LEB ED Standing Orders Altered Mental Status

Non Categorized
Criteria: Patients less than 18 years of age with a history of acute changes from baseline mental status. (NOTE)*

Vital Signs
- Vital Signs
  - T;N, Monitor and Record T, P, R, BP, q1h until stable then q2h

Food/Nutrition
- NPO
  - Start at: T;N

Patient Care
- IV Insert/Site Care LEB
  - T;N, Stat, q2h (std)
- Bedside Glucose Nsg
  - T;N, Stat
- O2 Sat Monitoring NSG
  - T;N
- Cardiopulmonary Monitor
  - T;N Stat, Monitor Type: CP Monitor

Respiratory Care
- Oxygen Delivery
  - T;N, 2 L/min, Special Instructions: Titrate to keep O2 sat ≥/>92%. Wean to room air
- ISTAT POC (RT Collect)
  - T;N Stat once, Test Select Venous Blood Gas

LEB ED Altered Mental Status Phase
Non Categorized
- Powerplan Open

Patient Care
- Lumbar Puncture Setup To Bedside
  - T;N, Stat, pediatric set ED

Respiratory Care
- Non Rebreather Mask
  - T;N Stat, Special Instructions: Titrate to keep O2 sat ≥/>92%. Wean to room air.
- ISTAT POC (RT Collect)
  - T;N Stat once, Test Select Arterial Blood Gas (DEF)*
  - T;N Stat once, Test Select BUN (ED Only), Preferred Specimen Type: Arterial
  - T;N Stat once, Test Select BUN (ED Only), Preferred Specimen Type: Venous

Continuous Infusion
- Sodium Chloride 0.9% Bolus

*NOTE: Attach patient label here
Physician Orders PEDIATRIC: LEB ED Altered Mental Status Plan

- 20 mL/kg, IV, once, STAT, (infuse over 15 min), (Bolus) (DEF)*
- 10 mL/kg, IV, once, STAT, (infuse over 15 min), (Bolus)
- 10 mL/kg, IV, once, STAT, (infuse over 30 min), (Bolus)
- 20 mL/kg, IV, once, STAT, (infuse over 30 min), (Bolus)

- Sodium Chloride 0.9%
  1,000 mL, IV, STAT, mL/hr
- D5 1/2NS
  1,000 mL, IV, STAT, mL/hr
- D5 1/4 NS
  1,000 mL, IV, STAT, mL/hr
- D5 1/2 NS KCl 20 mEq/L
  1,000 mL, IV, STAT, mL/hr
- D5 1/4 NS KCl 20 mEq/L
  1,000 mL, IV, STAT, mL/hr

Medications
- Dextrose 10% in Water (Bolus)
  10 mL/kg, Injection, IV Push, once, STAT
- Dextrose 25% in water Syringe
  4 mL/kg, Injection, IV Push, once, STAT, Must dilute to 12.5% for peripheral line infusion
  Comments: For central line use only
- Dextrose 50% in water Syringe
  2 mL/kg, Injection, IV Push, once, STAT, Must dilute to 12.5% for peripheral line infusion
  Comments: For central line use only
- ampicillin
  50 mg/kg, Ped Injectable, IV Push, once, STAT, Max dose = 2 grams (DEF)*
  100 mg/kg, Ped Injectable, IV Push, once, STAT, Max dose = 2 grams
- cefTRIAXone
  50 mg/kg, Ped Injectable, IV Piggyback, once, STAT, Max dose = 2 grams
- gentamicin
  2.5 mg/kg, Ped Injectable, IV Piggyback, once, STAT
- Zinacef
  50 mg/kg, Ped Injectable, IV Piggyback, once, STAT, Max dose = 1.5 grams
- haloperidol
  1 mg, Injection, IM, once, STAT, give for equal to or greater than 6 years of age
- midazolam
  0.1 mg/kg, Ped Injectable, IV, once, STAT, Max dose: 6 mg
- naloxone
Physician Orders PEDIATRIC: LEB ED Altered Mental Status Plan

- 0.1 mg/kg, Ped Injectable, IV Push, once, STAT, Max dose = 2 mg (DEF)*
- 0.1 mg/kg, Ped Injectable, IM, once, STAT, Max dose = 2 mg
- thiamine
  - 50 mg, Injection, IV Push, once, STAT, adolescent dose (DEF)*
  - 100 mg, Injection, IV Push, once, STAT, adult dose
- vancomycin
  - 10 mg/kg, Ped Injectable, IV Piggyback, once, STAT, Max dose = 1 gram (DEF)*
  - 15 mg/kg, Ped Injectable, IV Piggyback, once, STAT, Max dose = 1 gram

Laboratory

- CMP
  - STAT, T:N, once, Type: Blood
- Troponin-I
  - STAT, T:N, once, Type: Blood
- CK Isoenzymes
  - STAT, T:N, once, Type: Blood
- CPK
  - STAT, T:N, once, Type: Blood
- CBC
  - STAT, T:N, once, Type: Blood
- PT
  - STAT, T:N, once, Type: Blood
- PTT
  - STAT, T:N, once, Type: Blood
- Alcohol Level
  - STAT, T:N, once, Type: Blood
- Acetaminophen Level
  - STAT, T:N, once, Type: Blood
- Ammonia Level
  - STAT, T:N, once, Type: Blood
- Salicylate Level
  - STAT, T:N, once, Type: Blood
- Urinalysis w/Reflex Microscopic Exam
  - STAT, T:N, once, Type: Urine

Unknown Drug Assay by GCMS is for “Pills, capsules, powder, liquid, syringes, etc.”, not blood.(NOTE)*
If possibility of pregnancy, order below:(NOTE)*
- Pregnancy Screen Serum
  - STAT, T:N, once, Type: Blood
Physician Orders PEDIATRIC: LEB ED Altered Mental Status Plan

☐ Drug Test, General Toxicology, Referred

Diagnostic Tests
☐ EKG
  Start at: T;N, Priority: Stat, Reason: Change in Mental Status, Transport: Bedside

☐ Chest 1 VW
  T;N, Reason for Exam: Other, Enter in Comments, Stat, Portable
  Comments: change in mental status

☐ Chest 2VW Frontal & Lat
  T;N, Reason for Exam: Other, Enter in Comments, Stat, Stretcher
  Comments: change in mental status

☐ CT Brain/Head WO Cont
  T;N, Reason for Exam: Other, Enter in Comments, STAT, Stretcher
  Comments: change in mental status

Consults/Notifications/Referrals
☐ Consult MD Group
  T;N

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