Physician Orders PEDIATRIC: LEB GEN SURG Admit Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☐ Initiate Powerplan Phase

Phase: LEB GEN SURG Admit Phase, When to Initiate: _____________________________

LEB GEN SURG Admit Plan
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)
☐ Hepwell Insert/Site Care LEB
  Routine, q2h(std)
☐ Cardiopulmonary Monitor
  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 polyethylene glycol-electrolyte solution
☐ Nursing Communication
  Ensure electrolyte solution is completed before midnight
☐ Nursing Communication
  Ensure patient has IVF infusing before starting polyethylene glycol-electrolyte solution
☐ O2 Sat Monitoring NSG

Continuous Infusion
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**Bolus IV Fluids**
- Sodium Chloride 0.9% Bolus
  - 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, Routine, (for 14 day), Max dose = 12 grams/day
- **+1 Hours** acetaminophen
  - 10 mg/kg, Supp, PR, q4h, PRN Pain, Mild 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 = 2 mg
- **+1 Hours** famotidine
  - 0.5 mg/kg, Ped Injectable, IV, bid, Routine, Max Daily Dose = 20 mg/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 SoIn, 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**
- LEB Transfusion Less Than 4 Months of Age Plan (SUB)*
- LEB Transfusion 4 Months of Age or Greater Plan (SUB)*
- CBC
  - Routine, T;N, once, Type: Blood
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- Blood Culture
  - Routine, T;N, once, Specimen Source: Peripheral Blood
- BMP
  - Routine, T;N, Type: Blood
- CMP
  - Routine, T;N, once, Type: Blood
- Amylase Level
  - Routine, T;N, once, Type: Blood
- Amylase Level LeBonheur Germantown
  - Routine, T;N, once, Type: Blood
- Lipase Level
  - Routine, T;N, once, Type: Blood
- Lipase Level LeBonheur Germantown
  - Routine, T;N, once, Type: Blood
- PT/INR
  - Routine, T;N, once, Type: Blood
- Stool Ova & Parasites
  - Routine, T;N, Specimen Source: Stool, Nurse Collect
- Stool WBC - Ped
  - Routine, T;N, once, Type: Stool, Nurse Collect
- Clostridium difficile Toxin B gene by PCR
  - Routine, T;N, once, Type: Stool, Nurse Collect
- Stool Culture
  - Routine, T;N, Specimen Source: Stool, Nurse Collect
- Urinalysis w/Reflex Microscopic Exam
  - Routine, T;N, once, Type: Urine, Nurse Collect
- Urine Culture
  - Routine, T;N, Specimen Source: Urine, Nurse Collect
- Pregnancy Screen Serum
  - Routine, T;N, Type: Blood

Diagnostic Tests
- Chest PA & Lateral
  - T;N, Routine, Wheelchair
- KUB Flat and Upright
  - T;N, Routine, Wheelchair
- US Pelvic Non OB Comp
  - T;N, ROUTINE, Wheelchair
- LEB US Abd Comp w/Delay Diet Plan(SUB)*
- LEB CT Abdomen W/WO Cont Plan(SUB)*
- LEB CT Pelvis W/WO Cont Plan(SUB)*

Consults/Notifications/Referrals
- Notify Physician-Continuing
  - Notify: Resident on call, 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
**Physician Orders PEDIATRIC: LEB GEN SURG Admit Plan**

*Notify: PCP, Notify For: admission in AM*

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<td>PT Ped Eval &amp; Tx</td>
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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