



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)





**Physician Orders PEDIATRIC: LEB NEURO SURG PICU Admit Plan**

- 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 \_\_\_\_\_ (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  $\geq$  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*





**Physician Orders PEDIATRIC: LEB NEURO SURG PICU Admit Plan**

(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



