LEB ED Triage Standing Amputation Minor
Non Categorized
Criteria: less than 18 years of age with a digit tip complete or partial amputation excluding complete digits or extremities. (NOTE)*

Vital Signs
☐ Vital Signs
Monitor and Record T,P,R,BP, Per ED policy

Food/Nutrition
☐ NPO

Patient Care
☐ IV Insert/Site Care LEB
  Stat, q2h (std)
☐ O2 Sat Spot Check-NSG
  T,N, Stat
☐ Nursing Communication
  If there is a partial amputation, stabilize the distal tissue and elevate
☐ Nursing Communication
  Apply sterile saline soaked gauze dressing on the amputation and the amputated part.
☐ Nursing Communication
  Place amputated part in a sealed and labeled plastic bag. Place bag on ice and ensure the amputated part accompanies patient to admission location or surgery
☐ Nursing Communication
  Discuss need for X-ray order of affected area with ED physician
☐ Elevate
  Area: Affected Extremity

LEB ED Amputation-Minor Phase
Non Categorized
 R  Powerplan Open

Patient Care
☐ LEB ED Procedural Sedation Plan(SUB)*

Continuous Infusion
☐ Sodium Chloride 0.9%
  1,000 mL, IV, STAT, mL/hr

Medications
☐ acetaminophen-HYDROcodone 325 mg-7.5 mg/15 mL oral solution
  0.15 mg/kg, Elixir, PO, once, STAT, ( 5 mL = 2.5 mg HYDROcodone) Max dose = 10 mg
☐ acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
  1 tab, Tab, PO, once, STAT, (1 tab = 5 mg HYDROcodone), Max dose = 10 mg
☐ morphine
Physician Orders PEDIATRIC: LEB ED Amputation Minor Plan

0.1 mg/kg, Ped Injectable, IV Push, once, STAT, Max initial dose = 10 mg

- HYDROMorphone
  - 0.015 mg/kg, Injection, IV Push, once, STAT, Max initial dose = 0.2 mg (DEF)*
  - 1 mg, Injection, IV Push, once, STAT

- LORazepam
  - 0.05 mg/kg, Ped Injectable, IM, once, STAT, Maximum dose = 4 mg

- lidocaine 1% inj
  - mL, Injection, Subcutaneous, once, STAT, Max dose of lidocaine = 4.5 mg/kg/dose
  - Comments: (1 mL = 10 mg)

Laboratory
- If possibility of pregnancy, order below:(NOTE)*
  - Pregnancy Screen Serum
    - STAT, T;N, once, Type: Blood

Diagnostic Tests
- Hand 2VW LT
  - T;N, Reason for Exam: Trauma, Stat, Stretcher
- Hand 2VW RT
  - T;N, Reason for Exam: Trauma, Stat, Stretcher
- Foot 2VW LT
  - T;N, Reason for Exam: Trauma, Stat, Stretcher
- Foot 2VW RT
  - T;N, Reason for Exam: Trauma, Stat, Stretcher

Consults/Notifications/Referrals
- Consult MD Group
  - Orthopedic Surgery
- Consult MD Group
  - General Surgery

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
Physician Orders PEDIATRIC: LEB ED Amputation Minor Plan

Rx - This component is a prescription
SUB - This component is a sub phase, see separate sheet
R-Required order