Physician Orders PEDIATRIC: LEB ED Non-Critical Trauma Plan

LEB ED Triage Orders Non Critical Trauma
Non Categorized
Criteria: Patients between 0-18 years of age who present with trauma and do not meet the LeBonheur Trauma Stat or Trauma Alert Guidelines. (NOTE)*

Vital Signs
☑️ Vital Signs
  Monitor and Record T, P, R, BP, Per ED policy

Food/Nutrition
☑️ NPO

Patient Care
☑️ O2 Sat Monitoring NSG
  q2h(std)
☑️ Cardiopulmonary Monitor
  Stat, Monitor Type: O2 Monitor
☑️ Nursing Communication
  If there is a suspected fracture, contact the physician to obtain a diagnostic order.
☑️ Nursing Communication
  Apply moist saline bandages to any deep abrasion or laceration

LEB ED Non-Critical Trauma Phase
Non Categorized
R  Powerplan Open

Patient Care
☐ LEB ED Procedural Sedation Plan(SUB)*
☐ Bedside Glucose Nsg
  Stat
☐ IV Insert/Site Care LEB
  q2h(std)

Continuous Infusion
☐ Sodium Chloride 0.9% Bolus
  ☐ 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
☐ D5 1/2NS
Physician Orders PEDIATRIC: LEB ED Non-Critical Trauma Plan

1,000 mL, IV, STAT, mL/hr

☐ D5 1/4 NS
   1,000 mL, IV, STAT, mL/hr

☐ D5 1/2 NS KCl 20 mEq/L
   1,000 mL, IV, STAT, mL/hr

☐ D5 1/4 NS KCl 20 mEq/L
   1,000 mL, IV, STAT, mL/hr

Medications

☐ acetaminophen
   15 mg/kg, Liq, PO, once, STAT, Max Dose = 75 mg/kg/day up to 4g/day (DEF)*
   325 mg, Tab, PO, once, STAT, Max Dose = 75 mg/kg/day up to 4g/day

☐ acetaminophen
   15 mg/kg, Supp, PR, once, STAT, Max Dose = 75 mg/kg/day up to 4g/day (DEF)*
   325 mg, Supp, PR, once, STAT, Max Dose = 75 mg/kg/day up to 4g/day

☐ acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
   1 tab, PO, once, STAT, (1 tab = 5 mg HYDROcodone), Max dose = 10 mg

☐ acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
   2 tab, PO, once, STAT, (1 tab = 5mg of HYDROcodone), Max dose= 10mg

☐ acetaminophen-HYDROcodone 325 mg-7.5 mg/15 mL oral solution
   0.15 mg/kg, Liq, PO, once, STAT, (5mL = 2.5mg HYDROcodone), Max dose= 10mg

☐ morphine
   0.1 mg/kg, Ped Injectable, IV Push, once, STAT, Max initial dose = 10 mg

☐ morphine
   0.1 mg/kg, Ped Injectable, IM, once, STAT, Max initial dose = 10 mg

☐ HYDROmorphine
   0.015 mg/kg, Injection, IV Push, once, STAT, Max initial dose = 0.5 mg

☐ HYDROmorphine
   1 mg, Injection, IV Push, once, STAT

☐ ondansetron
   0.1 mg/kg, Oral Susp, PO, once, STAT, Max dose= 4mg

☐ ondansetron
   4 mg, Orally Disintegrating Tab, PO, once, STAT

☐ ondansetron
   0.1 mg/kg, Ped Injectable, IV Push, once, STAT, Max dose= 8 mg

☐ LORazepam
   0.05 mg/kg, Ped Injectable, IV Push, once, STAT, Max dose: 4 mg
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☐ EPINEPHrine-lidocaine 1:100,000-1% inj
   mL, Injection, Infiltration, once, STAT, Max dose of lidocaine = 7 mg/kg/dose
   Comments: (1 mL = 10 mg of lidocaine component)

☐ lidocaine 1% inj
   mL, Injection, Injectable, once, STAT, Max dose of lidocaine = 4.5 mg/kg/dose
   Comments: (1 mL = 10 mg)

Laboratory
☐ Type and Screen <4 months(DAT included)
   STAT, T;N, Reason: to Hold, Type: Blood
☐ Type and Screen Pediatric
   STAT, T;N, Type: Blood
☐ CBC
   STAT, T;N, once, Type: Blood
☐ BMP
   STAT, T;N, Type: Blood
☐ CMP
   STAT, T;N, once, Type: Blood
☐ AST
   STAT, T;N, once, Type: Blood
☐ ALT
   STAT, T;N, once, Type: Blood
☐ BUN
   STAT, T;N, once, Type: Blood
☐ Amylase Level
   STAT, T;N, once, Type: Blood
☐ Amylase Level LeBonheur Germantown
   STAT, T;N, once, Type: Blood
☐ Lipase Level
   STAT, T;N, once, Type: Blood
☐ Lipase Level LeBonheur Germantown
   STAT, T;N, once, Type: Blood
☐ Urinalysis w/Reflex Microscopic Exam
   STAT, T;N, once, Type: Urine, Nurse Collect
   If possibility of pregnancy, order one of below:(NOTE)*
☐ Pregnancy Screen Serum
   STAT, T;N, once, Type: Blood

Diagnostic Tests
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☐ LEB ED Diagnostic X-Ray Plan(SUB)*
☐ CT Brain/Head WO Cont
  *T;N, Reason for Exam: Trauma, Stat, Stretcher
☐ CT Cervical Spine WO Cont
  *T;N, Reason for Exam: Other, Enter in Comments, Stat, Stretcher
  Comments: Trauma
☐ LEB CT Abdomen W Cont Plan(SUB)*
☐ LEB CT Chest W Cont Plan(SUB)*
☐ LEB CT Pelvis W Cont Plan(SUB)*
☐ CT Maxillofacial Area WO Cont
  *T;N, Reason for Exam: Trauma, Stat, Stretcher

Consults/Notifications/Referrals
☐ Consult MD Group
  Orthopedic Surgery
☐ Consult MD Group
  General Surgery

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