



Physician Orders PEDIATRIC: LEB Mid-South Transplant Pediatric Deceased Organ Donor Less Than 40kg Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase
Phase: LEB Transplant Ped Deceased Organ Donor less than 40kg Phase, When to Initiate: _____

LEB Transplant Ped Deceased Organ Donor

Admission/Transfer/Discharge

- Patient Status Initial Inpatient
*T;N Admitting Physician: _____
Reason for Visit: _____
Bed Type: _____ Specific Unit: _____
Care Team: Critical Care Anticipated LOS: 2 midnights or more*
- Notify Physician-Once
Notify For: of room number on arrival to unit.

Vital Signs

- Vital Signs
Monitor and Record Blood Pressure Routine, q1h(std), Monitor and record Blood Pressure q15min if currently on any vasopressors.
- Vital Signs
Monitor and Record Temp Routine, q1h(std), Maintain temperature 35.5-38.3 degrees Celsius. May use warming blanket. Document temperature hourly
- Central Venous Pressure Monitoring
q1h(std), Document hourly, Notify Mid-South Transplant Foundation Coordinator (MSTF) Coordinator if CVP <4 or >8
- Arterial Blood Pressure Monitoring
q1h(std)

Food/Nutrition

- NPO
Start at: T;N

Patient Care

- O2 Sat Continuous Monitoring NSG
- Code Status
NO POST FORM, Resus Type: CPR-Full Resuscitation
- Height
Routine, once, Record Actual Height
- Weight
Routine
- Turn
Routine, q2h(std), Side to side, never flat on back.
- Elevate Head Of Bed
30 degrees
- Continue Foley Per Protocol
- Indwelling Urinary Catheter Care
Routine
- Intake and Output
Routine, Match intake mL to fluid output mL. Document hourly dosages and volumes
- Nasogastric Tube
Suction Strength: Low Continuous, Tube to suction at all times. Keep HOB elevated 30 degrees.
- Neurovascular Checks

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Routine, q-shift

- Heat Apply
Apply To Other (See Special Instructions), Bair Hugger, Apply to Body, Maintain temperature 35.5-38.3 degrees Celsius.
- Cold Apply
Other, See Comments, Cooling Blanket, Apply to Body, Maintain temperature 35.5-38.3 degrees Celsius.
- Central Line Insertion at Bedside Setup
Stat, Special Instructions: Triple Lumen
- Central Line Care
Routine
- Suction Patient
q2h(std), PRN, Suction: Endotracheal Tube, to clear suction and if chest percussion produces secretions.
- Pulmonary Artery Insertion Setup
Stat
- Whole Blood Glucose Nsg
Stat, Notify Mid-South Transplant Foundation Coordinator (MSTF) Coordinator if blood Glucose is greater than 200 mg/dL
- Bronchoscopy Bedside Setup
Stat

Nursing Communication

- Nursing Communication
Discontinue all orders on previous FIN.
- Nursing Communication
Auscultate lung fields q2h and Notify Mid-South Transplant Foundation Coordinator (MSTF) of any changes in breath sounds or secretions
- Nursing Communication
Notify Mid-South Transplant Foundation Coordinator (MSTF) Coordinator if O2 sat <95% for 2 minutes, HR <_____ or >_____, Systolic B/P <_____ or >_____, MAP <_____ or >_____, Temp >38 deg celsius or <36 deg celsius, Urine output <1 mL/kg/h or >3 mL/kg/h.
- Nursing Communication
Notify Mid-South Transplant Foundation Coordinator (MSTF) if CVP less than 4 cmH2O or greater than 8 cmH2O
- Nursing Communication
Notify Mid-South Transplant Foundation Coordinator (MSTF) if blood Glucose is greater than 200 mg/dL
- Nursing Communication
Verbally report ALL Blood Gas results to Notify Mid-South Transplant Foundation Coordinator (MSTF)
- Nursing Communication
Notify Mid-South Transplant Foundation Coordinator (MSTF) if DOPamine dose reaches 20 mcg/kg/min
- Nursing Communication
Notify Mid-South Transplant Foundation Coordinator (MSTF) if norepinephrine dose exceeds 2 mcg/kg/min.

Respiratory Care

- Chest Percussion (RT)
Stat q2h, Special Instructions: Suction if chest percussion produces secretions

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- ISTAT POC (RT Collect)
T;N Stat once, Special Instructions: Verbally report ALL results to Notify Mid-South Transplant Foundation Coordinator (MSTF)
- Bronch Dx W/WO Cell Washing
Routine q24h(std), Special Instructions: Therapeutic and to assess for anatomical abnormalities pulmonary toilet.
- Mechanical Ventilation (Ped)
Special Instructions: Titrate to keep O2 Sat greater than 93%, PaCO2 <45 and >35.

Continuous Infusion

- Dextrose 5% in Water
1,000 mL, IV, Routine, mL/hr
- Sodium Chloride 0.45%
1,000 mL, IV, Routine, mL/hr
- Dextrose 5% with 0.45% NaCl
1,000 mL, IV, Routine, mL/hr
- Sodium Chloride 0.9%
1,000 mL, IV, Routine, mL/hr

Medications

- +1 Hours** labetalol
0.5 mg/kg, Injection, IV Push, prn, PRN Other, specify in Comment, Routine
Comments: Repeat as often as every 30 minutes to reach desired SBP _____. Max initial dose = 20 mg
- amiodarone
5 mg/kg, Injection, IV, N/A, Routine, (infuse over 30 min)
Comments: Max dose = 300 mg
- +1 Hours** hydrALAZINE
0.2 mg/kg, Injection, IV Push, prn, PRN Other, specify in Comment, Routine
Comments: Repeat as often as every 1hour to reach desired SBP _____. Max initial dose =20 mg
- +1 Hours** albuterol
mg, Inh Soln, NEB, STAT
- +1 Hours** acetylcysteine 10% inhalation solution
10 mL, Inh Soln, NEB, q4h, Routine
- +1 Hours** acetylcysteine 20% inhalation solution
3 mL, Inh Soln, NEB, q4h, Routine
- +1 Hours** magnesium sulfate
25 mg/kg, Injection, IV, N/A, STAT, (for 1 dose)
Comments: Max dose = 2,000 mg
- +1 Hours** potassium chloride
1 mEq/Kg, Injection, IV, N/A, STAT
Comments: Max dose 40 mEq
- +1 Hours** calcium chloride
10 mg/kg, Injection, IV, q4h, PRN Other, specify in Comment, STAT, (for 1 dose), (infuse over 1 hr)
Comments: As needed for Ionized calcium less than 1.15. Max dose = 1,000 mg
- +1 Hours** ocular lubricant
1 application, Ophthalmic Oint, Both Eyes, q2h, Routine
Comments: Tape lids closed
- +1 Hours** ceFAZolin

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30 mg/kg, Injection, IV, q8h, STAT
 Comments: Max dose: 1,000 mg

- +1 Hours** ampicillin
 100 mg/kg, Injection, IV, q6h, STAT
 Comments: Max dose: 3,000 mg

- cefTRIAxone
 50 mg/kg, Injection, IV, q12h, STAT
 Comments: Max dose: 2,000 mg

Hormone Replacement Therapy

Give the following in Rapid Succession:(NOTE)*

- +1 Hours** Dextrose 25% in water Syringe
 0.8 mL/kg, Injection, IV, N/A, STAT, (for 1 dose)
 Comments: For patients less than 1 year of age. Dose equivalent to 200 mg /kg
- +1 Hours** Dextrose 25% in water Syringe
 4 mL/kg, Injection, IV, N/A, STAT, (for 1 dose)
 Comments: For patients greater than or equal to 1 year of age. Dose equivalent to 1 g/kg.
- +1 Hours** methylPREDNISolone
 30 mg/kg, Injection, IV, N/A, STAT, (for 1 dose), (infuse over 1 hr)
 Comments: Max dose 2,000 mg
- +1 Hours** insulin regular
 0.05 units/kg, Injection, IV, N/A, STAT, (for 1 dose)
 Comments: Max dose 5 units
- +1 Hours** levothyroxine
- 5 mcg/kg, Injection, IV, N/A, Routine (DEF)*
 Comments: For Patients Less than 6 months
 - 4 mcg/kg, Injection, IV, N/A, Routine
 Comments: For Patients between 6 months and 12 months
 - 3 mcg/kg, Injection, IV, N/A, Routine
 Comments: For Patients 1 to 5 years
 - 2.5 mcg/kg, Injection, IV, N/A, Routine
 Comments: For Patients 6 to 12 years
 - 1.5 mcg/kg, Injection, IV, N/A, Routine
 Comments: For Patients 12 to 16 years
- Levothyroxine Drip Pediatric (IVS)*
 Sodium Chloride 0.9%
 500 mL, IV, Routine
 Comments: Less than 6 months initiate infusion at 0.56 mcg/kg/hr equivalent to 1.4 mL/kg/hr
 6 to 12 months initiate infusion at 0.52 mcg/kg/hr equivalent to 1.3 mL/kg/hr
 1 to 5 years initiate infusion at 0.48 mcg/kg/hr equivalent to 1.2 mL/kg/hr
 6 to 12 years initiate infusion at 0.4 mcg/kg/hr equivalent to 1 mL/kg/hr
 12 to 16 years initiate infusion at 0.32 mcg/kg/hr equivalent to 0.8 mL/kg/hr
- levothyroxine (additive)
 200 mcg, mcg/kg/hr

Vasoactive Medications

- DOPamine Drip (Pediatric) (IVS)*
 Diluent volume
 250 mL, IV, Routine
 Comments: Increase by 5 mcg/kg/min as often as every 5 to 10 minutes to keep MAP equal to or greater than _____. Max rate: 20 mcg/kg/min
- DOPamine

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- 400 mg, 5 mcg/kg/min
 NORepinephrine Drip (Pediatric) (IVS)*
 Dextrose 5% in Water
 96 mL, IV, Routine
 Comments: Increase by 0.02 mcg/kg/min as often as every 5 to 10 minutes to keep MAP equal to or greater than _____. Max rate: 2 mcg/kg/min
 norepinephrine
 4 mg, 0.02 mcg/kg/min
- DOBUTamine Drip (Pediatric) (IVS)*
 Diluent volume
 250 mL, IV, Routine
 Comments: Increase by 5 mcg/kg/min every 5 to 10 minutes to keep MAP equal to or greater than _____. Max rate: 20 mcg/kg/min
 DOBUTamine
 500 mg, 3 mcg/kg/min
- EPINEPHrine Drip (Pediatric) (IVS)*
 Dextrose 5% in Water
 95 mL, IV, Routine
 Comments: 0.1 mcg/kg/min as often as every 5 to 10 minutes to keep MAP equal to or greater than _____. Max rate: 1 mcg/kg/min
 EPINEPHrine (additive)
 5 mg, 0.05 mcg/kg/min
- NitroPRUSSIDE Drip (Pediatric) (IVS)*
 Dextrose 5% in Water
 98 mL, IV, Routine
 Comments: Increase 0.5 mcg/kg/min as often as every 5 to 10 minutes to reach desired SBP _____. Max dose: 10 mcg/kg/min
 nitroprusside
 50 mg, 0.5 mcg/kg/min
- Milrinone Drip (Pediatric) (IVS)*
 Diluent volume
 100 mL, IV, Routine
 Comments: Increase by 0.1 mcg/kg/min to a max dose of 0.75 mcg/kg/min
 milrinone (additive)
 20 mg, 0.25 mcg/kg/min
- Esmolol Drip (Pediatric) (IVS)*
 Diluent volume
 100 mL, IV, Routine
 Comments: Increase by 50 mcg/kg/min as often as every 5 to 10 minutes to reach desired SBP _____. Max dose: 250 mcg/kg/min
 esmolol
 2,000 mg, 50 mcg/kg/min
- Vasopressin Drip (Pediatric) (DI) (IVS)*
 Sodium Chloride 0.9%
 279.86 mL, IV, Routine, 2 milli-units/kg/hr
 Comments: Increase by _____ Milli-units/kg/hr every 30 minutes until UOP is between 0.5 and 3 mL/kg/hr. Max dose = 10 milli-units/kg/hr
 vasopressin (additive)
 2.8 units

Insulins

- Insulin Drip (Pediatric) (IVS)*

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Sodium Chloride 0.9%
 248.75 mL, IV, Routine
 Comments: Titrate Instructions: Pediatric Insulin Drip Mid-South Transplant Protocol.
 Titrate to maintain glucose less than 150-200 mg/dL
 insulin reg (additive)
 125 units, unit/kg/hr

Laboratory

- CBC
 STAT, T;N, Type: Blood
- CMP
 STAT, T;N, Type: Blood
- PT/INR
 STAT, T;N, Type: Blood
- Urinalysis w/Reflex Microscopic Exam
 STAT, T;N, Type: Urine, Nurse Collect
- Urine Culture
 STAT, T;N, Specimen Source: Urine, Nurse Collect
- GGT
 STAT, T;N, Type: Blood
- Lactic Acid Level
 STAT, T;N, Type: Blood
- Magnesium Level
 STAT, T;N, Type: Blood
- Phosphorus Level
 STAT, T;N, Type: Blood
- Bilirubin Direct
 STAT, T;N, Type: Blood
- Type and Crossmatch Pediatric >4 months
 STAT, T;N, Volume: 2 units
 Comments: Subgroup A Blood Types
- Hold PRBC <4 Months
 Routine, T;N
 Comments: Subgroup A Blood Types
- Hold PRBC >4 Months
 Routine, T;N
 Comments: Subgroup A Blood Types
- CKMB
 STAT, T;N, Type: Blood
- Hepatic Panel
 STAT, T;N, Type: Blood
- Troponin-I
 STAT, T;N, Type: Blood
 Comments: Heart donor
- CK
 STAT, T;N, Type: Blood
- BMP
 STAT, T;N, Type: Blood
- PTT
 STAT, T;N, Type: Blood

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Comments: If DIC suspected

- Amylase Level
STAT, T;N, Type: Blood
Comments: Pancreas donor
- Lipase Level
STAT, T;N, Type: Blood
Comments: Pancreas donor
- Sodium Level
STAT, T;N, Type: Blood
- Osmolality Serum
STAT, T;N, Type: Blood
- Blood Culture
Time Study, T;N, q5min x 2 occurrence, Specimen Source: Peripheral Blood, Nurse Collect
Comments: May obtain from Arterial and Central Venous Line if greater than 12 hours since insertion.
- Additional Labs will be ordered as donor management/evaluation progresses as serial labs(NOTE)*
- Hepatic Panel
Time Study, T;N+480, q8h, Type: Blood
- Magnesium Level
Time Study, T;N+240, q8h, Type: Blood
- Phosphorus Level
Time Study, T;N+240, q8h, Type: Blood
- Lipase Level
Time Study, T;N+240, q8h, Type: Blood
- Amylase Level
Time Study, T;N+240, q8h, Type: Blood
- CMP
Time Study, T;N+240, q6h, Type: Blood
- CBC
Time Study, T;N+240, q6h, Type: Blood
- Urinalysis w/Reflex Microscopic Exam
Time Study, T;N, q12h, Type: Urine, Nurse Collect
- HgA1C
Routine, T;N, Type: Blood, Nurse Collect
- PT/INR
Time Study, T;N+240, q6h, Type: Blood
- PTT
Time Study, T;N+240, q6h, Type: Blood
- CKMB
Time Study, T;N+720, q12h, Type: Blood, Nurse Collect
- Platelet Count
Time Study, T;N+360, q6h, Type: Blood, Nurse Collect
- Troponin-I
Time Study, T;N+720, q12h, Type: Blood, Nurse Collect
Comments: Heart donor
- Osmolality Serum
Time Study, T;N+360, q6h, Type: Blood, Nurse Collect
- Fibrinogen Level

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- Time Study, T;N, q6h, Type: Blood, Nurse Collect*
D-Dimer Quantitative
Time Study, T;N, q6h, Type: Blood, Nurse Collect
- Respiratory Culture and Gram Stain
Routine, T;N, Specimen Source: Broncho Alveolar Lavage, Nurse Collect
Comments: Obtain during bronchoscopy if possible.

Diagnostic Tests

- Echocardiogram Pediatric (0-18 yrs)
Start at: T;N, Priority: Stat, Reason: Other, specify, Other reason: Evaluation for organ transplant
- Electrocardiogram
Start at: T;N, Priority: Stat, Reason: Other, specify
- Chest 1 VW
T;N, Reason for Exam: Other, Enter in Comments, Stat, Portable
Comments: Evaluation and measurements for potential organ donation. If central access placement is pending, wait until completed to order
- Chest 1 VW
T;N, Reason for Exam: Line Placement, Stat
Comments: Post Central Line Placement
- Cath Lab Request to Schedule
Stat
Comments: For Cardiac Cath

Consults/Notifications/Referrals

- Physician Consult
- Physician Consult

Date	Time	Physician's Signature	MD Number
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***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

