Physician Orders PEDIATRIC: LEB NEURO SURG PICU Admit Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☐ Initiate Powerplan Phase
  T;N, Phase: LEB Neuro Surg PICU Admit Phase, When to Initiate:__________________________

LEB Neuro Surg PICU Admit Phase
Admission/Transfer/Discharge
☐ Patient Status Initial Inpatient
  T;N Admitting Physician: ____________________________________________________________
  Reason for Visit:___________________________________________________________________
  Bed Type: ____________________________ Specific Unit: ________________________________
  Care Team: ____________________________ Anticipated LOS: 2 midnights or more
☐ Notify Physician-Once
  T;N, of room number on arrival to unit

Vital Signs
☐ Vital Signs w/Neuro Checks
  T;N, Monitor and Record T,P,R,BP, per ICU protocol

Activity
☐ Bedrest
  T;N

Food/Nutrition
☐ NPO
  Start at: T;N (DEF)*
  Start at: T;2359
☐ Breastfeed
  T;N
☐ LEB Formula Orders Plan(SUB)*
☐ Regular Pediatric Diet
  Start at: T;N
☐ Clear Liquid Diet
  Start at: T;N

Patient Care
☐ Advance Diet As Tolerated
  T;N, start clear liquids and advance to regular diet as tolerated
☐ Nothing Per Rectum
  T;N
☐ Isolation Precautions
  T;N
☐ Intake and Output
  T;N, Routine, q2h(std)
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- Daily Weights  
  T;N, Routine, qEve
- Elevate Head Of Bed  
  T;N, 30 degrees
- Foley Care  
  T;N, Routine, to gravity drainage
- Becker Drain  
  T;N Routine, Transducer at _________cm (DEF)*
  T;N Routine, Buretrol at _________cm above zero
- ICP Insertion Setup  
  T;N Routine
- Cerebral Perfusion Pressure  
  T;N Routine
- O2 Sat Spot Check-NSG  
  T;N, with vital signs
- O2 Sat Monitoring NSG  
  T;N
- Cardiopulmonary Monitor  
  T;N Stat, Monitor Type: CP Monitor

Respiratory Care

- Oxygen Delivery  
  T;N, Special Instructions: Titrate to keep O2 sat =/>92%. Wean to room air

Continuous Infusion

- NS + 20 mEq/L KCl (pediatric) (IVS)*  
  Sodium Chloride 0.9%
  1,000 mL, IV, Routine, mL/hr
  potassium chloride (additive)
  20 mEq
- D5NS  
  1,000 mL, IV, Routine, mL/hr

Medications

- +1 Hours acetaminophen-HYDROcodone 325 mg-7.5 mg/15 mL oral solution  
  0.15 mg/kg, Elixir, PO, q6h, PRN Pain, Routine, (for 5 day ), (5 mL = 2.5 mg HYDROcodone), Max dose = 10mg
- +1 Hours acetaminophen-HYDROcodone 325 mg-5 mg oral tablet  
  1 tab, Tab, PO, q4h, PRN Pain, Routine, (for 5 day ), (1 tab = 5 mg HYDROcodone), Max dose = 10 mg
- +1 Hours acetaminophen  
  10 mg/kg, Liq, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 90 mg/kg/day up to 4 g/day
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(DEF)*

☐ 80 mg, Chew tab, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 90 mg/kg/day up to 4 g/day
☐ 325 mg, Tab, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 90 mg/kg/day up to 4 g/day

☐ +1 Hours acetaminophen
   10 mg/kg, Supp, PR, q4h, PRN Pain or Fever, Routine, Max Dose = 90 mg/kg/day up to 4 g/day

☐ +1 Hours morphine
   0.1 mg/kg, Ped Injectable, IV, q3h, PRN Pain, Severe (8-10), Routine, (for 3 day ), Max dose = 6mg

☐ +1 Hours ondansetron
   0.1 mg/kg, Oral Susp, PO, q8h, PRN Nausea/Vomiting, Routine, Max dose = 4mg (DEF)*
   4 mg, Orally Disintegrating Tab, PO, q8h, PRN Nausea/Vomiting, Routine

☐ +1 Hours ondansetron
   0.1 mg/kg, Ped Injectable, IV, q8h, PRN Nausea/Vomiting, Routine, Max dose = 8 mg

☐ +1 Hours dexamethasone
   0.1 mg/kg, Ped Injectable, IV, q6h, Routine, Max dose = 4mg

☐ +1 Hours diphenhydrAMINE
   1 mg/kg, Elixir, PO, q6h, PRN Itching, Routine, max 50mg, (5mL = 12.5mg)

☐ +1 Hours ranitidine
   2 mg/kg, Liq, PO, bid, Routine, Max dose = 300 mg/day

☐ +1 Hours famotidine

☐ LEB Antiepileptic Medication Orders Plan(SUB)*

Diagnostic Tests

☐ LEB MRI Brain & Stem W/WO Cont Plan(SUB)*
☐ LEB MRI Spine Cerv W/WO Cont Plan(SUB)*
☐ LEB MRI Spine Thoracic W/WO Cont Plan(SUB)*
☐ LEB MRI Spine Lumbar W/WO Cont Plan(SUB)*
☐ LEB CT Brain Head W/WO Cont Plan(SUB)*
☐ LEB CT Brain/Head WO Cont Plan(SUB)*

Consults/Notifications/Referrals

☐ Notify Resident-Continuing
   T;N, Notify: Neurosurgery Resident, changes in neuro status, ICP greater than _____ or CPP less than _____

☐ Notify Resident-Continuing
   T;N, Notify: Neurosurgery Resident, changes in neuro status, changes in amount/character of CSF drainage, or for no CSF drainage within ____ hours

☐ Consult MD Group
   T;N, Consult Who:________________________, Reason:_____________________

☐ Consult MD

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T;N Consult Who: _____________________________, Reason: ________________________________

☐ Central Line Care Consult (LeB Only)
   T;N

☐ Nutritional Support Team Consult
   Start at: T;N, Priority: Routine, Reason: Parenteral Nutrition Support

☐ PT Ped Eval & Tx
   T;N, Routine, Reason: ________________________________

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