Physician Orders Pediatric: LEB Endocrine General Admit Plan

Unique Plan Description: LEB Hemodialysis Inpatient Plan
Plan Selection Display: LEB Hemodialysis Inpatient Plan
PlanType: Medical
Version: 2
Begin Effective Date: 7/11/2016 10:43 PM
End Effective Date: Current
Available at: LE BONHEUR

Plan Comment: 1/20/09 Non Meds Built and display named: 41911 PP QM0109- TB, Medications built by Latese Wilkins 01/28/09. Non med orders reviewed and synched on 3-26-09 but final design decisions not made yet - mtg is 4-9-09.mt
4-27-09 Hemodialysis-Ped online order sentence per new OEF design. Users requested downtime template to ony have a "blank" format to fill in during downtime.mt 4-30-09 reviewed and synched non med orders and updated Blood Bank orders.mt 5-20-09 plan updated with changes approved at Dialysis meeting on 5-12-09.mt 04.20.10-Hepatitis Orders updated per PN changes-DMM 7-12-11 Initiate Orders Phase added.mt. Changed Heparin to ped inj 10-19-11 SP. 07/8/16 Version to testing (v2 ) and made updates per CR 102899: Set Initiate Orders Phase to "Auto Initiate" and pre-checked Initiate PowerPlan Phase order- Tracey Boatwright

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☑ Initiate Powerplan Phase
  Phase: LEB Hemodialysis Inpatient Phase

LEB Hemodialysis Inpatient Phase
Non Categorized
☑ Initiate Powerplan Phase
  Phase: LEB Hemodialysis Inpatient Phase

Patient Care
☑ Hemodialysis-Pediatric
  Routine, MWF, Length of Trmt: 3 Hours, Dialysate: 2K 3 Ca, Na Modeling: 145-138 linear fashionPRN, Rate(Blood/Dialysate): 300/500, Dialyzer: F 160NR (Leb Only), Heparin: 1000 unit bolus, Target Temp: < 38 deg C
☑ No BP or Venipunctures
  no BP or venipuncture in access extremity
☑ Nursing Communication
  T;N, Hold all AM blood pressure medications as ordered on day of dialysis
☑ Nursing Communication
  T;N, NPO 1 hour prior to hemodialysis then resume previous diet after completion of treatment
☑ DIALYSIS Nsg Communication
  Immediately upon completion of dialysis treatment: 1. Obtain BUN level 30 seconds after completion,
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2. Obtain BUN level 15 minutes after completion.

**Continuous Infusion**

- Sodium Chloride 0.9% Bolus
  - mL, Injection, IV, N/A, PRN Hypotension, STAT, mL/hr (DEF)*
  - 25 mL, Injection, IV, N/A, PRN Hypotension, STAT, mL/hr
  - 50 mL, Injection, IV, N/A, PRN Hypotension, STAT, mL/hr
  - 100 mL, Injection, IV, N/A, PRN Hypotension, STAT, mL/hr
  - 150 mL, Injection, IV, N/A, PRN Hypotension, STAT, mL/hr
  - 200 mL, Injection, IV, N/A, PRN Hypotension, STAT, mL/hr
  - 250 mL, Injection, IV, N/A, PRN Hypotension, STAT, mL/hr

**Medications**

- +1 Hours epoetin alfa
  - units, Injection, IV, once, Routine
  - Comments: with dialysis

- +1 Hours paricalcitol
  - mcg, Injection, IV, once, Routine
  - Comments: with dialysis

- +1 Hours Ferrlecit
  - 62.5 mg, Injection, IV, once, Routine (DEF)*
  - Comments: with dialysis
  - 125 mg, Injection, IV, once, Routine
  - Comments: with dialysis

- +1 Hours heparin
  - units, Ped Injectable, IV, once, Routine
  - Comments: prime and discard, in dialysis

- +1 Hours heparin
  - units, Ped Injectable, IV, once, Routine
  - Comments: (bolus dose), in dialysis

- +1 Hours heparin
  - units, Ped Injectable, IV, N/A, Routine
  - Comments: Discontinue heparin____ minutes prior to the end. Patient to receive _____ units/hr via heparin pump.

- +1 Hours heparin
  - units, Ped Injectable, IV, MWF, Routine, Concentration: 1000 units/mL, Dwell in venous port CVL post dialysis
  - Comments: Please instill___ mL into arterial port and ____mL into venous port to lock catheter at end of dialysis

- +1 Hours alteplase
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mg, Ped Injectable, IV, MWF, Routine, Concentration: 1 mg/mL, Dwell in arterial port CVL post dialysis

☐ +1 Hours alteplase
mg, Ped Injectable, IV, MWF, Routine, Concentration: 1 mg/mL, Dwell in venous port CVL post dialysis

Laboratory
☐ Hematocrit & Hemoglobin
  Routine, T;N, once, Type: Blood, Nurse Collect
  Comments: IN DIALYSIS
☐ CBC
  Routine, T;N, once, Type: Blood, Nurse Collect
  Comments: IN DIALYSIS
☐ CMP
  Routine, T;N, once, Type: Blood, Nurse Collect
  Comments: PRE-DIALYSIS
☐ CMP
  Routine, T;N, once, Type: Blood, Nurse Collect
  Comments: POST-DIALYSIS
☐ BMP
  Routine, T;N, once, Type: Blood, Nurse Collect
  Comments: PRE DIALYSIS
☐ BMP
  Routine, T;N, once, Type: Blood, Nurse Collect
  Comments: POST-DIALYSIS
☐ Magnesium Level
  Routine, T;N, once, Type: Blood, Nurse Collect
  Comments: IN DIALYSIS
☐ Phosphorus Level
  Routine, T;N, once, Type: Blood, Nurse Collect
  Comments: IN DIALYSIS
☐ Reticulocyte Count
  Routine, T;N, once, Type: Blood, Nurse Collect
  Comments: IN DIALYSIS
☐ Iron Level
  Routine, T;N, once, Type: Blood, Nurse Collect
  Comments: IN DIALYSIS
☐ Ferritin Level
  Routine, T;N, once, Type: Blood, Nurse Collect
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Comments: IN DIALYSIS

☐ TIBC Fe Profile
   Routine, T;N, once, Type: Blood, Nurse Collect
   Comments: IN DIALYSIS

☐ PTH
   Routine, T;N, once, Type: Blood, Nurse Collect

☐ BUN
   Routine, T;N, once, Type: Blood, Nurse Collect
   Comments: IN DIALYSIS

☐ BUN
   Routine, T;N, once, Type: Blood, Nurse Collect
   Comments: 30 SECONDS AFTER COMPLETION OF DIALYSIS

☐ BUN
   Routine, T;N, once, Type: Blood, Nurse Collect
   Comments: 15 MINUTES AFTER COMPLETION OF DIALYSIS

☐ Lipid Profile
   Routine, T;N, once, Type: Blood, Nurse Collect
   Comments: IN DIALYSIS

☐ HIV Ab/Ag Screen
   Routine, T;N, once, Type: Blood, Nurse Collect

☐ Hepatitis B Surface Antigen
   Routine, T;N, once, Type: Blood, Nurse Collect
   Comments: IN DIALYSIS

☐ Hepatitis B Surface Antibody
   Routine, T;N, once, Type: Blood, Nurse Collect
   Comments: IN DIALYSIS

☐ Hepatitis C Antibody
   Routine, T;N, once, Type: Blood
   Comments: IN DIALYSIS

☐ Blood Culture
   Routine, T;N, once, Specimen Source: Peripheral Blood, Nurse Collect
   Comments: IN DIALYSIS

☐ Type and Crossmatch Pediatric >4 months
   Routine, T;N, Type: Blood

☐ Transfuse PRBC >4 Months
   Routine, T;N

☐ Hold PRBC >4 Months
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Routine, T;N
☐ Transfuse PRBC <4 Months

T;N

Consults/Notifications/Referrals
☐ Notify Physician For Vital Signs Of
   DURING DIALYSIS
☐ Consult Clinical Dietitian
   Type of Consult: Nutrition Management, Special Instructions: Renal Diet

*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