Physician Orders PEDIATRIC: LEB IMCU Admit Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☐ Initiate Powerplan Phase

Phase: LEB IMCU Admit Phase, When to Initiate: _________________________

LEB IMCU Admit Phase
Admission/Transfer/Discharge
☐ Patient Status Initial Inpatient
T/N Admitting Physician: ________________________________
Reason for Visit: _______________________________________________________
Bed Type: Critical Care Specific Unit: IMCU
Care Team: ________________________________ Anticipated LOS: 2 midnights or more

☐ Transfer Pt within current facility
☐ Notify Physician-Once

Notify For: Of room number on arrival to unit.

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

Activity
☐ Bedrest
☐ Activity As Tolerated

With Assistance

Food/Nutrition
☐ NPO
☐ Breastmilk (Expressed)
☐ LEB Formula Orders Plan(SUB)*
☐ Regular Pediatric Diet
☐ Clear Liquid Diet

Start at: T;N

Patient Care
☐ Advance Diet As Tolerated

Start clear liquids and advance to regular diet as tolerated.

☐ Isolation Precautions
☐ Intake and Output

Routine, intake q1h, output q2h

☐ Daily Weights
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**Routine, QDay**

- Weight
  - Routine, per IMCU protocol
- Measure Circumference
  - Of: Head, measure on admission (for ages <1 and as indicated)
- Measure Circumference
  - Of: Abdominal Girth
- Elevate Head Of Bed
  - 30 degrees
- Elevate
  - Area: Affected Extremity
- O2 Sat Monitoring NSG
  - q4h(std)
- Cardiopulmonary Monitor
  - Routine, Monitor Type: CP Monitor
- Suction Patient
  - PRN, airway clearance
- Gastrostomy Tube Care
  - G Tube, use for meds and feedings
- Gastrostomy Tube Care
  - Suction Strength: To Gravity, G Tube
- NGT
  - NG Tube Type: Flexible, Use for meds and feedings
- Replogle (NGT)
  - NG Tube Type: Rigid, Suction Strength: Low Intermittent (DEF)*
  - NG Tube Type: Rigid, Suction Strength: To Gravity
- Replogle (OGT)
  - OG Tube Type: Rigid, to gravity (DEF)*
  - OG Tube Type: Rigid, Low intermittent wall suction

**Respiratory Care**

- LEB Critical Care Respiratory Plan(SUB)*

**Continuous Infusion**

- Sodium Chloride 0.9% Bolus
  - mL/kg, Injection, IV, once, STAT, (infuse over 15 min), (Bolus)
- D5 1/2NS
  - 1,000 mL, IV, Routine, mL/hr
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☐ D5 1/2 NS KCl 20 mEq/L
   1,000 mL, IV, Routine, mL/hr
☐ D10W
   1,000 mL, IV, Routine, mL/hr

Medications
☐ +1 Hours acetaminophen
   □ 15 mg/kg, Liq, PO, q6h, PRN Pain, Mild or Fever, Routine, Max dose = 75 mg/kg/day up to 4g/day (DEF)*
   □ 80 mg, Chew tab, PO, q4h, PRN Pain, Mild or Fever, Routine, Max dose = 75 mg/kg/day up to 4g/day
   □ 325 mg, Tab, PO, q4h, PRN Pain, Mild or Fever, Routine, Max dose = 75 mg/kg/day up to 4g/day
☐ +1 Hours acetaminophen
   □ 15 mg/kg, Supp, PR, q6h, PRN Pain or Fever, Routine, Max dose = 75 mg/kg/day up to 4g/day
   Comments: May give PR if unable to take PO
☐ +1 Hours ranITIdine
   □ 2 mg/kg, Liq, PO, bid, Routine, Max dose = 300 mg/day (DEF)*
   □ 2 mg/kg, Tab, PO, bid, Routine, Max dose = 300 mg/day

Anti-infectives
☐ LEB Anti-Infective Orders Plan(SUB)*

Laboratory
☐ LEB Transfusion Less Than 4 Months of Age Plan(SUB)*
☐ LEB Transfusion 4 Months of Age or Greater Plan(SUB)*
☐ CBC
   STAT, T;N, once, Type: Blood
☐ BMP
   STAT, T;N, once, Type: Blood
☐ CMP
   STAT, T;N, once, Type: Blood
☐ CRP
   STAT, T;N, once, Type: Blood
☐ PT/INR
   STAT, T;N, once, Type: Blood
☐ PTT
   STAT, T;N, once, Type: Blood
☐ Fibrinogen Level
   STAT, T;N, once, Type: Blood
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- Triglyceride
  - STAT, T;N, once, Type: Blood

- Blood Culture
  - STAT, T;N, once, Specimen Source: Peripheral Blood (DEF)*
  - STAT, T;N, once

- Urinalysis w/Reflex Microscopic Exam
  - STAT, T;N, once, Type: Urine, Nurse Collect

- Urine C&S
  - STAT, T;N, Specimen Source: Urine, Nurse Collect

- Culture, Respiratory and Gram Stain
  - STAT, T;N, Specimen Source: Aspirate Trachea, Nurse Collect

- Influenza A&B Screen w/ Reflex PCR
  - STAT, T;N, once, Type: Nasopharyngeal(N-P), Nurse Collect

- RSV Antigen Screen
  - STAT, T;N, once, Type: Nasopharyngeal(N-P), Nurse Collect

- Respiratory Culture, Viral
  - STAT, T;N, Specimen Source: Nasopharyngeal(N-P), Nurse Collect

Diagnostic Tests

- Chest 1 View
  - T;N, Stat, Portable

- KUB
  - T;N, Stat, Portable

Consults/Notifications/Referrals

- Notify Physician For Vital Signs Of
- Notify Physician-Continuing
  - Notify For: Mental status changes, Increased Oxygen requirements, O2 sats less than _____%

- Notify Physician-Continuing
- Notify Physician-Once

- Notify Nurse Practitioner For Vital Signs Of
- Notify Nurse Practitioner-Continuing
  - Notify For: Mental status changes, Increased Oxygen requirements, O2 sats less than _____%

- Notify Nurse Practitioner-Continuing
- Consult MD Group
- Consult MD
- Dietitian Consult/Nutrition Therapy
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☐ Lactation Consult
☑ Consult Child Life

☑ Medical Social Work Consult
☑ Physical Therapy Ped Eval & Tx  
  Routine
☑ Occupational Therapy Ped Eval & Tx  
  Routine
☑ Speech Therapy Ped Eval & Tx  
  Routine
☐ Audiology Consult  
  Routine
☐ Consult Pastoral Care
☐ LCAP Consult

___________________________   _________________   ______________________________________  __________
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