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 02 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 1 hour 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

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/hr6 to 12 months initiate infusion at 0.52 mcg/kg/hr equivalent to 1.3 mL/kg/hr1 to 5 years initiate infusion at 0.48 mcg/kg/hr equivalent to 1.2 mL/kg/hr6 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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- **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:** Increase 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
☑ CMP
☑ PT/INR
☑ Urinalysis w/Reflex Microscopic Exam
☑ Urine Culture
☑ GGT
☑ Lactic Acid Level
☑ Magnesium Level
☑ Phosphorus Level
☑ Bilirubin Direct
☑ Type and Crossmatch Pediatric >4 months
☑ Hold PRBC <4 Months
☑ Hold PRBC >4 Months
☑ CKMB
☑ Hepatic Panel
☑ Troponin-I
☑ CK
☑ BMP
☑ PTT

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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, q8h, 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**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Physician’s Signature</th>
<th>MD Number</th>
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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