



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

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

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

