



**Physician Orders PEDIATRIC: : LEB ED Trauma (Major) Plan**

**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*
- R 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 1VW  
*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

