



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 ½ 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
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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

