Physician Orders Pediatric: LEB NEURO SURG Neuroscience Unit Admit/Transfer Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase
  
  *T;N, Phase: LEB Neuro Surg Neuroscience Unit Admit/Transfer Phase, When to Initiate:__________

LEB NEURO SURG Unit Admit/Transfer Phase
Admission/Transfer/Discharge

- Transfer Pt within current facility
  
  *T;N

- Patient Status Initial Inpatient
  
  *T;N Admitting Physician: ________________________________
  
  Reason for Visit: _____________________________________________
  
  Bed Type: ____________________________ Specific Unit: __________________________
  
  Care Team: _______________________________ Anticipated LOS: 2 midnights or more

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

Vital Signs

- Vital Signs w/Neuro Checks
  
  - *T;N, Monitor and Record T,P,R,BP, q2h(std) (DEF)*
  
  - *T;N, Monitor and Record T,P,R,BP, q4h(std)

Activity

- Bedrest
  
  *T;N

- Out Of Bed
  
  *T;N

- Up
  
  *T;N, w/assist

- Activity As Tolerated
  
  *T;N, Up Ad Lib

- Shower
  
  *T;N, night before surgery

Food/Nutrition

- NPO
  
  - Start at: *T;N (DEF)*
  
  - Start at: T;2359, Instructions: NPO except seizure meds
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☐ Breastfeed
  T;N
☐ LEB Formula Orders Plan(SUB)*
☐ Regular Pediatric Diet
  Start at: T;N
☐ Clear Liquid Diet
  Start at: T;N

**Patient Care**
☑ LEB Status Epilepticus Plan(SUB)*
☐ Advance Diet As Tolerated
  T;N, Start clear liquids and advance to regular diet as tolerated.
☐ Nothing Per Rectum
  T;N
☐ Isolation Precautions
  T;N
☐ Consent Signed For
  T;N
☐ Void Prior To Procedure
  T;N, Routine, On Call
☐ Shampoo Hair
  T;N, night before surgery
☐ Intake and Output
  T;N, Routine, q2h(std)
☐ Daily Weights
  T;N, Routine, qEve
☐ Implanted Port Access
  T;N, Routine, For: blood draws and IV fluids
☐ Central Line May Use
  T;N Routine, Special Instructions: For: blood draws and IV fluids
☐ Central Line Care
  T;N, Routine, q2h
☐ IV Insert/Site Care LEB
  T;N, Routine, q2h
☐ O2 Sat Spot Check-NSG
  T;N, with vitals
☐ O2 Sat Monitoring NSG
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☐ T;N  
Cardiopulmonary Monitor  
☐ T;N Routine, Monitor Type: CP Monitor

☐ T;N  
Nursing Communication  
☐ T;N, Do not start IV or labs until after sedation.

☐ T;N  
PreOp Bath/Shower  
☐ T;N, Product To Use: Chlorhexidine(>12 months age)

Respiratory Care

☐ T;N  
Oxygen Delivery  
☐ T;N, Special Instructions: Titrate to keep O2 sat =/> 93. Wean to room air.

Continuous Infusion

☐  
D5NS  
1,000 mL, IV, Routine, mL/hr

Medications

☐ +1 Hours  
ceFAZolin  
25 mg/kg, Ped Injectable, IV Piggyback, once, Routine, Max dose = 1 gram  
Comments: on call to OR

☐ +1 Hours  
acetaminophen-HYDROcodone 325 mg-7.5 mg/15 mL oral solution  
0.15 mg/kg, Elixir, PO, q6h, PRN Pain, Routine, (for 5 day ), (5 mL = 2.5 mg HYDROcodone), Max dose = 10mg

☐ +1 Hours  
acetaminophen-HYDROcodone 325 mg-5 mg oral tablet  
1 tab, Tab, PO, q4h, PRN Pain, Routine, (for 5 day ), (1 tab = 5 mg HYDROcodone), Max dose = 10 mg

☐ +1 Hours  
acetaminophen  
10 mg/kg, Liq, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 90 mg/kg/day up to 4 g/day  
(DEF)*

☐ +1 Hours  
acetaminophen  
80 mg, Chew tab, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 90 mg/kg/day up to 4 g/day

☐ +1 Hours  
acetaminophen  
325 mg, Tab, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 90 mg/kg/day up to 4 g/day

☐ +1 Hours  
acetaminophen  
10 mg/kg, Supp, PR, q4h, PRN Pain or Fever, Routine, Max Dose = 90 mg/kg/day up to 4 g/day

☐ +1 Hours  
morphine  
0.1 mg/kg, Ped Injectable, IV, q3h, PRN Pain, Severe (8-10), Routine, (for 3 day ), Max dose = 6mg

☐ +1 Hours  
ondansetron  
0.1 mg/kg, Oral Susp, PO, q8h, PRN Nausea/Vomiting, Routine, Max dose = 4 mg (DEF)*

☐ +1 Hours  
ondansetron  
4 mg, Orally Disintegrating Tab, PO, q8h, PRN Nausea/Vomiting, Routine
Physician Orders Pediatric: LEB NEURO SURG Neuroscience Unit Admit/Transfer Plan

- **0.1 mg/kg, Ped Injectable, IV Push, q8h, PRN Nausea/Vomiting, Routine, Max dose = 8 mg**
  - +1 Hours dexamethasone
    - 0.1 mg/kg, Ped Injectable, IV Push, q6h, Routine, Max dose = 4 mg
  - +1 Hours diphenhydRAMINE
    - 1 mg/kg, Elixir, PO, q6h, PRN Itching, Routine, Max dose 50mg, (5mL = 12.5mg)
  - +1 Hours ranitidine
    - 2 mg/kg, Liq, PO, bid, Routine, Max dose = 300 mg/day
  - +1 Hours famotidine
    - 0.25 mg/kg, Injection, IV, q12h, Routine, Max Daily Dose = 40 mg/day
  - +1 Hours docusate
    - 2.5 mg/kg, Oral Susp, PO, prn, PRN Constipation, Routine, (1 mL = 10 mg)
  - +1 Hours lidocaine 4% topical cream
    - 1 application, Cream, TOP, N/A, Other, specify in Comment, Routine, apply before IV starts/procedures

Laboratory
- CBC
  - T;N, Routine, once, Type: Blood
- BMP
  - Routine, T;N, once, Type: Blood
- PT/INR
  - Routine, T;N, once, Type: Blood
- PTT
  - Routine, T;N, once, Type: Blood
- Pregnancy Screen Serum
  - Routine, T;N, once, Type: Blood
- Urinalysis w/Reflex Microscopic Exam
  - Routine, T;N, once, Type: Urine

If patient has received chemo radiation within one year, order irradiated CMV appropriate leuko poor (NOTE)*

- LEB Transfusion Less Than 4 Months of Age Plan(SUB)*
- LEB Transfusion 4 Months of Age or Greater Plan(SUB)*
- LEB Anticonvulsant Lab Orders Plan(SUB)*

Diagnostic Tests
- LEB MRI Brain & Stem W/WO Cont Plan(SUB)*
- LEB MRI Brain & Stem WO Cont Plan(SUB)*
- LEB CT Brain Head W/WO Cont Plan(SUB)*
- LEB CT Brain/Head WO Cont Plan(SUB)*
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☐ Shunt Series
  T;N, Reason for Exam: Malfunction

Consults/Notifications/Referrals
☐ Notify Resident-Continuing
  T;N, Notify: Neurosurgery resident, For changes in neuro status.
☐ Consult MD Group
  T;N
☐ Consult MD
  T;N
☐ Consult MD
  T;N, Reason for Consult: Place fiducials for MRI
☐ Central Line Care Consult (LeB Only)
  T;N
☐ Nutritional Support Team Consult
  Start at: T;N, Reason: Parenteral Nutrition Support
☐ Consult Clinical Dietitian
  T;N
☐ Consult Child Life
  T;N
☐ Physical Therapy Ped Eval & Tx
  T;N
☐ Occupational Therapy Ped Eval & Tx
  T;N (DEF)*
☐ Speech Therapy Ped Eval & Tx
  T;N

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
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R-Required order