Physician Orders PEDIATRIC: LEB GEN SURG Burn Post Op Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☑ Initiate Powerplan Phase

Phase: LEB GEN SURG Burn Admit Phase, When to Initiate: __________________________

LEB GEN SURG Burn 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
Notify For: Of room number on arrival to unit.

Vital Signs
☑ Vital Signs
Monitor and Record T,P,R,BP, q4h(std)

Activity
☑ Activity As Tolerated
Up Ad Lib

Food/Nutrition
☐ High Protein High Calorie Diet
☑ NPO Communication Nsg
See Special Instructions, May have clear liquid diet until 0600

Patient Care
☑ Intake and Output
Routine, q2h(std)
☑ Daily Weights
Routine, qEve
☑ Calorie Count
Start at: T;N
☑ Hepwell Insert/Site Care LEB
Routine, q2h(std)
☑ Cardiopulmonary Monitor
T;N Routine, Monitor Type: CP Monitor, Special Instructions: upon arrival to floor
☑ O2 Sat Monitoring NSG

Continuous Infusion
Resuscitation IV Fluids
Resuscitation Rate First 8 hours(NOTE)*
☐  +1 Hours Lactated Ringers Injection
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mL, IV, Routine, (for 8 hr), mL/hr (infuse over 8 hr), To be calculated at 3 mL/kg/% burned

☐ +8 Hours Lactated Ringers Injection
mL, IV, Routine, (for 16 hr), mL/hr (infuse over 16 hr)

Maintenance IV Fluids
☐ +1 Hours D5 1/2NS
1,000 mL, IV, Routine, mL/hr
☐ +1 Days D5 1/2 NS KCl 20 mEq/L
1,000 mL, IV, Routine, mL/hr

Medications
☐ +1 Hours morphine
0.05 mg/kg, Ped Injectable, IV, q2h, PRN Pain, Severe (8-10), Routine, (for 3 day)
☐ +1 Hours acetaminophen-HYDROcodone 325 mg-7.5 mg/15 mL oral solution
0.15 mg/kg, Liq, PO, q6h, PRN Pain, Moderate (4-7), Routine, (for 5 day), (5 mL = 2.5 mg HYDROcodone), Max dose = 10mg
☐ +1 Hours docusate
2.5 mg/kg, Liq, PO, bid, Routine, (1 mL = 10 mg) (DEF)*
50 mg, Cap, PO, bid, Routine
☐ +1 Hours acetaminophen
10 mg/kg, Liq, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4 g/day (DEF)*
Comments: For temperature greater than 38 degrees Celsius
☐ +1 Hours acetaminophen
10 mg/kg, Supp, PR, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4 g/day
Comments: For mild pain or fever greater than 38 degrees Celsius. To be used if PO is not tolerated.
☐ ibuprofen
10 mg/kg, Oral Susp, PO, q6h, PRN Fever, Routine
Comments: For fever control if not responding to acetaminophen.
☐ +1 Hours famotidine
0.5 mg/kg, Ped Injectable, IV, bid, Routine, Max Daily Dose = 20 mg/dose or 40 mg/day

Laboratory
☐ CBC
Routine, T;N, once, Type: Blood
☐ BMP
Routine, T;N, once, Type: Blood
☐ CBC
Routine, T+1;0400, once, Type: Blood
☐ BMP
Routine, T+1;0400, once, Type: Blood
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Consults/Notifications/Referrals

☐ Notify Physician-Continuing
   Notify: Resident on call, Notify For: of temperature 38.5 degrees C or urinary output less than 1mL/kg/hr over 4 hours

☐ Notify Physician-Once
   Notify: PCP, Notify For: of admission in AM

☐ Dietitian Consult/Nutrition Therapy
   Type of Consult: Calorie Count, Special Instructions: Burn Patient

☐ Physical Therapy Ped Eval & Tx
   Special Instructions: Reason: Burn, eval and treat

☐ Consult Medical Social Work
   Reason: Other, specify, Burn Patient

☐ Child Life Consult
   Other, Specify in Comments, Burn Patient

__________________   _________________   ______________________________________  __________
   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