



**Physician Orders PEDIATRIC: LEB ED Altered Mental Status Plan**

**LEB ED Standing Orders Altered Mental Ph**

**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  $\geq$  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  $\geq$  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 SpecimenType: Arterial*
  - T;N Stat once, Test Select BUN (ED Only), Preferred Specimen Type: Venous*

**Continuous Infusion**

- Sodium Chloride 0.9% Bolus





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- 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





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- 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





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- 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
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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

