Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☐ Initiate Powerplan Phase
  T;N, Phase: LEB Men/Enceph Admit Phase, When to Initiate:______________

LEB Meningitis/Encephalitis 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
  T;N, Of room number on arrival to unit.

Vital Signs
☐ Vital Signs
  ☐ T;N, Routine Monitor and Record T,P,R,BP (DEF)*
  ☐ T;N, Monitor and Record T,P,R,BP, q4h(std)
☐ Vital Signs w/Neuro Checks
  T;N, Monitor and Record T,P,R,BP, q4h(std)

Activity
☐ Activity As Tolerated
  T;N, Up Ad Lib

Food/Nutrition
☐ NPO
  Start at: T;N
☐ Breastfeed
  T;N
☐ LEB Formula Orders Plan(SUB)*
☐ Regular Pediatric Diet
  Start at: T;N
☐ Clear Liquid Diet
  Start at: T;N

Patient Care
☐ Advance Diet As Tolerated
  T;N, Start clear liquids and advance to regular diet as tolerated.
☐ Isolation Precautions
  ☐ T;N, Isolation Type: Droplet Precautions (DEF)*
  ☐ T;N, Isolation Type: Airborne Precautions
  ☐ T;N, Isolation Type: Contact Precautions
  ☐ T;N, Isolation Type: Contact Precautions | Droplet Precautions
Physician Orders ADULT: LEB Meningitis/Encephalitis Admit Plan

- Intake and Output
  - T;N, Routine, q2h(std)
- Daily Weights
  - T;N, Routine, qEve
- O2 Sat Spot Check-NSG
  - T;N, with vital signs
- O2 Sat Monitoring NSG
  - T;N
- Cardiopulmonary Monitor
  - T;N Routine, Monitor Type: CP Monitor

Respiratory Care
- Oxygen Delivery
  - T;N, Special Instructions: Titrate to keep O2 sat =/> 92%. Wean to room air.

Continuous Infusion
- Sodium Chloride 0.9%
  - 1,000 mL, IV, Routine, mL/hr
- D5 1/2NS
  - 1,000 mL, IV, Routine, mL/hr
- D5 1/4 NS
  - 1,000 mL, IV, Routine, mL/hr
- D5 1/2 NS KCl 20 mEq/L
  - 1,000 mL, IV, Routine, mL/hr
- D5 1/4 NS KCl 20 mEq/L
  - 1,000 mL, IV, Routine, mL/hr

Medications
- +1 Hours acetaminophen
  - 10 mg/kg, Liq, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 90 mg/kg/day up to 4 g/day (DEF)*
  - 80 mg, Chew tab, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 90 mg/kg/day up to 4 g/day
  - 325 mg, Tab, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 90 mg/kg/day up to 4 g/day
- +1 Hours acetaminophen
  - 10 mg/kg, Supp, PR, q4h, PRN Pain or Fever, Routine, Max Dose = 90 mg/kg/day up to 4 g/day
- +1 Hours ondansetron
  - 0.1 mg/kg, Oral Susp, PO, q8h, PRN Nausea/Vomiting, Routine, Max dose = 4mg (DEF)*
  - 4 mg, Orally Disintegrating Tab, PO, q8h, PRN Nausea/Vomiting, Routine
- +1 Hours ondansetron
  - 0.1 mg/kg, Ped Injectable, IV Push, q8h, PRN Nausea/Vomiting, Routine, Max dose = 8 mg
Physician Orders ADULT: LEB Meningitis/Encephalitis Admit Plan

**Anti-infectives**
- **+1 Hours** cefTRIAXone
  - 50 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day), Max dose = 4 grams/day
- **+1 Hours** vancomycin
  - 15 mg/kg, Ped Injectable, IV Piggyback, q6h, Routine, (for 14 day), Max dose = 4 grams/day
- **+1 Hours** cefotaxime
  - 100 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 14 day), Max dose = 12 grams/day
- **+1 Hours** doxycycline
  - 2 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day), Max dose = 200 mg/day
- **+1 Hours** acyclovir
  - 15 mg/kg, Injection, IV Piggyback, q8h, Routine

**Laboratory**
- CBC
  - T;N, Routine, once, Type: Blood
- CMP
  - Routine, T;N, once, Type: Blood
- Blood Culture
  - Routine, T;N, once, Specimen Source: Peripheral Blood
- Urinalysis w/Reflex Microscopic Exam
  - Routine, T;N, once, Type: Urine
- Urine Culture
  - Routine, T;N, Specimen Source: Urine, Nurse Collect
- Stool Culture
  - Routine, T;N, Specimen Source: Stool, Nurse Collect
- CSF Culture and Gram Stain
  - Routine, T;N, Specimen Source: Cerebrospinal Fluid(CSF)
- Glucose CSF
  - Routine, T;N, once, Type: CSF, Nurse Collect
    - Comments: Tube # 3
- Protein CSF
  - Routine, T;N, Type: CSF, Nurse Collect
    - Comments: Tube # 3
- CSF Cell Count & Diff
  - Routine, T;N, Type: CSF, Nurse Collect
    - Comments: Tube # 4
- CSF Culture, Viral
  - Routine, T;N, Specimen Source: Cerebrospinal Fluid(CSF), Nurse Collect
- Stool Culture, Viral
Physician Orders ADULT: LEB Meningitis/Encephalitis Admit Plan

□ Routine, T;N, Specimen Source: Stool, Nurse Collect
□ Culture, Viral Respiratory
   Routine, T;N, Specimen Source: Sputum, Nurse Collect
□ Enterovirus by RT-PCR CSF
   Routine, T;N, Type: CSF, Nurse Collect
   Comments: Tube # 4
□ HSV CSF by PCR
   Routine, T;N, Type: CSF, Nurse Collect
   Comments: Tube # 4
□ Hold Specimen
   Routine, T;N, Type: CSF, Nurse Collect

Diagnostic Tests: Include Reason for Exam
□ CXR PA & Lat
   T;N, Routine, Wheelchair
□ CT Brain/Head W Cont
   T;N, Routine, Wheelchair
□ EEG
   T;N, EEG Type: EEG in Lab, Reason: Other, Specify, encephalitis, Routine

Consults/Notifications/Referrals
□ Notify Resident-Continuing
   T;N
□ Notify Resident-Once
   T;N
□ Consult MD Group
   T;N
□ Consult MD
   T;N
□ Audiology Consult
   T;N, Other, enter in comments
   Comments: Meningitis

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
Physician Orders ADULT: LEB Meningitis/Encephalitis Admit Plan

SUB - This component is a sub phase, see separate sheet
R-Required order