**Physician Orders PEDIATRIC: LEB Stroke Admit Plan**

### Initiate Orders Phase
**Care Sets/Protocols/PowerPlans**
- Initiate Powerplan Phase
  
  **Phase: LEB Stroke Admit Phase. When to Initiate:___________________**

### LEB Stroke 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
  
  of room number on arrival to unit

### Vital Signs
- Vital Signs w/Neuro Checks
  
  **Routine Monitor and Record T,P,R,BP, q1h, for 6 hr then q2h.**

- Vital Signs w/Neuro Checks
  
  **Routine Monitor and Record T,P,R,BP, q2h(std) (DEF)**

- **Routine Monitor and Record T,P,R,BP, q4h(std)**

### Activity
- Bedrest
- Out Of Bed
  
  **With Assistance**
- Activity As Tolerated
  
  **Up As Tolerated**

### Food/Nutrition
- NPO
- Breastfeed
- Formula Per Home Routine
- LEB Formula Orders Plan(SUB)*
- Regular Pediatric Diet
- Clear Liquid Diet

### Patient Care
- LEB Status Epilepticus Plan(SUB)*
- Advance Diet As Tolerated
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- start clear liquids and advance to regular diet as tolerated
- Isolation Precautions
- Intake and Output
  - Routine, q2h(std)
- Sequential Compression Device Apply
  - Apply to lower extremities, patients 16 years and older
- Daily Weights
  - Routine, qEve
- IV Insert/Site Care LEB
  - Routine, q2h(std)
- O2 Sat Spot Check-NSG
  - Routine, For 6hr, with vital signs, then q2h
- O2 Sat Spot Check-NSG
  - Routine, q2h(std), with vital signs. (DEF)*
  - Routine, q4h(std), with vital signs.

Respiratory Care
- Oxygen Delivery (Ped)
  - Special Instructions: Titrate to keep O2 sat => 92%. Wean to room air.

Continuous Infusion
- D5NS
  - 1,000 mL, IV, mL/hr
- D5NS KCl 20 mEq
  - 1,000 mL, IV, mL/hr
  - Comments: if UOP greater than or equal to 1mL/kg/hr
- Sodium Chloride 0.9%
  - 1,000 mL, IV, Routine, mL/hr
- D5 1/2NS
  - 1,000 mL, IV, Routine, mL/hr
- D5 1/2 NS KCl 20 mEq/L
  - 20 mEq / 1,000 mL, IV, Routine, mL/hr
  - Comments: if UOP greater than or equal to 1mL/kg/hr

Medications
- +1 Hours acetaminophen
  - 10 mg/kg, Liq, PO, q4h, Pain, Mild or Fever, Routine
  - Comments: Max dose = 75 mg/kg/day up to 4g/day
- +1 Hours acetaminophen
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325 mg, Tab, PO, q4h, PRN Pain or Fever, Routine
Comments: Max dose = 75 mg/kg/day up to 4g/day.

☐ +1 Hours acetaminophen
10 mg/kg, Supp, PR, q4h, PRN Pain, Mild or Fever, Routine
Comments: Max dose = 75 mg/kg/day up to 4g/day.

☐ +1 Hours ondansetron
0.1 mg/kg, Oral Susp, PO, q8h, PRN Nausea/Vomiting, Routine
Comments: Max dose = 4 8mg

☐ +1 Hours ondansetron
4 mg, Orally Disintegrating Tab, PO, q8h, PRN Nausea/Vomiting, Routine

☐ +1 Hours ondansetron
0.1 mg/kg, Injection, IV Push, q8h, PRN Nausea/Vomiting, Routine
Comments: Max dose = 8mg

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

☐ +1 Hours famotidine
0.5 mg/kg, Ped Injectable, IV, q12h, Routine
Comments: Max daily dose = 20mg/dose or 40mg/day

☐ +1 Hours lidocaine 4% topical cream
1 application, Cream, TOP, N/A, PRN Other, specify in Comment, Routine
Comments: Apply before IV starts/procedures

Laboratory
☐ CBC
Routine, T;N, once, Type: Blood

☐ BMP
Routine, T;N, once, Type: Blood

☐ PT/INR
Routine, T;N, once, Type: Blood

☐ APTT
Routine, T;N, once, Type: Blood

☐ Pregnancy Screen Serum
Routine, T;N, once, Type: Blood

☐ Urinalysis w/Reflex Microscopic Exam
Routine, T;N, once, Type: Urine, Nurse Collect

☐ Fibrinogen Level
Routine, T;N, once, Type: Blood

☐ Antithrombin III Level
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- Routine, T;N, once, Type: Blood
  - Factor VIII Assay
  - Factor V Assay
  - Activated Protein C Resistance
  - Anti Cardiolipin Antibodies
  - C-Reactive Protein
  - Beta 2 Glycoprotein 1 IgG Antibody
  - Protein S, Free
  - Protein S, Total Antigen
  - Protein C

Diagnostic Tests
- Echo Pediatric (0-18 years)
  - Start at: T;N, Reason: Other, specify
  - Comments: Acute Stroke
- LEB MRI Brain & Stem W/WO Cont Plan(SUB)*
- LEB MRI Brain & Stem WO Cont Plan(SUB)*
- LEB CT Brain Head W Cont Plan(SUB)*
- LEB CT Brain Head W/WO Cont Plan(SUB)*
- LEB CT Brain/Head WO Cont Plan(SUB)*
- LEB MRA Head W/WO Cont Plan(SUB)*
- LEB MRA Neck W/WO Cont Plan(SUB)*
- LEB MRI Spine Cerv W/WO Cont Plan(SUB)*
- LEB MRI Spectroscopy Plan(SUB)*
- LEB MRV Head Plan(SUB)*
- LEB CT Ang Head W/WO Cont W Imag Post Prc Plan(SUB)*

Consults/Notifications/Referrals
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- Notify Resident-Continuing
  Notify: Neurology Resident, changes in neuro status
- Consult MD Group
  Group: ULPS Cardiology, Reason for Consult: Acute Stroke
- Consult MD
  Reason for Consult: Stroke, Neuro Ophthalmology
- Nutritional Support Team Consult
  Routine, Reason: Parenteral Nutrition Support
- Consult Clinical Dietitian
  Type of Consult: Other, please specify, Special Instructions: Acute Stroke, 0
- Consult Child Life
  Other, Specify in Comments, Acute stroke
- Physical Therapy Ped Eval & Tx
  Routine, 0
- Occupational Therapy Ped Eval & Tx
  Routine, 0
- Speech Therapy Ped Eval & Tx
  Routine, 0
- Interventional Radiology Consult LeB only
  Routine, Cerebral Angiogram

*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