LEB ED Eye Problems Phase
Non Categorized
R Powerplan Open

Vital Signs
☑ Vital Signs
Monitor and Record T,P,R,BP, per ED policy

Food/Nutrition
☑ NPO

Patient Care
☐ Irrigate
   use Morgan lens in ED
☐ Supply to Bedside
   T:N, Slit Lamp to bedside in ED
☐ Supply to Bedside
   T:N, Woods Lamp to bedside in ED
☐ Supply to Bedside
   T:N, STAT, irrigation supplies to bedside
☑ IV Insert/Site Care LEB
   Stat, q2h(std)
☑ Elevate Head Of Bed
   STAT
☑ Nursing Communication
   Snellen Vision Test prior to MD examining patient (if appropriate)

Continuous Infusion
☐ Sodium Chloride 0.9% Bolus
   20 mL/kg, Injection, IV, once, STAT, (infuse over 15 min), (Bolus) (DEF)*
   10 mL/kg, Injection, IV, once, STAT, (infuse over 15 min), (Bolus)
   10 mL/kg, Injection, IV, once, STAT, (infuse over 30 min), (Bolus)
   20 mL/kg, Injection, IV, once, STAT, (infuse over 30 min), (Bolus)
☐ Sodium Chloride 0.9%
   1,000 mL, IV, STAT, mL/hr

Medications
☐ ciprofloxacin 0.3% ophthalmic solution
   2 drop, Ophthalmic Soln, Both Eyes, once, STAT (DEF)*
   2 drop, Ophthalmic Soln, Left Eye, once, STAT
   2 drop, Ophthalmic Soln, Right Eye, once, STAT
☐ gentamicin 0.3% ophthalmic solution
   2 drop, Ophthalmic Soln, Both Eyes, once, STAT (DEF)*
   2 drop, Ophthalmic Soln, Left Eye, once, STAT
   2 drop, Ophthalmic Soln, Right Eye, once, STAT
☐ sulfacetamide sodium 10% ophthalmic solution
   2 drop, Ophthalmic Soln, Both Eyes, once, STAT (DEF)*
   2 drop, Ophthalmic Soln, Left Eye, once, STAT
   2 drop, Ophthalmic Soln, Right Eye, once, STAT
☐ acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
   1 tab, PO, once, STAT, (1 tab = 5 mg HYDROcodone), Max dose = 10 mg
   Comments: Not to exceed 4g/day acetaminophen.
☐ acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
   2 tab, PO, once, STAT, (2 tab = 10 mg of HYDROcodone), Max dose = 10 mg
Physician Orders PEDIATRIC: LEB ED Eye Problems Plan

Comments: Not to exceed 4g/day acetaminophen.

☐ acetaminophen-HYDROcodone 325 mg-7.5 mg/15 mL oral solution
  0.15 mg/kg, Elixir, PO, once, STAT, (5 mL = 2.5 mg HYDROcodone), Max dose = 10mg
  Comments: Not to exceed 4g/day acetaminophen.

☐ morphine
  0.1 mg/kg, Ped Injectable, IV Push, once, STAT, Max initial dose = 10 mg

Laboratory

☐ CBC
  STAT, T;N, once, Type: Blood

☐ PT
  STAT, T;N, once, Type: Blood

☐ PTT
  STAT, T;N, once, Type: Blood

☐ SCS
  STAT, T;N, once, Type: Blood

☐ LEB Transfusion Less Than 4 Months of Age Plan(SUB)*
☐ LEB Transfusion 4 Months of Age or Greater Plan(SUB)*
  If possibility of pregnancy, order one of below:(NOTE)*

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

Diagnostic Tests

☐ CT Brain/Head WO Cont
  T;N, Reason for Exam: Other, Enter in Comments, Stat, Stretcher
  Comments: Eye injury

☐ CT Orbit/Sella/Post Fossa/Ear WO Cont
  T;N, Reason for Exam: Other, Enter in Comments, Stat, Stretcher
  Comments: eye injury

☐ CT Maxillofacial Area WO Cont
  T;N, Reason for Exam: Other, Enter in Comments, Stat, Stretcher
  Comments: Eye injury

Consults/Notifications/Referrals

☐ Consult MD Group
  Ophthalmology

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