Physician Orders PEDIATRIC: LEB Bronchiolitis Admit Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☐ Initiate Powerplan Phase
   Phase: LEB Bronchiolitis Admit Phase, When to Initiate: ________________________

LEB Bronchiolitis Admit Phase
Non Categorized
☐ Add To Problem List
   Problem: Bronchiolitis
☐ Add To Problem List

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
☐ Patient Status Initial Inpatient
   T;N Admitting Physician: ______________________________________________________
   Reason for Visit: _____________________________________________________________
   Bed Type: _______________________________ Specific Unit: _______________________
   Care Team: __________________________________ Anticipated LOS: 2 midnights or more

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

Activity
☐ Bedrest
☐ Out Of Bed
   Up Ad Lib
☐ Activity As Tolerated
   Up Ad Lib

Food/Nutrition
☐ NPO
   Start at: T
☐ Breastfeed
☐ LEB Formula Orders Plan(SUB)*
☐ Regular Pediatric Diet
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☐ Clear Liquid Diet
   *Start at: T;N*

Patient Care

☐ RSV: American Academy of Pediatrics clinical practice guidelines recommends respiratory isolation for RSV bronchiolitis (reference info).(NOTE)*

☐ Isolation Precautions
   ☐ Isolation Type: Droplet Precautions
   ☐ Isolation Type: Contact Precautions (DEF)*
   ☐ Isolation Type: Contact Precautions

☐ Advance Diet As Tolerated
   *Start clear liquids and advance to regular diet as tolerated*

☐ Intake and Output
   *Routine, q2h(std)*

☐ Daily Weights
   *Routine, qEve*

☐ O2 Sat Monitoring NSG

☐ Nursing Communication
   *Transition to intermittent pulse oximetry (spot checks) once oxygen delivery is less than or equal to \( \frac{1}{2} \) LPM.*

☐ Suction Patient
   *prn, PRN, Suction: Nasal, bulb suction or tube suction PRN nasal congestion*

☐ Cardiopulmonary Monitor
   *T;N Routine, Monitor Type: CP Monitor*

Respiratory Care

☐ Oxygen Delivery
   *Special Instructions: Titrate to keep O2 sat \( \geq 90\% \), Wean to room air*

☐ Initiate Pediatric Bronchiolitis Protocol
   *q12h(std)*

Continuous Infusion

☐ D5 1/2NS
   *1,000 mL, IV, Routine, mL/hr*

☐ D5 1/4 NS
   *1,000 mL, IV, Routine, mL/hr*

☐ D5 1/2 NS KCl 20 mEq/L
   *1,000 mL, IV, Routine, mL/hr*

☐ D5 1/4 NS KCl 20 mEq/L
   *1,000 mL, IV, Routine, mL/hr*

Medications

☐ +1 Hours acetaminophen
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10 mg/kg, Liq, PO, q4h, PRN Pain 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

Consults/Notifications/Referrals
☐ Notify Physician-Continuing
   Notify: MD, Notify For: Increasing respiratory distress, decreased O2 sats < 90%, respiratory rate > 65, apnea, temperature > 38.5 degrees Celsius, cardiac arrhythmia.
☐ Medical Social Work Consult
   Routine, Reason: Assistance at Discharge
☐ Dietitian Consult/Nutrition Therapy
   Type of Consult: Nutrition Management
☐ Lactation Consult
☐ Consult Child Life
☐ Speech Therapy Ped Eval & Tx
   Routine, for: Speech Therapy Evaluate and Treat

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