Physician Orders PEDIATRIC: LEB ED Ingestion Plan

LEB ED Triage Orders  Ingestion Phase
Non Categorized
Criteria: Patients less than 18 years of age with known or suspected ingestion either intentional or accidental. (NOTE)*

Vital Signs
☑ Vital Signs
  T;N, Stat Monitor and Record T,P,R,BP, per ED policy

Food/Nutrition
☑ NPO
  Start at: T;N

Patient Care
☑ IV Insert/Site Care LEB
  T;N, Stat, q2h(std)
☑ Bedside Glucose Nsg
  T;N, Stat
☑ O2 Sat Monitoring NSG
  T;N, q2h(std)
☑ Cardiopulmonary Monitor
  T;N Stat, Monitor Type: O2 Monitor

Respiratory Care
☑ Oxygen Delivery
  T;N, Special Instructions: Titrate to keep O2 sat at 92%, Delivery method per RT/RN

Laboratory
If possibility of pregnancy, place order below:(NOTE)*
☑ Pregnancy Screen Serum
  STAT, T;N, Type: Blood

LEB ED Ingestion Phase
Non Categorized
☑ Powerplan Open

Patient Care
☐ Bedside Glucose Nsg
  T;N, Stat
☐ Trendelenburg
  T;N
☐ NGT
  T;N, Lavage, Gastric

Respiratory Care
☐ ISTAT POC (RT Collect)
  T;N Stat

Continuous Infusion
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- **Sodium Chloride 0.9% Bolus**
  - 20 mL/kg, IV, once, STAT, (infuse over 15 min), (Bolus) (DEF)*
  - 10 mL/kg, IV, once, STAT, (infuse over 15 min), (Bolus)
  - 10 mL/kg, IV, once, STAT, (infuse over 30 min), (Bolus)
  - 20 mL/kg, IV, once, STAT, (infuse over 30 min), (Bolus)

- **Sodium Chloride 0.9%**
  - 1,000 mL, IV, STAT, mL/hr

- **D5 1/2NS**
  - 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**

- **Actidose-Aqua (charcoal)**
  - 1 g/kg, Oral Susp, PO, once, STAT, Max dose = 50 grams

- **naloxone**
  - 0.1 mg/kg, Ped Injectable, IV, once, STAT, Max dose = 2mg

- **naloxone**
  - 0.1 mg/kg, Ped Injectable, IM, once, STAT, Max dose = 2mg

- **calcium gluconate**
  - 60 mg/kg, Ped Injectable, IV, once, STAT, Give over 5 minutes, Max dose = 3 grams

**PEDIATRIC Glucagon Dose(NOTE)***

- **glucagon**
  - 0.05 mg/kg, Injection, IV, once, STAT, (PEDS Loading dose)
  - Comments: Comments: Beta and calcium channel blockers overdose

**+1 Hours Glucagon Drip (Pediatric) (IVS)***

- Dextrose 5% in Water
  - 90 mL, IV, Routine, (PEDS Continuous Infusion)
  - Comments: Beta and calcium channel blockers overdose

- glucagon (additive)
  - 10 mg, 0.07 mg/kg/hr

**ADULT Glucagon Dose(NOTE)***

- **glucagon**
  - 3 mg, Injection, IV, once, STAT, (infuse over 1 min), (ADULT Loading Dose)
  - Comments: Max Dose = 10 mg
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**+1 Hours** Glucagon Drip (Adult) (IVS)*
- Dextrose 5% in Water
  - 90 mL, IV, Routine, (ADULT Continuous Infusion)
- glucagon (additive)
  - 10 mg, 1 mg/hr

- Dextrose 25% in water Syringe
  - 4 mL/kg, Injection, IV Push, once, STAT, Must dilute to 12.5% for peripheral line infusion

- Dextrose 50% in water Syringe
  - 2 mL/kg, Injection, IV Push, once, STAT, Must dilute to 12.5% for peripheral line infusion

- sodium bicarbonate
  - 1 mEq/Kg, Ped Injectable, IV Push, once, STAT
  - Comments: Sodium bicarbonate 8.4% for patients greater than 5 kg. Sodium bicarbonate 4.2% to be used in patients less than 5 kg.

- atropine
  - 0.02 mg/kg, Injection, IV Push, once, STAT, minimum dose 0.1mg

- methylene blue
  - 1 mg/kg, Injection, IV Push, once, STAT

- acetylcysteine 20% intravenous solution
  - 150 mg/kg, Injection, IV, once, STAT, (infuse over 1 hr)
  - Comments: Max dose: 15 grams; To be infused over 1 hour

**Laboratory**
- CBC
  - STAT, T;N, once, Type: Blood

- BMP
  - STAT, T;N, once, Type: Blood

- CMP
  - STAT, T;N, once, Type: Blood

- Acetaminophen Level
  - STAT, T;N, once, Type: Blood

- Alcohol Level
  - STAT, T;N, once, Type: Blood

- PT
  - STAT, T;N, once, Type: Blood

- PTT
  - STAT, T;N, once, Type: Blood

- Salicylate Level
  - STAT, T;N, once, Type: Blood

- Ammonia Level
  - STAT, T;N, once, Type: Blood
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☐ Osmolality Serum
   STAT, T;N, once, Type: Blood

☐ Drug Screen Urine Stat LEB
   STAT, T;N, once, Type: Urine, Nurse Collect

☐ Urinalysis w/Reflex Microscopic Exam
   STAT, T;N, Type: Urine, Nurse Collect
   If possibility of pregnancy, place order below:(NOTE)*

☐ Pregnancy Screen Serum
   STAT, T;N, once, Type: Blood

☐ Drug Test, General Toxicology, Referred

Diagnostic Tests

☐ EKG
   Start at: T;N, Priority: Stat, Reason: Other, specify, Transport: Portable
   Comments: Drug Overdose

☐ Chest 1VW Frontal
   T;N, Reason for Exam: Other, Enter in Comments, Stat, Portable
   Comments: Drug Overdose

☐ CT Brain/Head WO Cont
   T;N, Reason for Exam: Other, Enter in Comments, Stat, Portable

Consults/Notifications/Referrals

☐ Consult MD Group
   T;N, Psychiatry

☐ Medical Social Work Consult
   T;N, Stat

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