



Physician Orders

LEB PICU Intubation Plan

PEDIATRIC

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies: No known allergies

Admission/Transfer/Discharge

Admit Patient to Dr. _____

Admit Status: Inpatient Routine Post Procedure <24hrs 23 hour OBS

Bed Type: Med/Surg Critical Care Stepdown Telemetry; Specific Unit Location: _____

Notify Physician Once _____ T;N, of room number on arrival to unit

Primary Diagnosis: _____

Secondary Diagnosis: _____

Vital Signs

Vital Signs T;N, Monitor and Record T,P,R,BP, q1h(std), or as condition indicates

Activity

Bedrest T;N, Routine

Food/Nutrition

NPO Start at: T;N

Respiratory Care

Mechanical Ventilation T; N, Mode: _____, Ventilator Rate: _____(br/min) Tidal Volume _____(mL)
FiO2: _____ PEEP: _____ Pressure Support: _____ PIP: _____ TI _____

High Frequency Ventilation T; N, Mode: _____, Ventilator Rate: _____(br/min) Tidal Volume _____(mL)
FiO2: _____ PEEP: _____ Pressure Support: _____ PIP: _____ TI _____

ISTAT POC (RT Collect) T;N, STAT, ABG, once, obtain 30 minutes after intubation

ISTAT POC (RT Collect) T;N, STAT, ABG, lactate, once, obtain 30 minutes after intubation

ISTAT POC (RT Collect) T;N, STAT, ABG, electrolytes, glucose, ionized calcium, Hct & Hgb,once, obtain 30 minutes after intubation

ISTAT POC (RT Collect) T;N, STAT, ABG, electrolytes, glucose, ionized calcium, Hct & Hgb, lactate,once, obtain 30 minutes after intubation

ISTAT POC (RT Collect) T;N, STAT, VBG,once, obtain 30 minutes after intubation

ISTAT POC (RT Collect) T;N, STAT, VBG, lactate, once, obtain 30 minutes after intubation

ISTAT POC (RT Collect) T;N, STAT, VBG, electrolytes, glucose, ionized calcium, Hct & Hgb,once, obtain 30 minutes after intubation

ISTAT POC (RT Collect) T;N, STAT, VBG, electrolytes, glucose, ionized calcium, Hct & Hgb, lactate,once, obtain 30 minutes after intubation

ISTAT POC (RT Collect) T;N, STAT, CBG,once, obtain 30 minutes after intubation

ISTAT POC (RT Collect) T;N, STAT, CBG, lactate,once, obtain 30 minutes after intubation

ISTAT POC (RT Collect) T;N, STAT, CBG, electrolytes, glucose, ionized calcium, Hct & Hgb,once, blood, obtain 30 minutes after intubation

ISTAT POC (RT Collect) T;N, STAT, CBG, electrolytes, glucose, ionized calcium, Hct & Hgb, lactate,once, obtain 30 minutes after intubation

Continuous Infusions

Sedatives

fentaNYL drip (pediatric) _____ mcg/kg/hr, Injection, IV, Routine, T;N, Reference Range: 0.5 to 2 mcg/kg/hr

midazolam drip (pediatric) _____ mg/kg/hr, Injection, IV, Routine, T;N, Reference Range: 0.05 to 0.2 mg/kg/hr

propofol drip (Pediatric) _____ mg/kg/hr, Injection, IV, Routine, T;N, Reference Range: 1 to 4 mg/kg/hr





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Medications		
<input type="checkbox"/>	atropine	_____ mg, (0.02 mg/kg), Injection, IV, once, STAT, T;N, Minimum dose: 0.1 mg, (0.25 mL = 0.1 mg)
<input type="checkbox"/>	pancuronium	_____ mg, (0.1 mg/kg), Injection, IV, once, STAT, T;N
<input type="checkbox"/>	rocuronium (pediatric)	_____ mg, (0.6 mg/kg), Injection, IV, once, STAT, T;N
<input type="checkbox"/>	midazolam	_____ mg, (0.1 mg/kg), Injection, IV, once, STAT, T;N
<input type="checkbox"/>	propofol	_____ mg, (1 mg/kg), Injection, IV, once, STAT, T;N
Diagnostic Tests		
<input type="checkbox"/>	Chest 1VW Frontal	T;N+15 Stat, Reason: Intubation, check ETT placement, Portable
Consults/Notifications		
<input type="checkbox"/>	Notify Physician-Continuing	T;N, For: O2 sats less than 92%, Who: _____
<input type="checkbox"/>	Notify Physician-Continuing	T;N, For: _____, Who: _____
<input type="checkbox"/>	Notify Physician-Once	T;N, For: _____, Who: _____
<input type="checkbox"/>	Notify Nurse Practitioner-Continuing	T;N, For: O2 sats less than 92%, Who: _____
<input type="checkbox"/>	Notify Nurse Practitioner-Continuing	T;N, For: _____, Who: _____
<input type="checkbox"/>	Notify Nurse Practitioner-Once	T;N, For: _____, Who: _____
<input type="checkbox"/>	Audiology Consult	T;N, Reason: _____

Date

Time

Physician's Signature

MD Number