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 Antihemophiliac Factor VIII
   20 units/kg, Injection, IV, q8h, Routine, dose ), For Minor Hemorrhage

☐ +1 Hours Antihemophiliac Factor VIII
   20 units/kg, Injection, IV, q12h, Routine, dose ), For Minor Hemorrhage

☐ +1 Hours Antihemophiliac Factor VIII
   30 units/kg, Injection, IV, q8h, Routine, dose ), For Moderate Hemorrhage

☐ +1 Hours Antihemophiliac Factor VIII
   30 units/kg, Injection, IV, q12h, Routine, dose ), For Moderate Hemorrhage

☐ +1 Hours Antihemophiliac Factor VIII
   50 units/kg, Injection, IV, q8h, Routine, dose ), For Sever 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
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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
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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