Physician Orders PEDIATRIC: LEB UROL General Admit Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
- Initiate Powerplan Phase
  Phase: LEB UROL General Admit Phase, When to Initiate: ________________________________

LEB UROL General 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

Vital Signs
- Vital Signs
  - Monitor and Record T,P,R,BP, q4h(std) (DEF)*
  - Monitor and Record T,P,R,BP, post op, then q4h

Activity
- Bedrest
  - Routine
- Activity As Tolerated
  - Up Ad Lib
- Out Of Bed
  - tid

Food/Nutrition
- NPO Communication Nsg
  - After Midnight
- NPO
- 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.
- Intake and Output
  - Routine, q2h (std)
- Foley Care
  - to gravity
- Dressing Care
- Drain Care
- Supply Request CSR
  - Geomat
- Cardiopulmonary Monitor
  - Routine, Monitor Type: CP Monitor
- Incentive Spirometry NSG
  - q1h-Awake

Respiratory Care
- RT Assess and Call
Physician Orders PEDIATRIC: LEB UROL General Admit Plan

Routine, Special Instructions: Bronchial Hygiene (BHH) Protocol

### Continuous Infusion

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ D5 1/2NS</td>
<td>1,000 mL, IV, Routine, mL/hr</td>
</tr>
<tr>
<td>□ D5 1/4 NS</td>
<td>1,000 mL, IV, Routine, mL/hr</td>
</tr>
<tr>
<td>□ Sodium Chloride 0.9%</td>
<td>1,000 mL, IV, Routine, mL/hr</td>
</tr>
<tr>
<td>□ 1/2NS</td>
<td>1,000 mL, IV, Routine, mL/hr</td>
</tr>
</tbody>
</table>

### Medications

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
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<tbody>
<tr>
<td>□ +1 Hours diphenhydramine</td>
<td>1 mg/kg, Elixir, PO, q4h, PRN Itching, Routine, max dose = 50mg, (5mL = 12.5mg)</td>
</tr>
<tr>
<td>□ +1 Hours diphenhydramine</td>
<td>1 mg/kg, Ped Injectable, IV, q4h, PRN Itching, Routine, max dose 50 mg</td>
</tr>
<tr>
<td>□ +1 Hours B &amp; O Suppretes 15-A</td>
<td>0.25 supp, Supp, PR, q6h, PRN Bladder Spasm, Routine (DEF)*</td>
</tr>
<tr>
<td>□ +1 Hours B &amp; O Suppretes 15-A</td>
<td>0.33 supp, Supp, PR, q6h, PRN Bladder Spasm, Routine</td>
</tr>
<tr>
<td>□ +1 Hours B &amp; O Suppretes 15-A</td>
<td>0.5 supp, Supp, PR, q6h, PRN Bladder Spasm, Routine</td>
</tr>
<tr>
<td>□ 1 supp, Supp, PR, q6h, PRN Bladder Spasm, Routine</td>
<td></td>
</tr>
<tr>
<td>□ +1 Hours hyoscyamine elixir</td>
<td>31.25 mcg, Elixir, PO, q4h, PRN Bladder Spasm, Routine, (1.25 mL = 31.25 mcg) (DEF)*</td>
</tr>
<tr>
<td>□ +1 Hours hyoscyamine elixir</td>
<td>62.5 mcg, Elixir, PO, q4h, PRN Bladder Spasm, Routine, (2.5 mL = 62.5 mcg)</td>
</tr>
<tr>
<td>□ +1 Hours hyoscyamine</td>
<td>0.125 mg, Tab, PO, q4h, PRN Bladder Spasm, Routine</td>
</tr>
<tr>
<td>□ +1 Hours oxybutynin</td>
<td>0.2 mg/kg, Susp, PO, tid, Bladder Spasm, Routine, 1 to 5 years (DEF)*</td>
</tr>
<tr>
<td>□ +1 Hours oxybutynin extended release</td>
<td>5 mg, ER Tablet, PO, QDay, Routine, greater than or equal to 6 years</td>
</tr>
<tr>
<td>□ +1 Hours Flomax</td>
<td>0.2 mg, Cap, PO, hs, Routine</td>
</tr>
<tr>
<td>□ +1 Hours furosemide</td>
<td>1 mg/kg, Tab, PO, q6h, Routine</td>
</tr>
<tr>
<td>□ +1 Hours furosemide</td>
<td>1 mg/kg, Ped Injectable, IV Push, q6h, Routine</td>
</tr>
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### Antibiotics

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<tr>
<td>□ +1 Hours Triple Antibiotic</td>
<td>1 application, Ointment, TOP, tid, PRN Wound Care, Routine, apply to stoma side bid-tid</td>
</tr>
<tr>
<td>□ +1 Hours amoxicillin</td>
<td>25 mg/kg, Ped Injectable, IV Piggyback, q6h, Routine, (for 14 day), Max dose 12 grams/day</td>
</tr>
<tr>
<td>□ +1 Hours cefTRIAxone</td>
<td>50 mg/kg, Ped Injectable, IV Piggyback, q24h, Routine, (for 14 day), Max dose = 2 grams</td>
</tr>
<tr>
<td>□ +1 Hours clindamycin</td>
<td>10 mg/kg, Oral Soln, PO, q8h, Routine, (for 14 day) (DEF)*</td>
</tr>
<tr>
<td>□ +1 Hours clindamycin</td>
<td>10 mg/kg, Cap, PO, q8h, Routine, (for 14 day)</td>
</tr>
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+1 Hours erythromycin base
- 20 mg/kg, Oral Susp, PO, tid, Routine, (for 3 dose), To be given at 1300, 1400 and 2300, Bowel Prep (DEF)*
- 20 mg/kg, Tab, PO, tid, Routine, (for 3 dose), To be given at 1300, 1400 and 2300, Bowel Prep

+1 Hours neomycin
- 25 mg/kg, Tab, PO, q8h, Routine, (for 3 dose), To be given at 1300, 1400 and 2300, Bowel Prep

+1 Hours ceFAZolin
- 25 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 14 day)

+1 Hours Gentamicin Bladder Irrigation 0.48 mg/mL (Pediatric)
- 30 mL, Topical Soln, IRR, QNight, Routine
  Comments: Instill into bladder

+1 Hours cephalixin
- 12.5 mg/kg, Oral Susp, PO, q6h, Routine, (for 14 day), Max dose = 500 mg

+1 Hours metroNIDAZOLE
- 7.5 mg/kg, Ped Injectable, IV Piggyback, q6h, Routine, (for 14 day), Max dose = 4grams/day,

+1 Hours nitrofurantoin
- 2 mg/kg, Oral Soln, PO, QDay, Routine, (for 14 day), Max dose = 100 mg/day, UTI Prophylaxis (DEF)*
- 50 mg, Cap, PO, QDay, Routine, (for 14 day), UTI Prophylaxis
- 100 mg, Cap, PO, QDay, Routine, (for 14 day), UTI Prophylaxis

+1 Hours sulfamethoxazole-trimethoprim susp
- 2 mg/kg, Susp, PO, q24h, Routine, (for 14 day), UTI Prophylaxis, dosed as mg of TMP

Analgesics

+1 Hours acetaminophen
- 10 mg/kg, Liq, PO, q4h, PRN Pain, Mild or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day (DEF)*
- 80 mg, Chew tab, PO, q4h, PRN Pain, Mild or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day
- 325 mg, Tab, PO, q4h, PRN Pain, Mild or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day

+1 Hours acetaminophen
- 10 mg/kg, Supp, PR, q4h, PRN Pain, Mild or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day
  Comments: May give suppository if unable to take oral medication.

+1 Hours acetaminophen-HYDROCodone 325 mg-7.5 mg/15 mL oral solution
- 0.15 mg/kg, Elixir, PO, q6h, PRN Pain, Moderate (4-7),Routine, (for 5 day), (5 mL = 2.5 mg HYDROCodone), Max dose = 10mg

+1 Hours acetaminophen-HYDROCodone 325 mg-5 mg oral tablet
- 1 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine, (for 5 day), (1 tab = 5 mg HYDROcodone), Max dose = 10 mg

+1 Hours morphine
- 0.1 mg/kg, Ped Injectable, IV, q3h, PRN Pain, Breakthrough, Routine, (for 3 day), Max initial dose = 2mg

Bowel Preparation

+1 Hours bisacodyl
- 10 mg, Supp, PR, QDay, PRN Constipation, Routine

+1 Hours polyethylene glycol 3350
- 1 g/kg, Powder, PO, QDay, Routine

+1 Hours magnesium citrate
- 3 mL/kg, Liq, PO, q6h, Routine, (for 2 dose) [Less Than 7 year] (DEF)*
- 100 mL, Liq, PO, q6h, Routine, (for 2 dose) [7 - 12 year]
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- **150 mL, Liq, PO, q6h, Routine, (for 2 dose) [Greater Than or Equal To 12 year]**
- **+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

**Antiemetics**
- **+1 Hours** ondansetron
  - 0.1 mg/kg, Oral Susp, PO, q8h, PRN Nausea/Vomiting, Routine, Max dose = 4mg (DEF)*
  - 4 mg, Orally Disintegrating Tab, PO, q8h, PRN Nausea/Vomiting, Routine, dose)
- **+1 Hours** ondansetron
  - 0.1 mg/kg, Ped Injectable, IV Push, q8h, PRN Nausea/Vomiting, Routine, Max dose = 8 mg

**Laboratory**
- CBC
  - T;N, Routine, once, Type: Blood
- BMP
  - T;N, Routine, once, Type: Blood
- Urinalysis w/Reflex Microscopic Exam
  - Routine, T;N, once, Type: Urine
- Urine Culture
  - Routine, T;N, Specimen Source: Urine

**Diagnostic Tests**
- Abdomen 1 View
  - T;N, Routine, Wheelchair
- LEB CT Abdomen W Cont Plan (SUB)*
- LEB CT Abdomen W/WO Cont Plan (SUB)*
- LEB CT Pelvis W Cont Plan (SUB)*
- LEB CT Pelvis WO Cont Plan (SUB)*
- Pyelogram IV W/WO KUB W/WO Tomography
  - T;N, Routine, Wheelchair
- Urethrocystogram Retrograde
  - T;N, Routine, Wheelchair
- LEB US Abd Comp w/Delay Diet Plan (SUB)*
- US Retroperitoneal B Scan/Real Time Comp
  - T;N, Routine, Wheelchair
- NM Kidney Vasc Flow & Funct Sing W Phar
  - T;N, Routine, Wheelchair
- NM Kidney Imaging Morphology
  - T;N, Routine, Wheelchair
- Urodynamics Evaluation LEB

**Consults/Notifications/Referrals**
- Notify Physician-Once
  - Notify For: of room number on arrival to unit
- Notify Physician-Continuing
  - Notify: Urology oncall for poor tolerance of bowel prep or questions
- Notify Physician For Vital Signs Of
- Consult MD Group
- Consult MD
- Urodynamics Teaching Consult LEB
  - Topic: Clean Intermittent Catheterization
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- Consult Wound Care Nurse

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Physician’s Signature</th>
<th>MD Number</th>
</tr>
</thead>
</table>

*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