



# Physician Orders

LEB NICU PDA Ligation Pre Op Plan

[X or R] = will be ordered unless marked out.

PEDIATRIC

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<input type="checkbox"/>	Latex allergy	<input type="checkbox"/> Other: _____
<input type="checkbox"/>	Initiate Powerplan Phase	T;N, Phase: LEB NICU PDA Ligation Preop Phase
<b>Admission/Transfer/Discharge</b>		
<input type="checkbox"/>	Patient Status Initial Inpatient	Attending Physician: _____
<b>Bed Type:</b> <input type="checkbox"/> Med Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Other		
<input type="checkbox"/>	Patient Status Initial Outpatient	Attending Physician: _____
<b>Outpatient Status/Service:</b> <input type="checkbox"/> OP-Ambulatory <input type="checkbox"/> OP-Diagnostic Procedure <input type="checkbox"/> OP-Observation Services		
<b>Initial status – inpatient</b> --- For a condition/dx with severity of illness or co-morbid conditions indicating a hospital stay greater than 24 hours is required.		
<b>Initial Status Outpatient – Ambulatory surgery</b> – Outpatient surgery/procedure with discharge anticipated after a routine or, in some cases, extended recovery. <ul style="list-style-type: none"> <li>• Routine recovery after outpatient surgery is estimated at 6-8 hours.</li> <li>• “Extended” routine recovery may be required for a patient to stay longer (could be overnight) to recover from anticipated sequela of surgery including effects of anesthesia, nausea, pain.</li> <li>• For unanticipated sequela of surgery or a complicated post operative course, the patient may require a status change to inpatient. Please consult with a case manager before making this choice of “status change”.</li> <li>• Examples: Initial status outpatient is generally selected for patients undergoing PCI, diagnostic caths, EP studies, ablations, pacemaker implantations, other routine surgeries.</li> </ul>		
<b>Initial status Outpatient -Observation Services</b> – Short term treatment, assessment and reassessment - estimate discharge within 24 hours <ul style="list-style-type: none"> <li>• In some cases (for Medicare patients), this can be extended to 48 hours.</li> <li>• Observation Services can also be utilized when it is unclear (without additional assessment) whether the patient will require an inpatient stay.</li> </ul>		
<input type="checkbox"/>	Notify Physician Once	T;N, of room number on arrival to unit
<b>Vital Signs</b>		
<input type="checkbox"/>	Vital Signs	T;N, Monitor and Record T,P,R,BP, q1h X ____ h, then q2h
<b>Activity</b>		
<input type="checkbox"/>	Out Of Bed( Activity As Tolerated)	T;N, Up Ad Lib
<b>Food/Nutrition</b>		
<input type="checkbox"/>	NPO	Start at: T;N
<input type="checkbox"/>	Breastmilk (Expressed)	T;N, mL
<input type="checkbox"/>	Breastmilk, Donor	T;N
<b>LEB Formula Orders Plan</b>		
<b>Patient Care</b>		
<input type="checkbox"/>	Consent Signed For	T;N, Procedure: Transfusion of Blood/Blood Products
<input type="checkbox"/>	Consent Signed For	T;N, Procedure: Insertion of PICC Line
<input type="checkbox"/>	Isolation Precautions	T;N
<input type="checkbox"/>	Intake and Output	T;N, Routine, q2h(std)
<input type="checkbox"/>	Daily Weights	T;N, Routine, qEve
<input type="checkbox"/>	Pediatric Bed Type NSG( NICU Bed Type NSG)	T;N
<input type="checkbox"/>	Position Patient	T;N, Left side up one hour prior to surgery
<input type="checkbox"/>	Minimal Stimulation	T;N
<input type="checkbox"/>	Radiant Warmer Apply	T;N, Routine, Giraffe bed



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Patient Care continued		
<input type="checkbox"/>	Nursing Communication	T;N, Obtain mother's results from delivery hospital (HBBsAG, RPR, GBS, Rubella, HIV, maternal blood type, ABO, Rh Coombs.
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N, q1h(std), pre and post ductal
<input type="checkbox"/>	Cardiopulmonary Monitor	T;N Routine, Monitor Type: CP Monitor
Respiratory Care		
<input type="checkbox"/>	<b>LEB NICU Respiratory Plan</b>	
<input type="checkbox"/>	Oxygen Delivery	T;N, Special Instructions: titrate to keep O2 sat at 90-95%
Continuous Infusion		
	<b>NOTE: Use D5 for Infants less than 1000 grams. Use D10 for Infants greater than 1000 grams.</b>	
<input type="checkbox"/>	Dextrose 5% in Water	1,000 mL, IV, STAT, mL/hr
<input type="checkbox"/>	Dextrose 10% in Water	1,000 mL, IV, STAT, mL/hr
<input type="checkbox"/>	Dextrose 12.5% in Water 500 ml Bag (Pediatric)	375 mL, IV, STAT, mL/hr
<input type="checkbox"/>	Dextrose 5% with 0.2% NaCl( D5 1/4 NS)	1,000 mL, IV, STAT, mL/hr )
<input type="checkbox"/>	D10 1/4 NS (Pediatric)	250 mL, IV, STAT
<input type="checkbox"/>	potassium chloride( D5 1/4 NS KCl 20 mEq/L )	1,000 mL, IV, STAT, mL/hr
<input type="checkbox"/>	D10 1/4 NS + 20 KCL (Pediatric)	250 mL, IV, STAT
<input type="checkbox"/>	potassium chloride( D5 1/2 NS KCl 20 mEq/L )	1,000 mL, IV, STAT, mL/hr
<input type="checkbox"/>	D10 1/2 NS 250 + 20 mEq/L KCL (Pediatric)	250 mL, IV, STAT
<input type="checkbox"/>	1/2 NS + heparin 1 unit/ml	500 mL, IV, Routine, mL/hr, Infuse via central or arterial line
<input type="checkbox"/>	Sodium Chloride 0.9% ( Sodium Chloride 0.9% Bolus)	mL, IV, once, STAT, (for 1 dose ), ( infuse over 30 min ), (Bolus)
Vasoactive Medications		
<input type="checkbox"/>	DOPamine Drip (Pediatric)	250 mL, Central IV, Routine, Reference range: 2 to 20 mcg/kg/min
<input type="checkbox"/>	EPINEPHrine Drip (Pediatric)	95 mL, Central IV, Routine, Reference range: 0.1 to 1 mcg/kg/min, Use most concentrated strengths
<input type="checkbox"/>	DOBUTamine Drip (Pediatric)	250 mL, Central IV, Routine, Reference range: 2 to 25 mcg/kg/min
Sedation		
<input type="checkbox"/>	Morphine Drip (Pediatric)( MorPHINE Drip (Pediatric))	49.5 mL, Central IV, Routine, Reference range: 10 to 20 mcg/kg/hr, Use most concentrated strengths
<input type="checkbox"/>	Fentanyl Drip (Pediatric)( FentaNYL Drip (Pediatric))	15 mL, Central IV, Routine, Reference range: 1 to 5 mcg/kg/hr
<input type="checkbox"/>	Midazolam Drip (Pediatric)	15 mL, Central IV, Routine, Reference range: 0.01 to 0.2 mg/kg/hr
Paralytics		
<input type="checkbox"/>	Pancuronium Drip (Pediatric)	30 mL, Central IV, Routine, Reference range: 0.02 to 0.2 mg/kg/hr
<input type="checkbox"/>	Vecuronium Drip (Pediatric)	30 mL, Central IV, Routine, Reference range: 0.02 to 0.2 mg/kg/hr
Diuretics		
<input type="checkbox"/>	Furosemide Drip (Pediatric)	30 mL, Central IV, Routine, Reference range: 2.5 to 10 mg/kg/day
<input type="checkbox"/>	Bumetanide Drip (Pediatric)	30 mL, Central IV, Routine, Reference range: 2.5 to 10 mcg/kg/hr

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Medicine		
<input type="checkbox"/>	heparin flush( Heparin 10 units/mL Flush (peds))	1 mL, Ped Injectable, IV Push, prn, PRN Cath Clearance, Routine, peripheral or central line per nursing policy
<input type="checkbox"/>	LORazepam	0.05 mg/kg, Ped Injectable, IV Push, once, Routine
<input type="checkbox"/>	LORazepam	0.05 mg/kg, Ped Injectable, IV Push, q6h, PRN Agitation, Routine
<input type="checkbox"/>	LORazepam	0.1 mg/kg, Ped Injectable, IV Push, once, Routine
<input type="checkbox"/>	LORazepam	0.1 mg/kg, Ped Injectable, IV Push, q6h, PRN Agitation, Routine
<input type="checkbox"/>	pancuronium	0.1 mg/kg, Ped Injectable, IV, q1h, PRN Other, specify in Comment, Routine, Paralysis
<input type="checkbox"/>	indomethacin	0.2 mg/kg, Injection, IV, once, Routine, Initial Dose
<input type="checkbox"/>	indomethacin	0.1 mg/kg, Injection, IV, q24h, Routine, (for 2 dose ), PNA at time of first dose < 48 hours
<input type="checkbox"/>	indomethacin	0.2 mg/kg, Injection, IV, q24h, Routine, (for 2 dose ), PNA at time of first dose between 2 and 7 days
<input type="checkbox"/>	indomethacin	0.25 mg/kg, Injection, IV, q24h, Routine, (for 2 dose ), PNA at time of first dose greater than 7 days
Laboratory		
<input type="checkbox"/>	Newborn Screen, TN Health Dept	Routine, T+1;N, once, Type: Blood
<input type="checkbox"/>	CBC	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Basic Metabolic Panel( BMP)	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Comprehensive Metabolic Panel( CMP)	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	C-Reactive Protein( CRP)	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Prothrombin Time( PT/INR)	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Partial Thromboplastin Time( PTT)	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Fetal Maternal Smear( Kleihauer-Betke)	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Urinalysis w/Reflex Microscopic Exam	STAT, T;N, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Nursing Communication	T;N, Obtain mother's type and screen results, if results not available, obtain a FIN# for the mother and place order for Type and Screen Maternal STAT on the mother's chart. Order Comment: Registration forms can be obtained from the Access Department and faxed back to 287-5562. Once the FIN is obtained for the mother, log on to mother's chart and place the order "Type and Screen Maternal Blood", be sure to include the baby's name & FIN in the comments.
<input type="checkbox"/>	<b>LEB Transfusion Less Than 4 Months of Age Plan</b>	
<input type="checkbox"/>	<b>LEB Transfusion 4 Months of Age or Greater Plan</b>	
Diagnostic Tests		
<input type="checkbox"/>	Chest 2VW Frontal & Lat( Chest PA & Lateral)	T;N, Routine, Portable
<input type="checkbox"/>	Echocardiogram Pediatric (0-18 yrs)	Start at: T;N, Priority: Routine, Reason: Patent Ductus Arteriosus, Transport: Portable

