



Physician Orders

LEB PICU Thrombosis Plan

PEDIATRIC

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies: No known allergies

Admission/Transfer/Discharge

Admit Patient to Dr. _____

Admit Status: Inpatient Routine Post Procedure <24hrs 23 hour OBS

Bed Type: Med/Surg Critical Care Stepdown Telemetry; Specific Unit Location: _____

Admit Patient T;N, Admit Status: Inpatient, Bed Type: Critical Care, Admit to Unit: PICU

Notify Physician-Once T;N, of room number on arrival to unit.

Primary Diagnosis: _____

Secondary Diagnosis: _____

Vital Signs

Vital Signs T;N, Monitor and Record T,P,R,BP, q2h(std), or as condition indicates

Arterial Blood Pressure Monitoring T;N, transduce for continuous monitoring

CVP Monitoring T;N, transduce for continuous monitoring

Activity

Bedrest T;N

Food/Nutrition

NPO Start at: T;N

Breastmilk (Expressed) T;N

Formula Per Home Routine T;N

Formula Orders _____

Clear Liquid Diet Start at: T;N

Regular Pediatric Diet Start at: T;N

Patient Care

Advance Diet As Tolerated T;N, Start clear liquids and advance to regular diet as tolerated.

Isolation Precautions T;N, Isolation Type: _____

Strict I/O T;N, Routine, intake q1h, output q2h or as condition indicates

Daily Weights T;N, Routine, qEve

Elevate Head Of Bed T;N, 30 degrees

O2 Sat Monitoring NSG T;N, q1h(std)

O2 Sat Monitoring NSG T;N, q2h(std)

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

Foley Insert T;N, Suction Strength: To Gravity, drainage

Bedside Glucose Nsg T;N, Frequency: _____

Measure Circumference T;N, Of: Head, Measure on admission (for ages <1 and as indicated)

Intra-Abdominal Pressure Monitoring T;N

SCD Apply T;N, Apply to lower extremities

TED Hose Apply- Peds T;N, Routine, Knee High TED Hose. Remove daily, asses skin, then replace TED hose.

Restraint (Protective) MD Order T;N, For 24 hr, Comment: Based on my assessment of the patient, I have concluded that protective restraint should be initiated/continued as specified until the indications are no longer present or throughout the following calendar day, whichever comes fir



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Respiratory Care		
<input type="checkbox"/>	LEB Critical Care Respiratory Plan	see separate sheet
<input type="checkbox"/>	RT Assess and Call	T;N, Routine
<input type="checkbox"/>	Oxygen Delivery	T;N, ___ L/min, Special Instructions: Titrate to keep O2 sat at 85% to 93%
Continuous Infusions		
<input type="checkbox"/>	Sodium Chloride 0.9%	1000 mL, Injection, Intra-ARTERIAL, ___ mL/hr, Routine, T;N, Infuse via ART line, To be performed by RT
<input type="checkbox"/>	Sodium Chloride 0.9%	1000 mL, Injection, Central IV, ___ mL/hr, Routine, T;N, Infuse via CVP line, To be performed by RT
<input type="checkbox"/>	albumin, human 5% bolus	___ mL/kg, injection, IV, once, STAT, T;N, Infuse over: 30 min, (Bolus)
<input type="checkbox"/>	Sodium Chloride 0.9%	1000mL, IV, Routine, T;N, at ___ mL/hr
<input type="checkbox"/>	D5 1/2NS	1000mL, IV, Routine, T;N, at ___ mL/hr
<input type="checkbox"/>	D5 1/4NS	1000mL, IV, Routine, T;N, at ___ mL/hr
<input type="checkbox"/>	D5 1/2NS KCL 20mEq/L	1000mL, IV, Routine, T;N, at ___ mL/hr
<input type="checkbox"/>	D5 1/4NS KCL 20mEq/L	1000mL, IV, Routine, T;N, at ___ mL/hr
<input type="checkbox"/>	Sodium Chloride 3%	500mL, IV, Routine, T;N, at ___ mL/hr
Anticoagulants		
<input type="checkbox"/>	heparin drip (pediatric)	___ units/kg/hr, Injection, IV, Routine, T;N, Reference Range: 18 to 28 units/kg/hr
<input type="checkbox"/>	alteplase drip (pediatric)	___ mg/kg/hr, Injection, IV, Routine, T;N, Reference Range: 0.1 to 0.6 mg/kg/hr
Electrolytes		
<input type="checkbox"/>	calcium chloride	___ mg, (10 mg/kg), injection, IV, once, STAT, T;N, Max dose = 1 gram
<input type="checkbox"/>	magnesium sulfate	___ mg/kg, injection, IV, once, STAT, T;N, Reference Range: 25 to 75 mg/kg, Max pediatric dose = 2 grams
<input type="checkbox"/>	sodium bicarbonate	___ mEq, (1 mEq/kg), injection, IV, once, STAT, T;N
<input type="checkbox"/>	tromethamine (THAM)	___ mL/kg, (3 mL/kg), injection, IV, once, STAT, T;N
NOTE: consider calcium gluconate if no central line		
<input type="checkbox"/>	calcium gluconate	___ mg, (100 mg/kg), injection, IV, once, STAT, T;N
Insulin		
<input type="checkbox"/>	insulin drip (pediatric)	___ units/kg/hr, Injection, IV, Routine, T;N, Titrate Instructions: initiate at 0.05 units/kg/hr and increase by 0.01 units/kg/hr to maintain glucose 80-150 mg/dL
Replacement Fluids		
<input type="checkbox"/>	Sodium Chloride 0.9%	1000mL, IV, routine, replacement fluids, T;N, Replace ___ mL: ___ mL, q ___ h over ___ hours
<input type="checkbox"/>	Lactated Ringers	1000mL, IV, routine, replacement fluids, T;N, Replace ___ mL: ___ mL, q ___ h over ___ hours
Medications		
<input type="checkbox"/>	Heparin Flush	5 mL (10units/mL), Ped Injectable, IVPush, prn, PRN Catheter Clearance, routine, T;N, peripheral or central line per nursing policy
<input type="checkbox"/>	acetaminophen	___ mg (10 mg/kg), Liq, PO, q4h, PRN Pain or Fever, T;N, Max Dose=90mg/kg/day up to 4 g/day
<input type="checkbox"/>	acetaminophen	___ mg (10 mg/kg), Supp, PR, q4h, PRN Pain or Fever, T;N, Max Dose=90mg/kg/day up to 4 g/day
<input type="checkbox"/>	acetaminophen	80 mg, chew tab, PO, q4h, PRN Pain or Fever, T;N, Max Dose=90 mg/kg/day up to 4 g/day
<input type="checkbox"/>	acetaminophen	325mg, tab, PO, q4h, PRN Pain or Fever, T;N, Max Dose=90 mg/kg/day up to 4 g/day

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Medications continued		
<input type="checkbox"/>	ondansetron	_____mg(0.1 mg/kg),Oral Soln,PO,q8h,PRN nausea/vomiting,routine,T;N, Max dose = 4mg
<input type="checkbox"/>	ondansetron	4mg,Orally Disintegrating Tablet,PO,q8h,PRN nausea/vomiting, routine,T;N
<input type="checkbox"/>	ondansetron	_____mg(0.1 mg/kg),injection,IVPush,q8h,PRN nausea/vomiting, routine,T;N, Max dose = 4mg
<input type="checkbox"/>	heparin	_____ units, (75 units/kg), Injection, IV, once, Routine, T;N, Give over 10 minutes
<input type="checkbox"/>	warfarin	_____mg,(0.2 mg/kg), Tab, PO, qpm, Routine, T;N
<input type="checkbox"/>	enoxaparin	_____mg,(0.5mg/kg), Injection, subcutaneous, q12h, Routine,T;N, Prophylaxis dose, May use subcutaneous catheter
<input type="checkbox"/>	enoxaparin	_____mg,(1 mg/kg), Injection, subcutaneous, q12h, Routine, T;N, Treatment dose, May use subcutaneous catheter
<input type="checkbox"/>	ranitidine	_____mg, (1 mg/kg), Injection, IV,q8h,Routine,T;N, Max dose = 150 mg/day
<input type="checkbox"/>	pantoprazole	_____mg(1mg/kg), Injection, IV Piggyback, q24h, Routine T;N, Max dose = 40 mg/day
Anti-infectives		
<input type="checkbox"/>	LEB Anti-Infective Orders	see separate sheet
Laboratory		
<input type="checkbox"/>	CBC	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Basic Metabolic Panel (BMP)	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	C-Reactive Protein (CRP)	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Prothrombin Time (PT/INR)	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Partial Thromboplastin Time (PTT)	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	D-Dimer Quantitative	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Fibrinogen Level	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Heparin Assay Anti Xa	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Protein C	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Activated Protein C Resistance	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Protein S	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Protein S, Free	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Factor V Leiden by PCR	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Prothrombin Mutation G20210A PCR	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Anti Thrombin III Level	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Lupus Anticoagulant Panel	STAT, T;N, once, Type: Blood
Diagnostic Tests		
<input type="checkbox"/>	Chest 1VW Frontal	T;N, STAT, Reason: _____ Transport:Portable
<input type="checkbox"/>	CT Chest W/WO Cont Plan	T;N, STAT, Reason: _____ Transport:Stretcer
<input type="checkbox"/>	CT PE Protocol Plan	T;N, STAT, Reason: _____ Transport:Stretcer
<input type="checkbox"/>	NM Lung VQ Scan	T;N, Reason for Exam: Diagnosis of Pulmonary Emboli, Stat, Portable
<input type="checkbox"/>	Venous Doppler Upper Bil	T;N, Reason for Exam: Pulmonary Embolism, Stat, Portable
<input type="checkbox"/>	Venous Doppler Upper LT	T;N, Reason for Exam: Pulmonary Embolism, Stat, Portable
<input type="checkbox"/>	Venous Doppler Upper RT	T;N, Reason for Exam: Pulmonary Embolism, Stat, Portable
<input type="checkbox"/>	Venous Doppler Lower Bil	T;N, Reason for Exam: Pulmonary Embolism, Stat, Portable
<input type="checkbox"/>	Venous Doppler Lower LT	T;N, Reason for Exam: Pulmonary Embolism, Stat, Portable
<input type="checkbox"/>	Venous Doppler Lower RT	T;N, Reason for Exam: Pulmonary Embolism, Stat, Portable



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[X or R] = will be ordered unless marked out.

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Consults/Notifications		
<input type="checkbox"/>	Notify Physician For Vital Signs Of	T;N, For: BP Systolic < _____, BP diastolic < _____, mean BP < _____, Celsius Temp < _____, Celsius Temp > _____, HR > _____, HR < _____, Resp Rate > _____, Resp Rate < _____, O2 Sat < _____, UOP < _____, Glucose > _____, Glucose < _____, ICP > _____
<input type="checkbox"/>	Notify Physician-Continuing	T;N, For: _Mental status changes, Increased Oxygen requirements, O2 sats less than 85%, Who: _____
<input type="checkbox"/>	Notify Physician-Continuing	T;N, For: _____, Who: _____
<input type="checkbox"/>	Notify Physician-Once	T;N, For: _____, Who: _____
<input type="checkbox"/>	Notify Nurse Practitioner-Continuing	T;N, For: _____, Who: _____
<input type="checkbox"/>	Notify Nurse Practitioner-Once	T;N, For: _____, Who: _____
<input type="checkbox"/>	Consult MD Group	T;N, Consult Who: _____, Reason: _____
<input type="checkbox"/>	Consult MD	T;N, Consult Who: _____, Reason: _____
<input type="checkbox"/>	Consult Nutritional Support Team	Start at: T;N, Stat, Reason: Total Parenteral Nutrition
<input type="checkbox"/>	Dietitian Consult	T;N, Type: _____
<input type="checkbox"/>	Lactation Consult	T;N, Reason: _____
<input type="checkbox"/>	Consult Child Life	T;N, Reason: _____
<input type="checkbox"/>	Consult Pastoral Care	T;N, Reason: _____
<input type="checkbox"/>	LCAP Consult	T;N, Reason: _____
<input type="checkbox"/>	Medical Social Work Consult	T;N, Reason: _____

Date **Time** **Physician's Signature** **MD Number**