LEB ED Standing Orders Trauma (Major) Ph
Non Categorized
Criteria: Patients between 0-18 years of age that present with a Major Trauma that meet LeBonheur Trauma stat or Trauma Alert Guidelines.(NOTE)*

Vital Signs
☑ Vital Signs
   T,N, Stat Monitor and Record T,P,R,BP, Per ED policy

Food/Nutrition
☑ NPO
   Start at: T,N

Patient Care
☑ IV Insert/Site Care LEB
   T,N, q2h(std), 1st IV
☑ Glasgow Coma Scale Assessment
   T,N Stat
☑ Intake and Output
   T,N, Routine, q30min, include IV fluids, blood, urine, wound, chest tube, NG/OG drainage
☑ O2 Sat Monitoring NSG
   T,N, q2h(std)
☑ Cardiopulmonary Monitor
   T,N Stat, Monitor Type: O2 Monitor

Nursing Communication
☑ Nursing Communication
   T,N, Check and continue cervical spine immobilization until spine is cleared by team leader
☑ Nursing Communication
   T,N, Notify team leader of any weak or absent pulse
☑ Nursing Communication
   T,N, If CT is anticipated, notify Radiology when the patient arrives
☑ Nursing Communication
   T,N, record the location and place sterile dressings on all abrasions and lacerations
☑ Nursing Communication
   T,N, Apply direct pressure to freely bleeding wound(s) and notify the team leader of wound(s) condition

Respiratory Care
☑ ISTAT POC (RT Collect)
   T,N Stat once, Test Select BUN (ED Only)
☑ Oxygen Delivery
   T,N Stat, Special Instructions: Delivery method per RT/RN

Laboratory
Choose appropriate type and screen based on patient's age(NOTE)*
Physician Orders PEDIATRIC: LEB ED Trauma (Major) Plan

☐ Type and Screen Pediatric
  STAT, T;N, Type: Blood, Nurse Collect
☐ Type and Screen <4 months(DAT included)
  STAT, T;N, Type: Blood, Nurse Collect
☐ CBC
  STAT, T;N, once, Type: Blood
☐ PT
  STAT, T;N, once, Type: Blood
☐ PTT
  STAT, T;N, once, Type: Blood
☐ CMP
  STAT, T;N, once, Type: Blood
☐ Amylase Level
  STAT, T;N, once, Type: Blood
☐ Amylase Level LeBonheur Germantown
  STAT, T;N, once, Type: Blood
☐ Lipase Level
  STAT, T;N, once, Type: Blood
☐ Lipase Level LeBonheur Germantown
  STAT, T;N, once, Type: Blood
☐ Lactate Level
  STAT, T;N, once, Type: Blood
☐ Urinalysis w/Reflex Microscopic Exam
  STAT, T;N, once, Type: Urine
  Note: If possibility of pregnancy, place order below:(NOTE)*
☐ Pregnancy Screen Serum
  STAT, T;N, once, Type: Blood

Diagnostic Tests
☐ Spine 1VW
  T;N, Reason for Exam: Trauma, Stat, Portable
☐ Chest 1VW Frontal
  T;N, Reason for Exam: Other, Enter in Comments, Stat, Portable
  Comments: Reason for Exam: Trauma
☐ Pelvis 1/2 VW
  T;N, Reason for Exam: Trauma, Stat, Portable

LEB ED Trauma (Major) Phase

Patient Care
☐ IV Insert/Site Care LEB
  T;N, Stat, q2h(std), second IV
Physician Orders PEDIATRIC: LEB ED Trauma (Major) Plan

☐ Splint Apply
  T;N, Other, See Comments
  Comments: apply to affected extremity

☐ Replogle (OGT)
  T;N, check placement, attach to low intermittent suction

☐ Replogle (NGT)
  T;N, Suction Strength: Low Intermittent, check placement

☐ Foley Insert-Follow Removal Protocol
  T;N, to bedside gravity drainage, confirm permission for Foley catheter insertion prior to placement
  Comments: STAT

Respiratory Care

☐ Mechanical Ventilation (Ped)
  T;N, 100% FiO2, Special Instructions: Titrate to keep O2 sat => 95

☐ BNC, Highflow
  T;N Routine, 8 L/min

☐ LEB ED RSI Plan Single Phase(SUB)*
☐ LEB ED RSI Succinylcholine Single Phase(SUB)*

Continuous Infusion

☐ Sodium Chloride 0.9% Bolus
  20 mL/kg, IV, once, STAT, (infuse over 15 min), (Bolus) (DEF)*
  10 mL/kg, IV, once, STAT, (infuse over 15 min), (Bolus)
  10 mL/kg, IV, once, STAT, (infuse over 30 min), (Bolus)
  20 mL/kg, IV, once, STAT, (infuse over 30 min), (Bolus)

☐ Sodium Chloride 0.9%
  1,000 mL, IV, STAT, mL/hr

☐ Propofol Drip (Pediatric) (IVS)*
  Diluent volume
  100 mL, IV, Routine, Reference Range: 1 to 9 mg/kg/hr
  propofol (additive pediatric)
  1,000 mg, 1 mg/kg/hr

☐ DOPamine Drip (Pediatric) (IVS)*
  Diluent volume
  250 mL, IV, Routine, Reference Range: 2 to 20 mcg/kg/min
  DOPamine
  400 mg, mcg/kg/min

☐ DOBUTamine Drip (Pediatric) (IVS)*
  Diluent volume
  250 mL, IV, Routine, Reference Range: 2 to 20 mcg/kg/min
Physician Orders PEDIATRIC: LEB ED Trauma (Major) Plan

DOBUTamine
500 mg, mcg/kg/min

☐ Lactated Ringers Injection
1,000 mL, IV, mL/hr

☐ Lactated Ringers Bolus
20 mL/kg, Injection, IV, once, STAT, (infuse over 15 min)

Medications

☐ morphine
0.1 mg/kg, Ped Injectable, IV Push, once, STAT, Max initial dose = 10 mg

☐ ondansetron
0.1 mg/kg, Ped Injectable, IV Push, once, STAT, Max dose= 8 mg

☐ LORazepam
0.1 mg/kg, Ped Injectable, IV Push, once, STAT, Max dose: 4 mg

☐ midazolam
0.1 mg/kg, Ped Injectable, IV Push, once, STAT, Max dose: 4 mg

☐ Adacel (Tdap)
0.5 mL, Injection, IM, once, STAT

☐ Diphtheria-Tetanus Toxoids, Pediatric (DT)
0.5 mL, Injection, IM, once, STAT

☐ Tetanus-Diphtheria Toxoids, Adult (Td)
0.5 mL, Injection, IM, once, STAT, For Patients Greater Than or Equal to 7 years

☐ ceFAZolin
25 mg/kg, Ped Injectable, IV, once, STAT, Max dose = 1 gram

☐ cefTRIAXone
50 mg/kg, Ped Injectable, IV, once, STAT, Max dose = 2 grams

☐ +1 Hours midazolam

☐ 0.2 mg/kg, Inh Soln, Nasal, N/A, PRN Other, specify in Comment, STAT (DEF)*
Comments: Anxiolysis, STAT, Max Dose = 15 mg; may repeat dose x one dose 15 mins after 1st dose per MD discretion.

☐ 0.3 mg/kg, Inh Soln, Nasal, N/A, PRN Other, specify in Comment, STAT
Comments: Anxiolysis, STAT, Max Dose = 15 mg; may repeat dose x one dose 15 mins after 1st dose per MD discretion.

☐ 0.4 mg/kg, Inh Soln, Nasal, N/A, PRN Other, specify in Comment, STAT
Comments: Anxiolysis, STAT, Max Dose = 15 mg; may repeat dose x one dose 15 mins after 1st dose per MD discretion.

☐ 0.5 mg/kg, Inh Soln, Nasal, N/A, PRN Other, specify in Comment, STAT
Comments: Anxiolysis, STAT, Max Dose = 15 mg; may repeat dose x one dose 15 mins after 1st dose per MD discretion.
Physician Orders PEDIATRIC: LEB ED Trauma (Major) Plan

+1 Hours fentaNYL

- 2 mcg/kg, Inh Soln, Nasal, N/A, PRN Pain, STAT (DEF)*
  Comments: Max Dose = 200 mcg; may repeat dose x one dose 15 mins after 1st dose per MD discretion.

- 3 mcg/kg, Inh Soln, Nasal, N/A, PRN Pain, STAT
  Comments: Max Dose = 200 mcg; may repeat dose x one dose 15 mins after 1st dose per MD discretion.

- 4 mcg/kg, Inh Soln, Nasal, N/A, PRN Pain, STAT
  Comments: Max Dose = 200 mcg; may repeat dose x one dose 15 mins after 1st dose per MD discretion.

- 5 mcg/kg, Inh Soln, Nasal, N/A, PRN Pain, STAT
  Comments: Max Dose = 200 mcg; may repeat dose x one dose 15 mins after 1st dose per MD discretion.

Laboratory

- Type and Crossmatch Pediatric >4 months
  STAT, T;N, Type: Blood, Nurse Collect

- LEB Transfusion Less Than 4 Months of Age Plan (SUB)*

- LEB Transfusion 4 Months of Age or Greater Plan (SUB)*

- Massive Transfusion
  STAT, T;N

- D-Dimer Quantitative
  STAT, T;N, once, Type: Blood

- Fibrinogen Level
  STAT, T;N, once, Type: Blood

- Acetaminophen Level
  STAT, T;N, once, Type: Blood

- Alcohol Level
  STAT, T;N, once, Type: Blood

- Salicylate Level
  STAT, T;N, once, Type: Blood

- Drug Screen Urine Stat LEB
  STAT, T;N, once, Type: Urine, Nurse Collect

Diagnostic Tests

- Chest 2 VW
  TN;, Reason for Exam: Other, Enter in Comments, Stat, Stretcher
  Comments: Trauma

- Abd 1 VW
  TN;, Reason for Exam: Trauma, Stat, Portable
Physician Orders PEDIATRIC: : LEB ED Trauma (Major) Plan

☐ Abd Comp W Decubitus/Erect VW  
  TN;, Reason for Exam: Trauma, Stat, Stretcher
☐ Spine Cerv 2/3 Views  
  TN;, Reason for Exam: Trauma, Stat, Stretcher
☐ Pelvis 1/2 VW  
  T;N, Reason for Exam: Trauma, STAT, Stretcher
☐ Spine Thoracic 2VW  
  TN;, Reason for Exam: Trauma, Stat, Stretcher
☐ Spine Lumbar 2/3VW  
  TN;, Reason for Exam: Trauma, Stat, Stretcher
☐ Osseous Survey Comp Axial & Appendicular  
  TN;, Reason for Exam: Other, Enter in Comments, Stat, Stretcher  
  Comments: Trauma
☐ Osseous Survey Infant  
  TN;, Reason for Exam: Other, Enter in Comments, Stat, Stretcher  
  Comments: Trauma
☐ LEB ED Diagnostic X-Ray Plan(SUB)*
☐ CT Brain/Head WO Cont  
  TN;, Reason for Exam: Trauma, Stat, Stretcher
☐ CT Spine Cervical WO Cont  
  TN;, Reason for Exam: Trauma, Stat, Stretcher
☐ LEB CT Chest W Cont Plan(SUB)*
☐ LEB CT Abdomen W Cont Plan(SUB)*
☐ LEB CT Pelvis W Cont Plan(SUB)*
☐ LEB CT Spine Cervical W Cont Plan(SUB)*
☐ LEB CT Spine Thoracic W Cont Plan(SUB)*
☐ LEB CT Spine Lumbar W Cont Plan(SUB)*
☐ CT Abdomen and Pelvis W Cont  
  T;N;, Reason for Exam: Trauma, Stat, Stretcher
☐ CT Maxillofacial Area WO Cont  
  TN;, Reason for Exam: Trauma, Stat, Stretcher

Consults/Notifications/Referrals
☐ Consult MD Group  
  T;N, General Surgery
☐ Consult MD Group  
  T;N, PICU
☐ Consult MD Group  
  T;N, Neurosurgery
Physician Orders PEDIATRIC: LEB ED Trauma (Major) Plan

☐ Consult MD Group
   T;N, Orthopedic

☐ Consult MD Group
   T;N, Ophthalmology

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