

## Physician Orders PEDIATRIC: LEB ED Eye Problems Plan

LEB ED Eye Problems Phase Non Categorized R Powerplan Open Vital Signs ✓ Vital Signs Monitor and Record T,P,R,BP, per ED policy		
$\overline{\mathbf{A}}$	/Nutrition NPO	
Patient		
	Irrigate use Morgan lens in ED	
	Supply to Bedside <i>T;N, Slit Lamp to bedside in ED</i>	
	Supply to Bedside <i>T;N, Woods Lamp to bedside in ED</i>	
	Supply to Bedside <i>T;N, STAT, irrigation supplies to bedside</i>	
1	IV Insert/Site Care LEB Stat, q2h(std)	
1	Elevate Head Of Bed STAT	
2	Nursing Communication Snellen Vision Test prior to MD examining patient (if appropriate)	
Contin	nuous Infusion	
	Sodium Chloride 0.9% Bolus	
	$\square$ 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	
Medica		
	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	
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	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
Labora	
	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
Diagno	STAT, T;N, once, Type: Blood stic 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
_	ts/Notifications/Referrals
	Consult MD Group Ophthalmology
Dat	e Time Physician's Signature MD Number
-	t Legend:
	This order sentence is the default for the selected order 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** 

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