



Physician Orders ADULT: LEB Meningitis/Encephalitis Admit Plan

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*





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- 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 \geq 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





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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





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- Culture, Viral Respiratory
Routine, T;N, Specimen Source: Stool, Nurse Collect
- Enterovirus by RT-PCR CSF
Routine, T;N, Specimen Source: Sputum, Nurse Collect
- 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



Attach patient label here



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

