Physician Orders PEDIATRIC: LEB Gastroenterology Admit Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☑ Initiate Powerplan Phase
Phase: LEB Gastroenterology Admit Phase, When to Initiate: When patient arrives to unit

LEB Gastroenterology Admit Phase
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
☑ Notify Physician-Once
Notify For: Of room number on arrival to unit.

Vital Signs
☑ Vital Signs
☐ Monitor and Record T,P,R,BP (DEF)*
☐ Monitor and Record T,P,R,BP, q4h(std)

Activity
☑ Activity As Tolerated
Up Ad Lib

Food/Nutrition
☐ NPO Communication Nsg
☐ After Midnight (DEF)*
☐ After Midnight, NPO except for medications
☐ NPO
Instructions: NPO except for medications
☐ 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.
☐ Isolation Precautions
Isolation Type: Contact Precautions
☐ Intake and Output
Routine, q2h(std)
☐ Daily Weights
Routine, qEve
☐ O2 Sat Spot Check-NSG
with vital signs
☐ O2 Sat Monitoring NSG
☐ Cardiopulmonary Monitor
Routine, Monitor Type: CP Monitor
☐ Consent Signed For
☐ Procedure: EGD (DEF)*
☐ Procedure: Colonoscopy
☐ Procedure: Sigmoidoscopy
Respiratory Care

Oxygen Delivery

Special Instructions: Titrate to keep O2 sat greater than or equal to 92%. Wean to room air.

Continuous Infusion

- Sodium Chloride 0.9% Bolus
  mL, Injection, IV, STAT, (1 dose), (infuse over 30 min), Bolus, Volume 10 mL/kg
- Sodium Chloride 0.9% Bolus
  mL, Injection, IV, STAT, (1 dose), (infuse over 30 min), Bolus, Volume 20 mL/kg
- 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

Medications

+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)*
- 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 or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day
  Comments: May give PR if unable to take PO

+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 ondansetron

- 0.1 mg/kg, Oral Susp, PO, q8h, PRN Nausea/Vomiting, Routine, Max dose = 8 mg (DEF)*
- 4 mg, Orally Disintegrating Tab, PO, q8h, PRN Nausea/Vomiting, Routine

+1 Hours ondansetron

- 0.1 mg/kg, Ped Injectable, IV Push, q8h, PRN Nausea/Vomiting, Routine, Max dose = 8 mg
  Comments: May give IV if unable to take PO

Gastrointestinal Agents

+1 Hours bisacodyl

- 10 mg, Supp, PR, QDay, PRN Constipation, Routine

+1 Hours polyethylene glycol 3350

- 1 g/kg, Powder, PO, q4h, Routine, Max dose = 17 g (DEF)*
  Comments: Mix with 4 to 8 ounces of water or juice and drink
- 1 g/kg, Powder, PO, q8h, Routine, Max dose = 17 g
  Comments: Mix with 4 to 8 ounces of water or juice and drink
- 1 g/kg, Powder, PO, q12h, Routine, Max dose = 17 g
  Comments: Mix with 4 to 8 ounces of water or juice and drink
- 1 g/kg, Powder, PO, QDay, Routine, Max dose = 17 g
  Comments: Mix with 4 to 8 ounces of water or juice and drink

+1 Hours polyethylene glycol 3350

- 1 g/kg, Powder, Tube, QDay, Routine, Max dose = 17 g
  Comments: Mix with 4 to 8 ounces of water or juice and give continuously via feeding tube

+1 Hours magnesium citrate
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☐  3 mL/kg, Liq, PO, q6h, Routine, (for 2 dose) [Less Than 6 year] (DEF)*
☐ 75 mL, Liq, PO, q6h, Routine, (for 2 dose) [6 - 12 year]
☐ 150 mL, Liq, PO, q6h, Routine, (for 2 dose) [12 - 18 year]

☐ +1 Hours sodium biphosphate-sodium phosphate enema pediatric
  66 mL, Enema, PR, once, Routine [2 - 11 year]
☐ +1 Hours sodium biphosphate-sodium phosphate enema adult
  133 mL, Enema, PR, once, Routine [Greater Than Or Equal To 12 year]

☐ +1 Hours ranITidine
  2 mg/kg, Liq, PO, bid, Routine, Max dose = 300mg/day

☐ +1 Hours famotidine
  0.25 mg/kg, Injection, IV, q12h, Routine, Max Daily Dose = 40 mg/day

☐ +1 Hours lansoprazole
  1 mg/kg, Oral Soln, PO, QDay, Routine, Max dose = 30mg [Less Than 1 year]

☐ +1 Hours lansoprazole
  15 mg, EC Capsule, PO, QDay, Routine [1 - 11 year and Less Than 30 kg] (DEF)*
☐ 30 mg, EC Capsule, PO, QDay, Routine [Greater Than or Equal To 12 year and Greater Than or Equal To 30 kg]

☐ +1 Hours lansoprazole
  15 mg, Tab, PO, QDay, Routine, (Solutab) [1 - 11 year and Less Than 30 kg] (DEF)*
☐ 30 mg, Tab, PO, QDay, Routine, (Solutab) [Greater Than or Equal To 12 year and Greater Than or Equal To 30 kg]

☐ +1 Hours pantoprazole
  1 mg/kg, Ped Injectable, IV Piggyback, q24h, Routine, (infuse over 15 min), Max dose = 40 mg

Laboratory
☐ Type and Screen Pediatric
  Routine, T;N, Type: Blood
☐ Type and Screen <4 months (DAT included)
  Routine, T;N, Type: Blood
☐ Type and Crossmatch Pediatric >4 months
  Routine, T;N, leukoreduced
☐ Transfuse PRBC >4 Months
  Routine, T;N
☐ Hold PRBC >4 Months
  Routine, T;N
☐ CBC
  T;N, Routine, once, Type: Blood
☐ BMP
  Routine, T;N, once, Type: Blood
☐ CMP
  Routine, T;N, once, Type: Blood
☐ GGT
  Routine, T;N, once, Type: Blood
☐ Bilirubin Total
  Routine, T;N, once, Type: Blood
☐ Bilirubin Direct
  T;N, Routine, once, Type: Blood
☐ PT/INR
  Routine, T;N, once, Type: Blood
☐ PTT
  Routine, T;N, once, Type: Blood
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- Lipase Level
  - Routine, T;N, once, Type: Blood
- Lipase Level LeBonheur Germantown
  - Routine, T;N, once, Type: Blood
- Amylase Level
  - Routine, T;N, once, Type: Blood
- Amylase Level LeBonheur Germantown
  - Routine, T;N, once, Type: Blood
- ESR
  - Routine, T;N, once, Type: Blood
- CRP
  - Routine, T;N, once, Type: Blood
- C-Reactive Protein LeBonheur Germantown
  - Routine, T;N, once, Type: Blood

Immunoglobulin A and Tissue Transglutaminase Ab IgA must be ordered at same time. (NOTE)*

- Tissue Transglutaminase Ab IgA
  - Routine, T;N, once, Type: Blood
- Immunoglobulin A
  - Routine, T;N, Type: Blood
- TSH
  - T;N, Routine, once, Type: Blood
- T4 Free
  - T;N, Routine, once, Type: Blood

Blood Culture
  - Routine, T;N, once, Specimen Source: Peripheral Blood, Nurse Collect

Stool Culture
  - Routine, T;N, Specimen Source: Stool, Nurse Collect

Stool WBC - Ped
  - Routine, T;N, once, Type: Stool, Nurse Collect

Stool Ova & Parasites
  - Routine, T;N, Specimen Source: Stool, Nurse Collect

Clostridium difficile Toxin B gene by PCR
  - Routine, T;N, once, Type: Stool, Nurse Collect

Giardia lamblia Antigen
  - Routine, T;N, once, Type: Stool, Nurse Collect

Stool Viral Culture
  - Routine, T;N, Specimen Source: Stool, Nurse Collect

Occult Blood
  - Routine, T;N, Type: Stool, Nurse Collect

Rotavirus Antigen
  - Routine, T;N, Type: Stool, Nurse Collect

Cryptosporidium Antigen
  - Routine, T;N, Type: 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

Amylase Duodenal Aspirate
  - Routine, T;N, once, Type: Duodenal Fluid, Nurse Collect

Lipase Duodenal Aspirate
  - Routine, T;N, once, Type: Duodenal Fluid, Nurse Collect
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☐ Protein Duodenal Aspirate
   Routine, T;N, once, Type: Duodenal Fluid, Nurse Collect

☐ Chymotrypsin Duodenal Aspirate
   Routine, T;N, once, Type: Duodenal Fluid, Nurse Collect

☐ Trypsin Duodenal Aspirate
   Routine, T;N, once, Type: Duodenal Fluid, Nurse Collect

Diagnostic Tests

☐ Chest PA & Lateral
   T;N, Routine, Wheelchair

☐ KUB
   T;N, ROUTINE, Wheelchair

☐ LEB CT Abdomen W/WO Cont Plan(SUB)*

☐ LEB CT Abdomen WO Cont Plan(SUB)*

☐ LEB CT Pelvis W/WO Cont Plan(SUB)*

☐ LEB CT Pelvis WO Cont Plan(SUB)*

☐ US Abd Limited w/Doppler
   T;N, Routine, Wheelchair

☐ LEB US Abd Comp w/Delay Diet Plan(SUB)*

☐ LEB GI Upper W/WO Delayed Films WO KUB w/Delay Diet Plan(SUB)*

☐ US Pelvic Non OB Comp
   T;N, Routine

☐ Esophagus
   T;N, Routine

☐ Modified Barium Swallow Ped
   Routine

☐ LEB GI Upper W/WO Delayed Films W KUB w/Delay Diet Plan(SUB)*

☐ UGI SM Bowel
   T;N, Routine, Wheelchair

☐ Milk Study
   T;N, Routine, Wheelchair

Consults/Notifications/Referrals

☐ Notify Resident-Continuing

☐ Notify Resident-Once

☐ GI Lab Request To Schedule
   Procedure: Esophagogastroduodenoscopy (EGD)

☐ GI Lab Request To Schedule
   Procedure: Flexible Sigmoidoscopy

☐ GI Lab Request To Schedule
   Procedure: Colonoscopy

☐ Consult MD Group
   Reason for Consult: Anesthesia prep

☐ Consult MD Group
   Reason for Consult: ____________________ Group: ____________________

☐ Consult MD
   Reason for Consult: ____________________ Group: ____________________
   _______________ Reason for Consult: ____________________

--------------------- 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