: Interictal SPECT
T;N, Routine, Wheelchair
Comments: Ictal SPECT
- SSEP(At Le Bonheur Only)
 - Type of EP: SEP/SSEP - somatosensory - all extrens, Routine (DEF)**
 - Type of EP: SEP/SSEP - somatosensory - arms, Routine*
 - Type of EP: SEP/SSEP - somatosensory - legs, Routine*





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- LEB CT Brain Head W Cont Plan(SUB)*
- LEB CT Brain/Head WO Cont Plan(SUB)*
- LEB MRA Head WO Cont Plan(SUB)*
- LEB MRV Head Plan(SUB)*
- LEB MRI Brain & Stem W Cont Plan(SUB)*
- LEB MRI Brain & Stem WO Cont Plan(SUB)*
- LEB MRI Brain & Stem W/WO Cont Plan(SUB)*
- MEG
MEG: Other Mapping, Dipole, Sensory, Language, Vision
- DXA Bone Density Stdy 1+Sites Appendicul
T;N, Reason for Exam: Osteoporosis, Routine, Wheelchair
- EEG Transcranial Magnetic Stimulation (TMS)
Routine, 0
- MRI Brain Functional MRI By Tech
T;N, Routine
- LEB MRI Abd W Cont Plan(SUB)*
- LEB MRI Abd WO Cont Plan(SUB)*

Consults/Notifications/Referrals

- Notify Physician-Once
Notify For: of room number on arrival to unit
- Consult MD Group
- Consult Neuropsychologist
Routine, Reason for Referral: Other, Specify in Comments, Special Instructions: Neuropsychological Testing
- Consult MD
Pediatrics
- Consult MD
- Consult Medical Social Work
Routine
- Consult Clinical Dietitian
- Consult Child Life
T;N Routine
- Physical Therapy Ped Eval & Tx
- Occupational Therapy Ped Eval & Tx





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Speech Therapy Ped Eval & Tx
Routine, Reason for Exam: _____

| 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

