



**Physician Orders: Pediatric**

**Title: LEB PICU Asthma Plan**

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

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

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
<b>Uncategorized</b>		
<input checked="" type="checkbox"/>	Initiate Powerplan Phase	T;N, Phase: LEB PICU Asthma Phase When to Initiate: _____
<b>Admission/Transfer/Discharge</b>		
<input type="checkbox"/>	Patient Status Initial Inpatient	Attending Physician: _____
<b>Bed Type:</b> <input type="checkbox"/> Med Surg <input checked="" type="checkbox"/> Critical Care, PICU <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-A <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, T,P,R,BP, q2h, or as condition indicates
<input type="checkbox"/>	Vital signs	T;N, T,P,R,BP, q1h, or as condition indicates
<input type="checkbox"/>	Arterial Blood Pressure Monitoring	T;N, Transduce for continuous monitoring
<input type="checkbox"/>	CVP Monitoring	T;N, Transduce for continuous monitoring
<b>Activity</b>		
<input type="checkbox"/>	Bedrest	T;N
<input type="checkbox"/>	Activity as Tolerated	T;N, up ad lib
<b>Food/Nutrition</b>		
<input type="checkbox"/>	NPO	T;N
<input type="checkbox"/>	Breastmilk	T;N
<input type="checkbox"/>	Formula Per Home Routine	T;N
<input type="checkbox"/>	<b>LEB Formula Orders Plan</b>	<b>see separate sheet</b>
<input type="checkbox"/>	Clear Liquid Diet	T;N
<input type="checkbox"/>	Regular Pediatric Diet	T;N
<b>Patient Care</b>		
<input type="checkbox"/>	Advance Diet as Tolerated	T;N, start clear liquids and advance to regular diet as tolerated
<input type="checkbox"/>	Isolation Precautions	T;N, Isolation Type: _____
<input type="checkbox"/>	Intake and Output	T;N, Routine, intake q1h, output q2h or as condition indicates
<input type="checkbox"/>	Daily Weights	T;N, Routine, qEve
<input checked="" type="checkbox"/>	Elevate Head of Bed	T;N, 30 degrees
<input type="checkbox"/>	Foley Care	T;N, to gravity drainage



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Patient Care (continued)		
<input type="checkbox"/>	Bedside Glucose Nsg	T;N, Frequency: _____
<input type="checkbox"/>	Measure Circumference	T;N, Of: Head, measure on admission (for ages <1 and as indicated)
<input type="checkbox"/>	O2 Sat-Monitoring -NSG	T;N, q2h
<input type="checkbox"/>	O2 Sat-Monitoring -NSG	T;N, q1h
<input type="checkbox"/>	Cardiopulmonary Monitor	T;N, Routine, monitor type: CP monitor
<input type="checkbox"/>	Suction Patient	T;N,Routine, airway clearance PRN
<input type="checkbox"/>	SCD Apply	T;N, Routine, Apply to lower extremities
<input type="checkbox"/>	TED Hose Apply	T;N, Routine, Knee High TED hose. Remove daily, assess skin, then replace TED hose.
<input type="checkbox"/>	TED Hose Apply	T;N, Routine, Thigh High TED hose. Remove daily, assess skin, then replace TED hose.
<input type="checkbox"/>	Restraint Medical / Surgical (non-violent, non-self-destructive)	T;N, Site: _____ For 24 hr, Order Comment: Based on my assessment of the patient, I have concluded that protective restraint should be initiated/continued as specified until the indications are no longer present or throughout the following calendar day, whichever comes first.
Respiratory Care		
<input type="checkbox"/>	Initiate Pediatric Asthma Treatment Protocol	T;N, q2h, Special Instructions: Starting treatment
<input type="checkbox"/>	Initiate Pediatric Asthma Treatment	T;N, q4h, Special Instructions: Starting treatment
<input type="checkbox"/>	Peak Flows	T;N, q8h, Pre and Post Neb, RT to instruct patient in home use, when off
<input type="checkbox"/>	Peak Flows	T;N, QDay, and PRN when patient is able to perform test
<input type="checkbox"/>	Oxygen Delivery	T;N, ___L/min, Special Instructions: Titrate to keep O2 sat greater than 88%
<input type="checkbox"/>	Helium: Oxygen	T;N, 60/40%
<input type="checkbox"/>	Helium: Oxygen	T;N, 70/30%
<input type="checkbox"/>	<b>LEB Critical Care Respiratory Plan</b>	<b>see separate sheet</b>
Continuous Infusions		
<input type="checkbox"/>	aminophylline	6 mg/kg, Ped Injectable, IV, once, (Infuse over: 30 minutes),STAT, T;N
<input type="checkbox"/>	theophylline drip (pediatric)	_____ mg/kg/hr, Injection, IV, Routine, T;N, Continuous infusion, Reference Range: 0.8 to 1 mg/kg/hr Order Comment: Max rate = 40 mg/hr
<input type="checkbox"/>	terbutaline	10 mcg/kg, Ped Injectable, IV, once, STAT, T;N,
<input type="checkbox"/>	terbutaline drip (pediatric)	_____ mcg/kg/min, Injection, IV, Routine, T;N, Reference Range: 0.1 to 2 mcg/kg/min
<input type="checkbox"/>	albumin, human 5% bolus	_____ mL/kg,injection, IV,once,(Infuse over: 30min),STAT,T;N,(Bolus)
<input type="checkbox"/>	Sodium Chloride 0.9%	1000 mL, Injection, Intra-ARTERIAL, ___ mL/hr, Routine, T;N, Infuse via ART line, To be performed by RT
<input type="checkbox"/>	Sodium Chloride 0.9%	1000 mL, Injection, IVC, ___ mL/hr, Routine, T;N, Infuse via CVP line, To be performed by RT
<input type="checkbox"/>	Sodium Chloride 0.9%	1000mL,IV,Routine,T;N, at _____ mL/hr
<input type="checkbox"/>	D5 1/2NS	1000mL,IV,Routine,T;N, at _____ mL/hr
<input type="checkbox"/>	D5 1/4NS	1000mL,IV,Routine,T;N, at _____ mL/hr
<input type="checkbox"/>	D5 1/2NS KCL 20mEq/L	1000mL,IV,Routine,T;N, at _____ mL/hr
<input type="checkbox"/>	D5 1/4NS KCL 20mEq/L	1000mL,IV,Routine,T;N, at _____ mL/hr
<input type="checkbox"/>	Sodium Chloride 3%	500mL,IV,Routine,T;N, at _____ mL/hr
<input type="checkbox"/>	heparin drip (pediatric)	_____ units/kg/hr, Injection, IV, Routine, T;N, Order Comment: Reference Range: 10 to 28 unit/kg/hr

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<b>Vasoactive Medications</b>		
[ ]	DOPamine drip (pediatric)	_____mcg/kg/min, Injection, IV, Routine, T;N, Reference Range 2 to 20 mcg/kg/min
[ ]	DOBUTamine drip (pediatric)	_____mcg/kg/min, Injection, IV, Routine, T;N, Reference Range 2 to 20 mcg/kg/min
[ ]	EPINEPHrine drip (pediatric)	_____mcg/kg/min, Injection, IV, Routine, T;N, Reference Range 0.01 to 0.02 mcg/kg/min
[ ]	norepinephrine drip (pediatric)	_____mcg/kg/min, Injection, IV, Routine, T;N, Reference Range 0.01 to 0.02 mcg/kg/min
[ ]	vasopressin drip (pediatric)	_____milli-units/kg/min, Injection, IV, Routine, T;N, Reference Range 0.2 to 0.5 milli-units/kg/min
[ ]	milrinone drip (pediatric)	_____mcg/kg/min, Injection, IV, Routine, T;N, Reference Range 0.25 to 0.75 mcg/kg/min Order Comment: Dose must be adjusted for renal dysfunction
[ ]	NiCARdipine drip (pediatric)	_____mcg/kg/min, Injection, IV, Routine, T;N, Reference Range 1 to 3 mcg/kg/min
[ ]	labetalol drip (pediatric)	_____mg/kg/hr, Injection, IV, Routine, T;N, Reference Range 0.25 to 1 mg/kg/min
[ ]	nitroPRUSSIDE drip (pediatric)	_____mcg/kg/min, Injection, IV, Routine, T;N, Reference Range 0.5 to 5 mcg/kg/min
[ ]	nitroglycerin drip (pediatric)	_____mcg/kg/min, Injection, IV, Routine, T;N, Reference Range 0.5 to 2 mcg/kg/min
<b>Sedation</b>		
[ ]	midazolam drip (pediatric)	_____ mg/kg/hr, Injection, IV, Routine, T;N, Reference Range: 0.05 to 0.2 mg/kg/hr
[ ]	morPHINE drip (pediatric)	_____mg/kg/hr, Injection, IV, Routine, T;N, Reference Range: 20 to 100 mcg/kg/hr
[ ]	fentaNYL drip (pediatric)	_____ mcg/kg/hr, Injection, IV, Routine, T;N, Reference Range: 0.5 to 2 mcg/kg/hr
[ ]	propofol drip (pediatric)	_____ mg/kg/hr, Injection, IV, Routine, T;N, Reference Range: 1 to 4 mg/kg/hr
<b>Paralytics</b>		
[ ]	vecuronium drip (pediatric)	_____mg/kg/hr, Injection, IV, Routine, T;N, Reference Range: 0.05 to 0.2 mg/kg/hr
[ ]	pancuronium drip (pediatric)	_____mg/kg/hr, Injection, IV, Routine, T;N, Reference Range: 0.05 to 0.2 mg/kg/hr
<b>Insulin</b>		
[ ]	insulin drip (pediatric)	_____units/kg/hr, Injection, IV, Routine, T;N, Titrate Instructions: initiate at 0.05 units/kg/hr and increase by 0.01 units/kg/hr to maintain glucose 80-150 mg/dL
<b>Replacement Fluids</b>		
[ ]	Sodium Chloride 0.9%	1000mL,IV,routine, replacement fluids,T;N, Replace _____mL:_____mL, q_____h over _____ hours
[ ]	Lactated Ringers	1000mL,IV,routine, replacement fluids, T;N, Replace _____mL:_____mL, q_____h over _____ hours

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Medications		
[ ]	Heparin Flush	5 mL (10units/mL), Ped Injectable, IVPush, PRN Catheter clearance, routine,T;N, peripheral or central line per nursing policy
[ ]	acetaminophen	_____mg(10 mg/kg), Liq, PO, q4h, PRN Pain or Fever, T;N, Max Dose=90/kg/day up to 4 g/day
[ ]	acetaminophen	_____mg(10 mg/kg), Supp, PR, q4h, PRN Pain or Fever, T;N, Max Dose=90mg/kg/day up to 4 g/day
[ ]	acetaminophen	_____mg (10 mg/kg), chew tab, PO, q4h, PRN Pain or Fever, T;N, Max Dose=90 mg/kg/day up to 4 g/day, (1 tab= 80mg)
[ ]	acetaminophen	325mg, tab, PO, q4h, PRN Pain or Fever, T;N,Max Dose=90 mg/kg/day up
[ ]	ondansetron	_____mg(0.1 mg/kg), Oral Susp, PO,q8h,PRN nausea/vomiting,routine,T;N, Max dose= 4mg
[ ]	ondansetron	4mg,Orally Disintegrating Tablet,PO,q8h,PRN nausea/vomiting, routine,T;N
[ ]	ondansetron	_____mg(0.1 mg/kg), Ped Injectable, IVPush,q8h,PRN nausea/vomiting, routine,T;N, Max dose= 4mg
[ ]	heparin	_____ units, (75 units/kg), Injection, IV, once, (Infuse over: 10 minutes), Routine, T;N
[ ]	enoxaparin	_____mg,(0.5mg/kg), Injection, subcutaneous, q12h, Routine,T;N, Prophylaxis dose, May use subcutaneous catheter
[ ]	diphenhydrAMINE	_____ mg, (1 mg/kg), Ped Injectable, IV, q6h, PRN Nausea, Routine, T;N, Max dose= 50 mg
[ ]	ranitidine	_____mg, (1 mg/kg), Ped Injectable, IV, q8h, Routine, T;N, Max dose= 150 mg/day
[ ]	pantoprazole	_____mg(1mg/kg), Injection, IV Piggyback, q24h, Routine T;N, Max dose = 40 mg/day
[ ]	midazolam	_____ mg, (0.1 mg/kg), Ped Injectable, IV,q1h, PRN sedation (for 5 day), Routine, T;N
[ ]	morPHINE	_____ mg, (0.1 mg/kg), Ped Injectable, IV,q1h, PRN pain (for 3 day), Routine, T;N
[ ]	fentaNYL	_____ mcg, (1 mcg/kg), Ped Injectable, IV,q1h, PRN pain (for 3 day), Routine, T;N
[ ]	propofol	_____ mg, (2 mg/kg),Injection, IV,q1h, PRN sedation, Routine, T;N
Sedatives		
[ ]	chloral hydrate	_____ mg, (25 mg/kg), Syrup, PO, q6h, PRN Sedation (for 5 day), Routine, T;N
Electrolytes		
[ ]	calcium chloride	_____mg,(10 mg/kg),Ped Injectable, IV, once, STAT,T;N, Max dose= 1 gram
[ ]	magnesium sulfate	_____mg/kg,Ped Injectable, IV, once, STAT, Max pediatric dose = 2 grams Reference Range: 25 to 75 mg/kg
[ ]	sodium bicarbonate	_____mEq,(1 mEq/kg), Ped Injectable, IV, once, STAT,T;N
[ ]	tromethamine (THAM)	_____mL/kg,(3 mL/kg), Ped Injectable, IV, once, STAT,T;N
<b>NOTE: consider calcium gluconate if no central line</b>		
[ ]	calcium gluconate	_____mg,(100 mg/kg), Ped Injectable, IV, once, STAT,T;N



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Steroids		
[ ]	methylPREDNISolone	_____mg, (2 mg/kg), Injection, IV, once, STAT, T;N, Loading dose to be given if not given in ED
<b>NOTE: Steroid Maintenance Dose: CHOOSE ONE and adjust Requested Start Date Time appropriately:</b>		
[ ]	prednisoLONE	_____mg, (1 mg/kg), Liq, PO, bid, Routine, T;N, Max dose = 40 mg
[ ]	predniSONE	_____mg, (1 mg/kg), Tab, PO, bid, Routine, T;N, Max dose = 40 mg
[ ]	methylPREDNISolone	_____mg, (0.5 mg/kg), Ped Injectable, IV, q6h, Routine, T;N
Anti-infectives		
[ ]	<b>LEB Anti-Infective Orders</b>	see separate sheet
Laboratory		
[ ]	<b>LEB Transfusion- 4 Months of Age or Greater Plan</b>	see separate sheet
[ ]	<b>LEB Transfusion- Less than 4 Months of Age Plan</b>	see separate sheet
[ ]	CBC	T;N, STAT, blood,once
[ ]	BMP	T;N, STAT, blood,once
[ ]	CMP	T;N, STAT, blood,once
[ ]	CRP	T;N, STAT, blood,once
[ ]	PT/INR	T;N, STAT, blood,once
[ ]	PTT	T;N, STAT, blood,once
[ ]	D-Dimer Quantative	T;N, STAT, blood,once
[ ]	Fibrinogen Level	T;N, STAT, blood,once
[ ]	Ammonia Level	T;N, STAT, blood,once
[ ]	Blood Culture	T;N, STAT, blood,once, Specimen Source: peripheral blood
[ ]	Urinalysis w/Reflex Microscopic Exam	T;N, STAT, urine,once, nurse collect
[ ]	Urine C&S	T;N, STAT, urine,once, nurse collect
[ ]	Culture, Respiratory and Gram Stain	T;N, STAT, aspirate, trachea, once, nurse collect
[ ]	Influenza A&B Screen	T;N, STAT, nasopharyngeal,once, nurse collect
[ ]	RSV Antigen Screen	T;N, STAT, nasopharyngeal,once, nurse collect
[ ]	Respiratory Culture, Viral	T;N, routine, nasopharyngeal, once, nurse collect
Diagnostic Tests		
[ ]	Chest 1 VW Frontal	T;N, Reason for exam: Other, Enter in Comments. STAT Portable Order Comments: Asthma Exacerbation
[ ]	Chest 1 VW Frontal	T;N, STAT, Reason: _____ Transport: Portable
Consults/Notifications		
[ ]	Notify Physician For Vital Signs Of	T;N, For: BP Systolic < _____, BP diastolic < _____, mean BP < _____, Celsius Temp < _____, Celsius Temp > _____, HR > _____,HR < _____, Resp Rate > _____, Resp Rate < _____, O2 Sat < _____, UOP < _____,
[ ]	Notify Physician - Continuing	T;N, For: _Mental status changes, Increased Oxygen requirements, O2 sats less than 85%, Who: _____
[ ]	Notify Physician - Continuing	T;N, For: _____, Who: _____
[ ]	Notify Physician- Once	T;N, For: _____, Who: _____
[ ]	Notify Nurse Practitioner - Continuing	T;N, For: _____, Who: _____
[ ]	Notify Nurse Practitioner- Once	T;N, For: _____, Who: _____



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Consults/Notifications (continued)		
<input type="checkbox"/>	Consult MD Group	T;N, Consult Who: _____, Reason: _____
<input type="checkbox"/>	Consult MD	T;N, Consult Who: _____, Reason: _____
<input type="checkbox"/>	Dietitian Consult	T;N, Type: _____
<input type="checkbox"/>	Lactation Consult	T;N, Reason: _____
<input type="checkbox"/>	Consult Child Life	T;N, Reason: _____
<input type="checkbox"/>	Consult Pastoral Care	T;N, Reason: _____
<input type="checkbox"/>	LCAP Consult	T;N, Reason: _____
<input type="checkbox"/>	Medical Social Work Consult	T;N, Routine, Reason: _____
<input type="checkbox"/>	CHAMP Referral	T;N

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_ MD Number: \_\_\_\_\_