



Physician Orders PEDIATRIC: LEB ED Acute/Suspected Bleeding with Hx of Hemophilia Plan

LEB Triage Standing Acute Bleed w Hx Hemophilia

Non Categorized

Criteria: Patients less than 18 years with a known history of hemophilia and bleeding and or suspected bleeding.(NOTE)*

Vital Signs

- Vital Signs
T;N, Routine Monitor and Record T,P,R,BP, per routine

Food/Nutrition

- NPO
Start at: T;N

Patient Care

- IV Insert/Site Care LEB
T;N, Stat, q2h(std)

LEB ED Acute Bleeding w Hx Hemophilia Phase

Non Categorized

- Powerplan Open

Medications

Note: Administer appropriate factor replacement without delay (prior to full H&P!). Dose will be rounded by Pharmacy to the nearest vial size.(NOTE)*

a. Hemophilia A (Factor VIII Deficiency)(NOTE)*

- +1 Hours Antihemophilic Factor VIII
20 units/kg, Injection, IV, q8h, Routine, dose), For Minor Hemorrhage
+1 Hours Antihemophilic Factor VIII
20 units/kg, Injection, IV, q12h, Routine, dose), For Minor Hemorrhage
+1 Hours Antihemophilic Factor VIII
30 units/kg, Injection, IV, q8h, Routine, dose), For Moderate Hemorrhage
+1 Hours Antihemophilic Factor VIII
30 units/kg, Injection, IV, q12h, Routine, dose), For Moderate Hemorrhage
+1 Hours Antihemophilic Factor VIII
50 units/kg, Injection, IV, q8h, Routine, dose), For Sever Hemorrhage
+1 Hours Antihemophilic Factor VIII
50 units/kg, Injection, IV, q12h, Routine, dose), For Severe Hemorrhage

b. Mild Hemophilia A (Factor VIII Deficiency)(NOTE)*

NOTE: Desmopressin (DDAVP) (if positive challenge response documented).(NOTE)*

- +1 Hours desmopressin
0.3 mcg/kg, Ped Injectable, IV, N/A, Routine, dose), (infuse over 30 min), For minor or moderate hemorrhage
Comments: Pharmacy to mix in 30 mL of NS
+1 Hours desmopressin 0.15 mg/inh nasal spray
1 spray, Spray, Nasal, QDay, Routine, dose), For patients less than 50 kg, To be sprayed in one





Physician Orders PEDIATRIC: LEB ED Acute/Suspected Bleeding with Hx of Hemophilia Plan

nostril every day

Comments: (1 spray = 0.15 mg)

- +1 Hours** desmopressin 0.15 mg/inh nasal spray
2 spray, Spray, Nasal, QDay, Routine, dose), For patients greater than 50kg, To be sprayed in each nostril every day

Comments: (1 spray = 0.15 mg)

NOTE: For severe hemorrhage, treat with factor VIII as in step a. above(NOTE)*

c. Hemophilia B (Factor IX Deficiency)- Recombinant Factor IX Product(NOTE)*

- +1 Hours** Factor IX
40 units/kg, Injection, IV, q12h, Routine, dose), For Minor Hemorrhage
- +1 Hours** Factor IX
40 units/kg, Injection, IV, q24h, Routine, dose), For Minor Hemorrhage
- +1 Hours** Factor IX
60 units/kg, Injection, IV, q12h, Routine, dose), For Moderate Hemorrhage
- +1 Hours** Factor IX
60 units/kg, Injection, IV, q24h, Routine, dose), For Moderate Hemorrhage
- +1 Hours** Factor IX
100 units/kg, Injection, IV, q12h, Routine, dose), For Severe Hemorrhage
- +1 Hours** Factor IX
100 units/kg, Injection, IV, q24h, Routine, dose), For Severe Hemorrhage

d. Hemophilia A or B with inhibitor - Bypass Product(NOTE)*

- +1 Hours** Factor VIIa
90 mcg/kg, Injection, IV, once, Routine
- +1 Hours** Factor VIIa
200 mcg/kg, Injection, IV, once, Routine
- +1 Hours** Factor VIIa
90 mcg/kg, Injection, IV, q2h, PRN Hemorrhage, Routine
- +1 Hours** anti-inhibitor coagulant complex
75 units/kg, Injection, IV, q24h, Routine
- +1 Hours** anti-inhibitor coagulant complex
100 units/kg, Injection, IV, q24h, Routine

NOTE: Administer other medications as clinically indicated. Aspirin and aspirin-containing products are contraindicated in individuals with hemophilia. Use non-steroidal anti-inflammatory drugs with caution.(NOTE)*

- +1 Hours** aminocaproic acid
50 mg/kg, Tab, PO, q6h, Routine, (for 4 dose), Max dose = 2 grams/dose
- +1 Hours** aminocaproic acid
100 mg/kg, Tab, PO, q6h, Routine, (for 4 dose), Max dose = 2 grams/dose
- +1 Hours** aminocaproic acid





Physician Orders PEDIATRIC: LEB ED Acute/Suspected Bleeding with Hx of Hemophilia Plan

50 mg/kg, Tab, PO, q6h, PRN Hemorrhage, Routine, day), Max dose = 2 grams/dose, May be used 3 to 10 days.

- +1 Hours** aminocaproic acid
100 mg/kg, Tab, PO, q6h, PRN Hemorrhage, Routine, day), Max dose = 2 grams/dose, May be used 3 to 10 days.
- +1 Hours** thrombin topical 5000 units powder for reconstitution
5,000 units, Powder, TOP, once, Routine, Apply to site of bleeding for skin lacerations and epistaxis
- +1 Hours** acetaminophen
 - 15 mg/kg, Tab, PO, q6h, PRN Pain, Routine, Max Dose = 75 mg/kg/day up to 4g/day (DEF)*
 - 80 mg, Chew tab, PO, q6h, PRN Pain, Routine, Max Dose = 75 mg/kg/day up to 4g/day
 - 325 mg, Tab, PO, q6h, PRN Pain, Routine, Max Dose = 75 mg/kg/day up to 4g/day

Laboratory

- CBC
STAT, T;N, once, Type: Blood, Nurse Collect
- PT/INR
STAT, T;N, once, Type: Blood, Nurse Collect
- PTT
STAT, T;N, once, Type: Blood, Nurse Collect

Diagnostic Tests

- LEB CT Brain/Head WO Cont Plan(SUB)*

Consults/Notifications/Referrals

- Notify Physician-Once
T;N, Notify: on-call Hematologist, to discuss patient
- HIM Communication
T;N, Send record of ED encounter to the St. Jude Hematology Department via fax (901-595-5696)

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

