UMC Health System		Patient Label Here	
PI	CU GENERAL PLAN		
	PHYSICIA	N ORDERS	
Diagnos			
Weight			
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order detail box(es) where applicable.	
ORDER	ORDER DETAILS		
	Patient Care		
	Vital Signs Per Unit Standards		
	Daily Weight		
	Patient Activity Bedrest	Up Ad Lib/Activity as Tolerated	
	Strict Intake and Output Per Unit Standards q2h	□ q1h □ q4h	
	Insert Peripheral Line Maintain 2 peripheral lines		
	Insert Urinary Catheter Foley, To: Dependent Drainage Bag		
	Insert Gastric Tube INasogastric - NG, To: Low Intermittent Suction Nasogastric - NG, To: Low Constant Suction	 Orogastric - OG, To: Low Intermittent Suction Orogastric - OG, To: Low Constant Suction 	
	Apply Sequential Compression Device		
Perform Neurological Checks			
Communication			
	Notify Provider/Primary Team of Pt Admit Now In AM	Upon Arrival to Floor/Unit	
	Notify Nurse (DO NOT USE FOR MEDS)		
	Notify Provider of VS Parameters		
	Notify Provider (Misc) Reason: Pain score greater than 4		
	Dietary Oral Diet Regular Diet		
	NPO Diet		
	NPO	NPO, Except Meds	
	NPO, Except Ice Chips	NPO, Except Meds, Except Ice Chips	
	NS (Normal Saline)		
	D5 1/2 NS + 20 mEq KCI/L IV, mL/hr		
🗆 то	Read Back	Scanned Powerchart Scanned PharmScan	
	en by Signature:		
Physician	Signature:	Date Time	

1 of 25

UMC	Health	System
-----	--------	--------

PICU GENERAL PLAN

	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific ord	ler detail box(es) where applicable.	
ORDER	ORDER DETAILS			
	D5 1/2 NS □ IV, mL/hr			
	D5NS + 20 mEq KCI/L □ IV, mL/hr			
	heparin 500 units/500 mL NS (PICU A-Line (heparin 500 units/500 ml IV, See order comments A-line rate mL/hr (1-3 mL/hr) CVP Line rate mL/hr (1-3 mL/hr)	- NS (PICU A-Line))		
	500 units, Every Bag			
	Medications Medication sentences are per dose. You will need to calculate a tot	al daily doop if pooded		
	famotidine (famotidine pediatric) □ 0.25 mg/kg, PO, liq, BID Recommended maximum of 20 mg/dose. □ 0.5 mg/kg, IVPush, inj, q12h Recommended maximum of 20 mg/dose. □ 20 mg, IVPush, inj, q12h Recommended maximum of 20 mg/dose.			
	Respiratory			
	 albuterol (albuterol-inhalation pediatric) 0.05 mg/kg, inhalation, soln, q4h, PRN wheezing Recommended usual dose should not exceed 2.5 mg/dose. 0.05 mg/kg, inhalation, soln, q4h Recommended usual dose should not exceed 2.5 mg/dose. 0.05 mg/kg, inhalation, soln, q2h, PRN wheezing Recommended usual dose should not exceed 2.5 mg/dose. 0.05 mg/kg, inhalation, soln, q2h Recommended usual dose should not exceed 2.5 mg/dose. 0.05 mg/kg, inhalation, soln, q2h Recommended usual dose should not exceed 2.5 mg/dose. 0.1 mg/kg, inhalation, soln, q4h, PRN wheezing Recommended usual dose should not exceed 2.5 mg/dose. 0.1 mg/kg, inhalation, soln, q4h Recommended usual dose should not exceed 2.5 mg/dose. 0.1 mg/kg, inhalation, soln, q4h Recommended usual dose should not exceed 2.5 mg/dose. 0.1 mg/kg, inhalation, soln, q2h, PRN wheezing Recommended usual dose should not exceed 2.5 mg/dose. 0.1 mg/kg, inhalation, soln, q2h, PRN wheezing Recommended usual dose should not exceed 2.5 mg/dose. 0.1 mg/kg, inhalation, soln, q2h Recommended usual dose should not exceed 2.5 mg/dose. 0.1 mg/kg, inhalation, soln, q2h Recommended usual dose should not exceed 2.5 mg/dose. 			
	 albuterol (albuterol-Continuous) 5 mg/hr, inhalation-continuous, q4h Final Concentration = 5 mg/mL. Pharmacy to prepare in AEROGEN s 7.5 mg/hr, inhalation-continuous, q4h Final Concentration = 5 mg/mL. Pharmacy to prepare in AEROGEN s 10 mg/hr, inhalation-continuous, q4h Final Concentration = 5 mg/mL. Pharmacy to prepare in AEROGEN s 15 mg/hr, inhalation-continuous, q4h Final Concentration = 5 mg/mL. Pharmacy to prepare in AEROGEN s 20 mg/hr, inhalation-continuous, q4h Final Concentration = 5 mg/mL. Pharmacy to prepare in AEROGEN s 20 mg/hr, inhalation-continuous, q4h Final Concentration = 5 mg/mL. Pharmacy to prepare in AEROGEN s 	syringe for CONTINUOUS INI syringe for CONTINUOUS INI syringe for CONTINUOUS INI	HALATION ONLY. HALATION ONLY. HALATION ONLY.	
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan	
Order Take	n by Signature:	Date	Time	
	Signature:			



	UMC Health System	Patient Label Here
	CU GENERAL PLAN	
	PHYSICIA	N ORDERS
	Place an "X" in the Orders column to designate orders of choice AN	
ORDER		
	Laboratory	
	CBC with Differential	
	PTT	
	Basic Metabolic Panel	
	Comprehensive Metabolic Panel	
	Amylase Level	
	Lipase Level	
	C Reactive protein	
	Urinalysis	
	Culture Urine	
	Culture Blood	
	Culture Respiratory with Gram Stain	
	Diagnostic Tests	
	DX Chest Portable	
	DX Chest PA & Lateral	
	DX Abdomen AP (KUB)	
	EKG-12 Lead	
	Pediatric TEE	
	Respiratory	
	Arterial Blood Gas	
	Oxygen Therapy ☐ Via: Nasal cannula, Keep sats greater than: 90 ☐ Via: Simple mask, Keep sats greater than: 90 ☐ Via: Nonrebreather mask, Keep sats greater than: 90	 Via: High Flow Nasal Cannula, Keep sats greater than: 90 Via: Venturi mask, Keep sats greater than: 90 Via: Trach collar, Keep sats greater than: 90
	Chest Physiotherapy	
	Consults/Referrals	
	Consult Dietitian	
	Additional Orders	
🗆 то	Read Back	Scanned Powerchart Scanned PharmScan
Order Take	n by Signature:	Date Time
Physician	Signature:	Date Time
		1201



PICU GENERAL PLAN Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable. ORDER ORDER DETAILS Image: Control of the order of the		UMC Health System	Pa	tient Label Here
Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable. ORDER RRDER DETAILS	PI	CU GENERAL PLAN		
Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable. ORDER RRDER DETAILS Image: Imag				
ORDER ORDER DETAILS Image:		PHYSICIA	N ORDERS	
Image: Control of the set of the se			D an "x" in the specific ord	er detail box(es) where applicable.
Order Taken by Signature: Date Time	ORDER	ORDER DETAILS		
Order Taken by Signature: Date Time				
Order Taken by Signature: Date Time				
Order Taken by Signature: Date Time				
Order Taken by Signature: Date Time				
Order Taken by Signature: Date Time				
Order Taken by Signature: Date Time				
Order Taken by Signature: Date Time				
Order Taken by Signature: Date Time				
Order Taken by Signature: Date Time				
Order Taken by Signature: Date Time				
Order Taken by Signature: Date Time				
Order Taken by Signature: Date Time				
Order Taken by Signature: Date Time				
Order Taken by Signature: Date Time				
Order Taken by Signature: Date Time				
Order Taken by Signature: Date Time				
Order Taken by Signature: Date Time				
Order Taken by Signature: Date Time				
Order Taken by Signature: Date Time				
Order Taken by Signature: Date Time				
Order Taken by Signature: Date Time				
Order Taken by Signature: Date Time				
Order Taken by Signature: Date Time				
Order Taken by Signature: Date Time				
Order Taken by Signature: Date Time				
Order Taken by Signature: Date Time				
Order Taken by Signature: Date Time				
Order Taken by Signature: Date Time				
	П то	Read Back	Scanned Powerchart	Scanned PharmScan
Physician Signature:	Order Take	n by Signature:	Date	Time
	Physician S	Signature:	Date	Time



UM	СН	ealth	Svs	tem
•				

PEDIATRIC CENTRAL IV FLUSH SDO - DR. T. KASEMSRI

	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
ORDER	ORDER DETAILS			
	Patient Care			
	Please order under Dr. T. Kasemsri and use STANDING DELEGATION	per policy #819.1		
	Flush CVL catheter with heparin solution every 12 hours even with a continuous infusion.			
	Upon completion of medication administration, the CVL will be flushed with 3 mL of normal saline followed by heparin flush as ordered.			
	Medications			
	Medication sentences are per dose. You will need to calculate a tot	al daily dose if needed.		
	 sodium chloride (Normal Saline Flush) ☐ 3 mL, IVPush, as needed, PRN flush Ordered per Pediatric Central IV Flush Standing Delegate Order. Upon completion of medication may give up to 5 mL as needed. CVL's will be flushed with 3 mL of normal saline followed by heparin f 	lush as ordered.		
	For Intermittent Flush			
	***Use heparin flush 10 units/mL for patients weighing LESS than 18 kg	***		
	If patient's weight is 4-10 kg, use 1.5 mL. If weight is GREATER than	10 kg, use 3 mL.		
	 heparin flush (heparin flush 10 units/mL injection (PEDI)) □ 1.5 mL, IVPush, syringe, q12h, PRN flush, after saline flush. Ordered per Pediatric Central IV Flush Standing Delegate Order. Flush CVL catheter with heparin solution every 12 hours even with a distribution of a mL, IVPush, syringe, q12h, PRN flush, after saline flush. Ordered per Pediatric Central IV Flush Standing Delegate Order. Flush CVL catheter with heparin solution every 12 hours even with a distribution of the period. 			
	Use heparin flush 100 units/mL for patients weighing GREATER than	or EQUAL to 18 kg*		
	 heparin flush (heparin flush 100 units/mL injection) ☐ 3 mL, IVPush, syringe, q12h, PRN flush, after saline flush. Ordered per Pediatric Central IV Flush Standing Delegate Order. Flush CVL catheter with heparin solution every 12 hours even with a context of the second se	continuous infusion.		
	For Terminal Flush			
	If patient's weight is 4-10 kg, use 1.5 mL. If weight is GREATER than	10 kg, use 3 mL.		
	 heparin flush (heparin flush 100 units/mL injection) ☐ 1.5 mL, IVPush, inj, ONE TIME Ordered per Pediatric Central IV Flush Standing Delegate Order. After continuous fluids are discontinued. Continued on next page 			
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan	
Order Take	n by Signature:	Date	Time	
Physician Signature:		Date	Time	



	UMC Health System	_	
PE KA	EDIATRIC CENTRAL IV FLUSH SDO - DR. T. ASEMSRI	Pa	atient Label Here
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific ord	er detail box(es) where applicable.
ORDER	ORDER DETAILS		
	3 mL, IVPush, inj, ONE TIME Ordered per Pediatric Central IV Flush Standing Delegate Order. After continuous fluids are discontinued.		
🗆 то		Scanned Powerchart	Scanned PharmScan
	n by Signature:		
Physician	Signature:	Date	Time



	UMC Health System	P	atient Label Here
PI	CU CONTINUOUS MED INFUSION PLAN		
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific ord	er detail box(es) where applicable.
ORDER	ORDER DETAILS		
	IV Solutions		
	Notify Provider (Misc) Reason: Contact provider if a titratable drip is increased by 1/2 of the	maximum rate in a 4 hour pe	riod.
	Titratable		
	Standard Concentration		
	DOBUTamine 100 mg/50 mL D5W (PICU) - Tit (DOBUTamine 100 mg/ IVsyr, Max titration: 1 mcg/kg/min every 10 minutes, Max dose: 20 mc Final concentration= 2 mg/mL (2,000 mcg/mL). Start at rate:mcg/kg/min		ble)
	DOPamine 80 mg/50 mL D5W (PICU) - Titrat (DOPamine 80 mg/50 mL D5W (PICU) - Titratable) □ IVsyr, Max titration: 2 mcg/kg/min every 10 minutes, Max dose: 20 mcg/kg/min Final concentration= 1.6 mg/mL (1,600 mcg/mL) □ Start at rate:mcg/kg/min		
	EPINEPHrine 1.25 mg/50 mL NS (PICU) - Ti (EPINEPHrine 1.25 mg/50 mL NS (PICU) - Titratable) IVsyr, Max titration: 0.02 mcg/kg/min every 10 minutes, Max dose: 3 mcg/kg/min Final concentration= 0.025 mg/mL (25 mcg/mL). Start at rate:mcg/kg/min		
	milrinone 5 mg/50 mL NS (PICU) - Titrata (milrinone 5 mg/50 mL NS (IVsyr, Max titration: 0.25 mcg/kg/min every 2 hours, Max dose: 1 mcg Final concentration 0.1 mg/mL (100 mcg/mL). Start at rate: mcg/kg/min		
	isoproterenol 1.6 mg/50 mL D5W (PICU) - (isoproterenol 1.6 mg/50 mL D5W (PICU) - Titratable) □ IVsyr, Max titration: 0.05 mcg/kg/min every 30 minutes, Max dose: 2 mcg/kg/min Final concentration = 0.032 mg/mL (32 mcg/mL). □ Start at rate: mcg/kg/min		
	Iidocaine 200 mg/50 mL D5W (PICU) - Titr (lidocaine 200 mg/50 mL D □ IVsyr, Max titration: 5 mcg/kg/min every 1 hour, Max dose: 50 mcg/kg Obtainment of sinus rhythm Final concentration = 4 mg/mL (4,000 mcg/mL). □ Start at rate:		See alternative goal N/A,
	nitroPRUSSIDE 5 mg/50 mL D5W (PICU) - Ti (nitroPRUSSIDE 5 mg/50 IVsyr, Max titration: 0.1 mcg/kg/min every 10 minutes, Max dose: 1.5 Final Concentration = 0.1 mg/mL (100 mcg/mL). Start at rate:mcg/kg/min		e)
	norepinephrine 0.8 mg/50 mL NS (PICU) - (norepinephrine 0.8 mg/50 mL NS (PICU) - Titratable) IVsyr, Max titration: 0.02 mcg/kg/min every 10 minutes, Max dose: 3 mcg/kg/min Final Concentration = 0.016 mg/mL (16 mcg/mL). Start at rate: mcg/kg/min		
	Maximum Concentration		
	DOBUTamine 200 mg/50 mL D5W (PICU) - Tit (DOBUTamine 200 mg/50 mL D5W (PICU) - Titratable) ☐ IVsyr, Max titration: 1 mcg/kg/min every 10 minutes, Max dose: 20 mcg/kg/min Final concentration= 4 mg/mL (4,000 mcg/mL). ☐ Start at rate:mcg/kg/min		
□ то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	en by Signature:	Date	Time
	Signature:		



	UMC Health System	Patient Label Here	
Pl	CU CONTINUOUS MED INFUSION PLAN		
		N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order detail box(es) where applicable	
RDER			
	DOPamine 160 mg/50 mL D5W (PICU) - Titra (DOPamine 160 mg/50 mL D5W (PICU) - Titratable) □ IVsyr, Max titration: 2 mcg/kg/min every 10 minutes, Max dose: 20 mcg/kg/min Final concentration= 3.2 mg/mL (3,200 mcg/mL) □ Start at rate: mcg/kg/min		
	EPINEPHrine 2.5 mg/50 mL NS (PICU) - Tit (EPINEPHrine 2.5 mg/50 m ☐ IVsyr, Max titration: 0.02 mcg/kg/min every 10 minutes, Max dose: 3 m Final concentration= 0.05 mg/mL (50 mcg/mL). ☐ Start at rate:mcg/kg/min		
	milrinone 10 mg/50 mL NS (PICU) - Titrat (milrinone 10 mg/50 mL NS (PICU) - Titratable) IVsyr, Max titration: 0.25 mcg/kg/min every 2 hours, Max dose: 1 mcg/kg/min Final concentration 0.2 mg/mL (200 mcg/mL). Start at rate: mcg/kg/min		
	isoproterenol 3.2 mg/50 mL D5W (PICU) - (isoproterenol 3.2 mg/50 mL D5W (PICU) - Titratable) IVsyr, Max titration: 0.05 mcg/kg/min every 30 minutes, Max dose: 2 mcg/kg/min Final concentration = 0.064 mg/mL (64 mcg/mL). Start at rate: mcg/kg/min Idocaine 400 mg/50 mL D5W (PICU) - Titr (Iidocaine 400 mg/50 mL D5W (PICU) - Titratable) IVsyr, Max titration: 5 mcg/kg/min every 1 hour, Max dose: 50 mcg/kg/min, Titration goal(s): N/A - See alternative goal N/A, Obtainment of sinus rhythm Final concentration = 8 mg/mL (8,000 mcg/mL). Start at rate: mcg/kg/min nitroPRUSSIDE 10 mg/50 mL D5W (PICU) - T (nitroPRUSSIDE 10 mg/50 mL D5W (PICU) - Titratable) IVsyr, Max titration: 0.1 mcg/kg/min every 10 minutes, Max dose: 1.5 mcg/kg/min Final Concentration = 0.2 mg/mL (200 mcg/mL). Start at rate: mcg/kg/min		
	norepinephrine 1.6 mg/50 mL NS (PICU) - (norepinephrine 1.6 mg/50 IVsyr, Max titration: 0.02 mcg/kg/min every 10 minutes, Max dose: 3 r Final Concentration = 0.032 mg/mL (32 mcg/mL) Start at rate:mcg/kg/min		
	Minimum Concentration		
	DOBUTamine 50 mg/50 mL D5W (PICU) - Titr (DOBUTamine 50 mg/50 □ IVsyr, Max titration: 1 mcg/kg/min every 10 minutes, Max dose: 20 mc Final concentration= 1 mg/mL (1,000 mcg/mL). □ Start at rate:mcg/kg/min		
	DOPamine 40 mg/50 mL D5W (PICU) - Titrat (DOPamine 40 mg/50 mL D5W (PICU) - Titratable) IVsyr, Max titration: 2 mcg/kg/min every 10 minutes, Max dose: 20 mcg/kg/min Final concentration= 0.8 mg/mL (800 mcg/mL). Start at rate: mcg/kg/min		
EPINEPHrine 0.5 mg/50 mL NS (PICU) - Tit (EPINEPHrine 0.5 mg/50 mL NS (PICU) - Titratable) IVsyr, Max titration: 0.02 mcg/kg/min every 10 minutes, Max dose: 3 mcg/kg/min Final concentration= 0.01 mg/mL (10 mcg/mL). Start at rate: mcg/kg/min			
⊐то			
	Read Back	Scanned Powerchart Scanned PharmScan	

Physician Signature: _

Date



______Time ______

	UMC Health System	Pat	ient Label Here
PI	CU CONTINUOUS MED INFUSION PLAN		
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific orde	r detail box(es) where applicable.
ORDER	ORDER DETAILS	•	
	isoproterenol 0.8 mg/50 mL D5W (PICU) - (isoproterenol 0.8 mg/50 mL D5W (PICU) - Titratable) □ IVsyr, Max titration: 0.05 mcg/kg/min every 30 minutes, Max dose: 2 mcg/kg/min Final concentration = 0.016 mg/mL (16 mcg/mL). □ Start at rate:mcg/kg/min		
	Fixed Rate		
	Standard Concentration		
	DOBUTamine 100 mg/50 mL D5W (PICU) - Fix (DOBUTamine 100 mg/	50 mL D5W (PICU) - Fixed R	ate)
	IVsyr Final concentration= 2 mg/mL (2,000 mcg/mL). Provider order require Start at rate:mcg/kg/min	d for ALL rate changes.	
	DOPamine 80 mg/50 mL D5W (PICU) - Fixed (DOPamine 80 mg/50 ml		
	Final concentration= 1.6 mg/mL (1,600 mcg/mL). Provider order requi	red for ALL rate changes.	
	EPINEPHrine 1.25 mg/50 mL NS (PICU) - Fi (EPINEPHrine 1.25 mg/50 mL NS (PICU) - Fixed Rate)		
	Final concentration= 0.025 mg/mL (25 mcg/mL). Provider order requir	_	
	milrinone 5 mg/50 mL NS (PICU) - Fixed R (milrinone 5 mg/50 mL NS (PICU) - Fixed Rate)		
	Final concentration 0.1 mg/mL (100 mcg/mL). Provider order required Start at rate:mcg/kg/min	for ALL rate changes.	
	isoproterenol 1.6 mg/50 mL D5W (PICU)- (isoproterenol 1.6 mg/50 ml	D5W (PICU) - Fixed Rate)	
	IVsyr Final concentration = 0.032 mg/mL (32 mcg/mL). Provider order requi Start at rate:mcg/kg/min	red for ALL rate changes.	
	lidocaine 200 mg/50 mL D5W (PICU) - Fixe (lidocaine 200 mg/50 mL I	95W (PICU) - Fixed Rate)	
	IVsyr Final concentration = 4 mg/mL (4,000 mcg/mL). Provider order require Start at rate:mcg/kg/min	ed for ALL rate changes.	
	nitroPRUSSIDE 5 mg/50 mL D5W (PICU) - Fi (nitroPRUSSIDE 5 mg/50	mL D5W (PICU) - Fixed Rate	9)
	IVsyr Final Concentration = 0.1 mg/mL (100 mcg/mL). Provider order requi Start at rate:mcg/kg/min	red for ALL rate changes.	
	norepinephrine 0.8 mg/50 mL NS (PICU) - (norepinephrine 0.8 mg/50	mL NS (PICU) - Fixed Rate)	
	 IVsyr Final Concentration = 0.016 mg/mL (16 mcg/mL). Provider order required for ALL rate changes. Start at rate:mcg/kg/min 		
	Maximum Concentration		
	DOBUTamine 200 mg/50 mL D5W (PICU) - Fix (DOBUTamine 200 mg/50 mL D5W (PICU) - Fixed Rate) IVsyr Final concentration= 4 mg/mL (4,000 mcg/mL). Provider order required for ALL rate changes. Start at rate:mcg/kg/min		
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	en by Signature:	Date	Time

Physician Signature:

Date



Time

UMC Health System

PICU CONTINUOUS MED INFUSION PLAN

	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" i	n the specific order	detail box(es) where applicable.	
ORDER	R ORDER DETAILS			
	DOPamine 160 mg/50 mL D5W (PICU) - Fixed (DOPamine 160 mg/50 mL D5W (IVsyr Final concentration= 3.2 mg/mL (3,200 mcg/mL). Provider order required for ALI Start at rate:mcg/kg/min			
	EPINEPHrine 2.5 mg/50 mL NS (PICU) - Fix (EPINEPHrine 2.5 mg/50 mL NS (PICU) - Fix (EPINEPHrine 2.5 mg/50 mL NS (PICU) - IVsyr Final concentration= 0.05 mg/mL (50 mcg/mL). Provider order required for ALL r Start at rate:mcg/kg/min	, ,		
	milrinone 10 mg/50 mL NS (PICU) - Fixed (milrinone 10 mg/50 mL NS (PICU) - F IVsyr Final concentration 0.2 mg/mL (200 mcg/mL). Provider order required for ALL ra Start at rate:mcg/kg/min			
	isoproterenol 3.2 mg/50 mL D5W (PICU) - (isoproterenol 3.2 mg/50 mL D5W (PI IVsyr Final concentration = 0.064 mg/mL (64 mcg/mL). Provider order required for ALL Start at rate:mcg/kg/min			
	Iidocaine 400 mg/50 mL D5W (PICU) - Fixe (Iidocaine 400 mg/50 mL D5W (PICU) IVsyr Final concentration = 8 mg/mL (8,000 mcg/mL). Provider order required for ALL Start at rate: mcg/kg/min			
	nitroPRUSSIDE 10 mg/50 mL D5W (PICU) - F (nitroPRUSSIDE 10 mg/50 mL D5W IVsyr Final Concentration = 0.2 mg/mL (200 mcg/mL). Provider order required for ALL Start at rate:mcg/kg/min		ite)	
	norepinephrine 1.6 mg/50 mL NS (PICU) - (norepinephrine 1.6 mg/50 mL NS (P IVsyr Final Concentration = 0.032 mg/mL (32 mcg/mL). Provider order required for AL Start at rate:mcg/kg/min			
	Minimum Concentration DOBUTamine 50 mg/50 mL D5W (PICU) - Fixe (DOBUTamine 50 mg/50 mL D5W IVsyr Final concentration= 1 mg/mL (1,000 mcg/mL). Provider order required for ALL r Start at rate:mcg/kg/min		e)	
	DOPamine 40 mg/50 mL D5W (PICU) - Fixed (DOPamine 40 mg/50 mL D5W (PIC IVsyr Final concentration= 0.8 mg/mL (800 mcg/mL). Provider order required for ALL r Start at rate:mcg/kg/min			
	EPINEPHrine 0.5 mg/50 mL NS (PICU) - Fix (EPINEPHrine 0.5 mg/50 mL NS (PICU) - Fixed Rate) IVsyr Final concentration= 0.01 mg/mL (10 mcg/mL). Provider order required for ALL rate changes. Start at rate:mcg/kg/min			
	isoproterenol 0.8 mg/50 mL D5W (PICU)- (isoproterenol 0.8 mg/50 mL D5W (PICU)- IVsyr Final concentration = 0.016 mg/mL (16 mcg/mL). Provider order required for ALL Start at rate:mcg/kg/min			
Пто	O 🗌 Read Back 🗌 Scanned	d Powerchart	Scanned PharmScan	
Order Take	aken by Signature: Dat	e	Time	
Physician Signature: Time Date Time			Time	

10 of 25



	UMC Health System		
PEDIATRIC DISCOMFORT MED PLAN		Pat	ient Label Here
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific orde	r detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Medications		
	Medication sentences are per dose. You will need to calculate a tota	al daily dose if needed.	
	Analgesics for Mild Pain ***Select only ONE of the following for Mild Pain***		
	acetaminophen (acetaminophen pediatric)		
	***Do not exceed 2,600 mg of acetaminophen from all sources in 24 h	ours if under the age of 12 vea	ars. For all others do not
	exceed 4,000 mg of acetaminophen from all sources in 24 hour***	5 ,	
	15 mg/kg, NGT/PO, liq, q4h, PRN pain-mild (scale 1-3)	ouro if under the area of 40	re For all others do not
	Do not exceed 2,600 mg of acetaminophen from all sources in 24 h exceed 4,000 mg of acetaminophen from all sources in 24 hour	ours if under the age of 12 yea	ars. For all others do not
	☐ 325 mg, NGT/PO, tab, q4h, PRN pain-mild (scale 1-3)		
	***Do not exceed 2,600 mg of acetaminophen from all sources in 24 h	ours if under the age of 12 yea	ars. For all others do not
	exceed 4,000 mg of acetaminophen from all sources in 24 hour***		
	***Do not exceed 2,600 mg of acetaminophen from all sources in 24 h	ours if under the age of 12 yea	ars. For all others do not
	exceed 4,000 mg of acetaminophen from all sources in 24 hour***	5 ,	
	10 mg/kg, rectally, supp, q4h, PRN pain-mild (scale 1-3)		
	Do not exceed 2,600 mg of acetaminophen from all sources in 24 h exceed 4,000 mg of acetaminophen from all sources in 24 hour	ours if under the age of 12 yea	ars. For all others do not
	exceed 4,000 mg of acetaminophen from all sources in 24 nour ^{***} ☐ 15 mg/kg, rectally, supp, q6h, PRN pain-mild (scale 1-3)		
	***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not		
	exceed 4,000 mg of acetaminophen from all sources in 24 hour***		
	325 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3) ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not		
	exceed 4,000 mg of acetaminophen from all sources in 24 hour***		
	500 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3)		E II Marca ala mat
	Do not exceed 2,600 mg of acetaminophen from all sources in 24 h exceed 4,000 mg of acetaminophen from all sources in 24 hour	ours if under the age of 12 yea	ars. For all others do not
	• •		
	ibuprofen (ibuprofen pediatric)		
	└ 5 mg/kg, PO, liq, q6h, PRN pain-mild (scale 1-3) Give with food		
	10 mg/kg, PO, liq, q6h, PRN pain-mild (scale 1-3)		
	Give with food		
	Analgesics for Moderate Pain		
	Select only ONE of the following for Moderate Pain		
	HYDROcodone-acetaminophen: Recommended not to exceed 15 mL/	dose	
	ketorolac		
	\Box 0.5 mg/kg, IVPush, inj, q6h, x 24 hr		
	Recommended maximum pediatric dose = 15 mg		
	└ 0.5 mg/kg, IVPush, inj, q6h, x 48 hr Recommended maximum pediatric dose = 15 mg		
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	n by Signature:	Date	Time
			Time
Physician Signature:		Datt	I IIIV



	UMC Health System				
P	EDIATRIC DISCOMFORT MED PLAN	P	atient Label Here		
		N ORDERS			
	Place an "X" in the Orders column to designate orders of choice AN ORDER DETAILS	D an "x" in the specific ord	ler detail box(es) where applicable.		
ORDER	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen (Nor	co) 7 5 ma-325 ma/15 ml	oral solution)		
	 0.2 mL/kg, PO, soln, q4h, PRN pain-moderate (scale 4-7) ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 h 				
	exceed 4,000 mg of acetaminophen from all sources in 24 hours***				
	 Do not exceed 2,600 mg of acetaminophen from all sources in 24 h exceed 4,000 mg of acetaminophen from all sources in 24 hours 5 mL, PO, soln, q4h, PRN pain-moderate (scale 4-7) 	ours if under the age of 12 y	ears. For all others do not		
	Do not exceed 2,600 mg of acetaminophen from all sources in 24 h exceed 4,000 mg of acetaminophen from all sources in 24 hours	ours if under the age of 12 y	ears. For all others do not		
	10 mL, PO, soln, q4h, PRN pain-moderate (scale 4-7) ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 h	ours if under the age of 12 v	ears For all others do not		
	exceed 4,000 mg of acetaminophen from all sources in 24 hours***				
	Analgesics for Severe Pain				
	0.1 mg/kg, IVPush, inj, q2h, PRN pain-severe (scale 8-10)	☐ 0.5 mg/kg, PO, liq, q3h,	PRN pain-severe (scale 8-10)		
	Recommended maxiumum dose is 2 mg. 0.2 mg/kg, IVPush, inj, q4h, PRN pain-severe (scale 8-10)				
	Recommended maxiumum dose is 2 mg. 2 mg, IVPush, inj, q4h, PRN pain-severe (scale 8-10), For patients weighing greater than or equal to 40 kg				
	For patients weighing greater than or equal to 40 kg				
	Scheduled Analgesics				
	Gabapentin frequency increases over a three day period. Select all gabapentin orderables, using the same dose for each day.				
	gabapentin 5 mg/kg, PO, liq, Nightly, x 1 dose, Day 1. For patients 3-11 years old.				
	Recommended MAX dose of 300 mg. 100 mg, PO, cap, Nightly, x 1 dose, Day 1. For patients GREATER than 11 years old.				
	 200 mg, PO, cap, Nightly, x 1 dose, Day 1. For patients GREATER than 11 years old. 300 mg, PO, cap, Nightly, x 1 dose, Day 1. For patients GREATER than 11 years old. 				
	gabapentin				
	5 mg/kg, PO, liq, BID, x 2 dose, Day 2. For patients 3-11 years old. Recommended MAX dose of 300 mg.				
	100 mg, PO, cap, BID, x 2 dose, Day 2. For patients GREATER than				
	 200 mg, PO, cap, BID, x 2 dose, Day 2. For patients GREATER than 11 years old. 300 mg, PO, cap, BID, x 2 dose, Day 2. For patients GREATER than 11 years old. 				
	gabapentin				
	↓ 5 mg/kg, PO, liq, TID, x 3 dose, Day 3. For patients 3-11 years old. Recommended MAX dose of 300 mg.				
	 100 mg, PO, cap, TID, x 3 dose, Day 3. For patients GREATER than 11 years old. 200 mg, PO, cap, TID, x 3 dose, Day 3. For patients GREATER than 11 years old. 				
	300 mg, PO, cap, TID, x 3 dose, Day 3. For patients GREATER than 11 years old.				
	Anti-pyretics				
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan		
Order Taken by Signature: Date Time			Time		
Physician Signature: Date Time					
			1201		



PEDIATRIC DISCOMFORT MED PLAN

Patient Label Here

	PHYSICIAN ORDERS			
Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.				
ORDER	ORDER DETAILS			
	Select only ONE of the following for Fever			
	acetaminophen (acetaminophen pediatric)			
	 10 mg/kg, NGT/PO, liq, q4h, PRN fever ***Do not exceed 2,600 mg of acetaminophen from all sources in exceed 4,000 mg of acetaminophen from all sources in 24 hour** 15 mg/kg, NGT/PO, liq, q6h, PRN fever 		years. For all others do not	
	Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour 325 mg, NGT/PO, tab, q4h, PRN fever			
	Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do notexceed 4,000 mg of acetaminophen from all sources in 24 hour			
	 500 mg, NGT/PO, tab, q4h, PRN fever ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour*** 			
	10 mg/kg, rectally, supp, q4h, PRN fever ***Do not exceed 2,600 mg of acetaminophen from all sources in exceed 4,000 mg of acetaminophen from all sources in 24 hour**		years. For all others do not	
	15 mg/kg, rectally, supp, q6h, PRN fever ***Do not exceed 2,600 mg of acetaminophen from all sources in exceed 4,000 mg of acetaminophen from all sources in 24 hour**		years. For all others do not	
	325 mg, rectally, supp, q4h, PRN fever ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour***			
	 500 mg, rectally, supp, q4h, PRN fever ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour*** 			
	ibuprofen (ibuprofen pediatric) ☐ 5 mg/kg, PO, liq, q6h, PRN fever Give with food ☐ 10 mg/kg, PO, liq, q6h, PRN fever Give with food ☐ 200 mg, PO, tab, q6h, PRN fever Give with food			
	Antiemetics ***Select only ONE of the following for Nausea/Vomiting***			
	ondansetron (ondansetron pediatric) 0.1 mg/kg, PO, liq, q8h, PRN nausea/vomiting 0.15 mg/kg, PO, liq, q4h, PRN nausea/vomiting 0.1 mg/kg, IVPush, soln, q4h, PRN nausea/vomiting		PRN nausea/vomiting , q8h, PRN nausea/vomiting n, q4h, PRN nausea/vomiting	
	promethazine (promethazine pediatric) 0.25 mg/kg, PO, liq, q4h, PRN nausea/vomiting 0.25 mg/kg, rectally, supp, q4h, PRN nausea/vomiting	☐ 0.5 mg/kg, PO, liq, q4h, ☐ 0.5 mg/kg, rectally, supp	PRN nausea/vomiting o, q4h, PRN nausea/vomiting	
	Constipation Treatment/Prevention			
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan	
Order Take	en by Signature:	Date	Time	
Physician	Signature:	Date	Time	



UMC Health System		Bet	ient Label Here
PEDIATRIC DISCOMFORT MED PLAN		Fal	
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific orde	r detail box(es) where applicable.
ORDER			
	glycerin (glycerin pediatric rectal suppository) □ 0.25 supp, rectally, ONE TIME □ 1 supp, rectally, ONE TIME	□ 0.5 supp, rectally, ONE TIN □ 1 supp, rectally, Daily, PRN	ME N constipation
	docusate (docusate sodium) 40 mg, PO, liq, Nightly, for patients LESS than 3 years of age 50 mg, PO, liq, Nightly, for patients GREATER than or EQUAL to 3 years 100 mg, PO, liq, Nightly, for patients GREATER than or EQUAL to 3 years 100 mg, PO, liq, Nightly, for patients GREATER than or EQUAL to 3 years 100 mg, PO, cap, Nightly, for patients GREATER than or EQUAL to 3 years	/ears of age	
	 polyethylene glycol 3350 0.5 packet, PO, liq, Daily, [1 packet = 17 g] Mix in 4-8 oz of water, juice, soda, coffee, or tea. 1 packet, PO, liq, Daily, [1 packet = 17 g] Mix in 4-8 oz of water, juice, soda, coffee, or tea. 		
	Notify Nurse (DO NOT USE FOR MEDS)		
Пто	Read Back	Scanned Powerchart	Scanned PharmScan
Order Taken by Signature:		Date	Time
Physician Signature: Date			Time



PICU DKA PLAN Patient Label Here PICU DKA PLAN PHYSICIAN ORDERS Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable. ORDER DETAILS Patient Core Vital Signs Perform Core Vital Signs Patient Core Vital Signs Patient Activity Daily Weight Patient Activity Daily Core Patient Activity Daily Core Patient Activity Daily Core Patient Activity Dup Ad Lib/Activity as Toterated Strict Intek and Output Pot Chem 8 POC Chem 8 Pot Chem 6 Insert Peripheral Line Insert Peripheral Line Insert Peripheral Line Insert Peripheral Line Placement Study Vorus Pressure Monitoring Study For Advects Placement	UMC Health System		Defient Label Have	
PHYSICIAN ORDERS Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable. ORDER ORDER DETAILS Perform Neurological Checks	PICU DKA PLAN		Patient Label Here	
Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable. ORDER DETAILS Patient Coro Vital Signs Perform Neurological Checks				
Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable. ORDER DETAILS Patient Coro Vital Signs Perform Neurological Checks				
ORDER ORDER DETAILS Patient Carc Per Unit Standards Daily Weight		PHYSICIA	N ORDERS	
Patient Carce Vite Signs Perform Neurological Checks 1, h. with Vital Signs 1, qh Patient Activity Bedrest 1, perform Neurological Checks 1, qh 1, qo		Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific order detail box(es) where applicable.	
Image: Signs Image: Signs Daily Weight Image: Signs Daily Weight Image: Signs Image: Signs Image: Signs Signs Image: Signs <	ORDER	ORDER DETAILS		
Per Unit Standards Daily Weight Per Unit Standards Per Unit Standards Per Unit Standards Patient Activity Bedrest Per Unit Standards Poc Check Pot Check Pot Chem 8 Poc Chem 8 Insert Peripheral Line Insert Gastric Tube Stupplies at Bedside: Insertion Tray Stupplies at Bedside: Insertion Tray Stupplies at Bedside: Insertion Tray Stupplies at Bedside: Insertion Tray Stupplies at Bedside: Insertion Tray Stupplies at Bedside: Insertion Tray <tr< td=""><td></td><td></td><td></td></tr<>				
Perform Neurological Checks				
Image: Construction of the second		Daily Weight		
Image: Control bookstops Image: Control bookstops Image: Contrel bookstops		q1h, with Vital Signs		
Per Unit Standards POC Blood Sugar Check qth lnsert Peripheral Line Insert Viniary Catheter lsert Gastric Tube lset distric Tube qth with, 20 mL Free water Central Venous Pressure Monitoring Set Up for Anterial Line Placement lseigle Lumen Catheter, Supplies at Bedside: Insertion Tray Apply Sequential Compression Device Communication Notity Provider/Primary Team of Pt Admit low W ln rAM Notity Provider (Misc) ln rAM Notity Provider (Misc) low Reason: Pain score greater than 4 lto lead back lscaned Powerchart lscaned PharmScan Order Takenek Signature:			Up Ad Lib/Activity as Tolerated	
Image: Second Provider (Misc) 92h AC & HS POC Chem 8 Insert Veripheral Line AC & HS POC Chem 8 Insert Veripheral Line Insert Gastric Tube Nasogastric - NG, To: Low Intermittent Suction Flush Gastric Tube Q2h with, 20 mL Free water Central Venous Pressure Monitoring Set Up for Arterial Line Placement Stuppies at Bedside: Insertion Tray Double Lumen Catheter, Supplies at Bedside: Insertion Tray Single Lumen Catheter, Supplies at Bedside: Insertion Tray Double Lumen Catheter, Supplies at Bedside: Insertion Tray Apply Sequential Compression Device Communication Notify Provider (VS Parameters Upon Arrival to Floor/Unit Notify Provider (Misc) Notify Provider (Misc) Notify Provider (Misc) Notify Provider (Misc) Notify Provider (Misc) Reason: Pain score greater than 4 Order Taken by Signature: Date Time				
POC Chem 8 Insert Peripheral Line Insert Verinary Catheter Foley, To: Dependent Drainage Bag Insert Gastric Tube Nasogastric - NG, To: Low Intermittent Suction Flush Gastric Tube Qay with, 20 mL Free water Central Venous Pressure Monitoring Set Up for Artorial Line Placement Single Lumen Catheter, Supplies at Bedside: Insertion Tray Duble Lumen Catheter, Supplies at Bedside: Insertion Tray Apply Sequential Compression Device Communication Notify Provider/Primary Team of Pt Admit Notify Provider of VS Parameters Notify Provider of VS Parameters Notify Provider (Misc) Reason: Biod Glucose greater than 350 or less than 100 mg/dL; Abnormal Mag or Phos levels; Neg Urine Glucose; Severe Headache Notify Provider (Misc) Reason: Pain score greater than 4		q1h	q2h	
Insert Peripheral Line Insert Urinary Catheter Foley, To: Dependent Drainage Bag Insert Gastric Tube Nasogastric - NG, To:: Low Intermittent Suction Flush Gastric Tube Q2h with, 20 mL Free water Central Venous Pressure Monitoring Set Up for Arterial Line Placement Supplies at Bedside: Insertion Tray Set Up for Central Line Placement Single Lumen Catheter, Supplies at Bedside: Insertion Tray Apply Sequential Compression Device Communication Notify Provider of VS Parameters Notify Provider of VS Parameters Notify Provider, Misc) Notify Provider, Reason: Blood Glucose greater than 350 or less than 100 mg/dL; Abnormal Mag or Phos levels; Neg Urine Glucose; Severe Headache Notify Provider (Misc) Notify Provider (Misc) Notify Provider (Misc) Reason: Pain score greater than 4 D D Read Back Scanned Powerchart Scanned PharmScan			LI AC & HS	
Insert Urinary Catheter Foley, To: Dependent Drainage Bag Insert Gastric Tube Nasogastric - NG, To: Low Intermittent Suction Flush Gastric Tube Q2h with, 20 mL Free water Central Venous Pressure Monitoring Set Up for Arterial Line Placement Stupplies at Bedside: Insertion Tray Stupplies at Bedside: Insertion Tray Double Lumen Catheter, Supplies at Bedside: Insertion Tray Apply Sequential Compression Device Communication Notify Provider/Primary Team of Pt Admit Notify Provider (Misc) Notify Provider (Misc) Notify Provider (Misc) Notify Provider (Misc) ReadBack Scanned Powerchart Secance Powerchart Scanned PharmScan Order Taken by Signature Date				
Image: Foley, To: Dependent Drainage Bag Image: Castric Tube Nasogastric - NG, To: Low Intermittent Suction Flush Castric Tube q2h with, 20 mL Free water Central Venous Pressure Monitoring Set Up for Arterial Line Placement Single Lumen Catheter, Supplies at Bedside: Insertion Tray Diright Single Lumen Catheter, Supplies at Bedside: Insertion Tray Triple Lumen Catheter, Supplies at Bedside: Insertion Tray Communication Notify Provider/Primary Team of Pt Admit Now In AM Notify Provider of VS Parameters Notify Provider, Reason: Blood Glucose greater than 350 or less than 100 mg/dL; Abnormal Mag or Phos levels; Neg Urine Glucose; Severe Headache Notify Provider (Misc) Read Back Scanned Powerchart Scanned PharmScan Order Taken by Signature: Date Time				
Image:				
Image: state of the system				
Set Up for Arterial Line Placement Supplies at Bedside: Insertion Tray Set Up for Central Line Placement Single Lumen Catheter, Supplies at Bedside: Insertion Tray Double Lumen Catheter, Supplies at Bedside: Insertion Tray Apply Sequential Compression Device Communication Notify Provider/Primary Team of Pt Admit Now Upon Arrival to Floor/Unit Notify Provider of VS Parameters Notify Provider, (Misc) Notify Provider (Misc) Notify Provider (Misc) Notify Provider (Misc) Reason: Pain score greater than 4 Order Taken by Signature:				
Image: Supplies at Bedside: Insertion Tray Set Up for Central Line Placement Image: Single Lumen Catheter, Supplies at Bedside: Insertion Tray Image: Triple Lumen Catheter, Supplies at Bedside: Insertion Tray Apply Sequential Compression Device Communication Notify Provider/Primary Team of Pt Admit Now In AM Notify Provider of VS Parameters Notify Provider (Misc) Notify Provider (Misc) Notify Provider (Misc) Reason: Blood Glucose greater than 350 or less than 100 mg/dL; Abnormal Mag or Phos levels; Neg Urine Glucose; Severe Headache Notify Provider (Misc) Reason: Pain score greater than 4 Image: Tot Image: The Reason of the provider of the provider than 4		Central Venous Pressure Monitoring		
Single Lumen Catheter, Supplies at Bedside: Insertion Tray Triple Lumen Catheter, Supplies at Bedside: Insertion Tray Apply Sequential Compression Device Communication Notify Provider/Primary Team of Pt Admit Now In AM Notify Provider of VS Parameters Notify Provider (Misc) Notify Provider (Misc) Readache Notify Provider (Misc) Readache Severe Headache Severe Headache Severe Headache Severe Headache Severe Headache Notify Provider (Misc) Reason: Pain score greater than 4 Drug Taken by Signature: Date Time				
Communication Notify Provider/Primary Team of Pt Admit Now Upon Arrival to Floor/Unit In AM Notify Provider of VS Parameters Notify Provider (Misc) Notify Provider, Reason: Blood Glucose greater than 350 or less than 100 mg/dL; Abnormal Mag or Phos levels; Neg Urine Glucose; Severe Headache Notify Provider (Misc) Reason: Pain score greater than 4 TO Read Back Order Taken by Signature:		Single Lumen Catheter, Supplies at Bedside: Insertion Tray	Double Lumen Catheter, Supplies at Bedside: Insertion Tray	
Notify Provider/Primary Team of Pt Admit Now In AM Notify Provider of VS Parameters Notify Provider (Misc) Notify Provider, Reason: Blood Glucose greater than 350 or less than 100 mg/dL; Abnormal Mag or Phos levels; Neg Urine Glucose; Severe Headache Notify Provider (Misc) Reason: Pain score greater than 4 To Read Back Order Taken by Signature: Date Date Time		Apply Sequential Compression Device		
Now Upon Arrival to Floor/Unit Notify Provider of VS Parameters Notify Provider (Misc) Notify Provider, Reason: Blood Glucose greater than 350 or less than 100 mg/dL; Abnormal Mag or Phos levels; Neg Urine Glucose; Severe Headache Notify Provider (Misc) Reason: Pain score greater than 4 To Read Back Order Taken by Signature: Date Time				
Notify Provider (Misc) Notify Provider, Reason: Blood Glucose greater than 350 or less than 100 mg/dL; Abnormal Mag or Phos levels; Neg Urine Glucose; Severe Headache Notify Provider (Misc) Reason: Pain score greater than 4 TO Read Back Scanned Powerchart Scanned PharmScan Order Taken by Signature: Date Time		Now	Upon Arrival to Floor/Unit	
Image: Notify Provider, Reason: Blood Glucose greater than 350 or less than 100 mg/dL; Abnormal Mag or Phos levels; Neg Urine Glucose; Severe Headache Notify Provider (Misc) Image: Reason: Pain score greater than 4 Image: To Image: Read Back Image: Scanned Powerchart Image: Scanned PharmScan Order Taken by Signature: Image: Imag		Notify Provider of VS Parameters		
Reason: Pain score greater than 4 TO Read Back Order Taken by Signature:		Notify Provider, Reason: Blood Glucose greater than 350 or less than	n 100 mg/dL; Abnormal Mag or Phos levels; Neg Urine Glucose;	
Order Taken by Signature: Time Time				
Order Taken by Signature: Time Time				
	□то	Read Back	Scanned Powerchart Scanned PharmScan	
Physician Signature: Time Date Time	Order Take	en by Signature:	Date Time	
			Date Time	



UMC Health System	Patient Label Here	
PICU DKA PLAN		
	N ORDERS	
Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order detail box(es) where applicable.	
ORDER ORDER DETAILS		
Notify Nurse (DO NOT USE FOR MEDS) Dietary		
NPO Diet		
NPO NPO, Except Ice Chips	□ NPO, Except Meds □ NPO, Except Meds, Except Ice Chips	
IV Solutions		
NS (NS bolus)		
20 mL/kg, IVPB, iv soln, ONE TIME, Infuse over 30 min 500 mL, IVPB, iv soln, ONE TIME	 20 mL/kg, IVPB, iv soln, ONE TIME, Infuse over 60 min 1,000 mL, IVPB, iv soln, ONE TIME, Infuse over 1 hr 	
heparin 500 units/500 mL NS (PICU A-Line (heparin 500 units/500 mL		
L 500 units, Every Bag		
Two-Bag Method DKA Two-Bag IVF Guidelines		
See Reference Text for Algorithm		
PICU DKA Fluid 1 (PICU DKA Fluid 1NS) mEq, Every Bag IV	☐ mMol, Every Bag	
PICU DKA Fluid 2 (PICU DKA Fluid2D10NS) 154 mEq, Every Bag mMol, Every Bag	☐ mEq, Every Bag ☐ IV	
Insulin Infusion		
For weight LESS than 20 kg, use 50 units/ 500 mL NS.		
insulin R 50 units/500 mL NS (Pedi) □ Ⅳ		
Final concentration = 0.1 unit/mL.		
Prime IV tubing with 20 mL of insulin solution prior to initiating drip.		
For weight GREATER than or EQUAL to 20 kg, use 100 units/ 100 mL N	S.	
insulin R 100 units/100 mL NS		
Final concentration = 1 unit/mL.		
Prime IV tubing with 20 mL of insulin solution prior to initiating drip. Continued on next page		
TO Read Back	Scanned Powerchart Scanned PharmScan	
Order Taken by Signature:	Date Time	
Physician Signature:	Date Time	

UMC Health System		Patie	ent Label Here
PICU DKA PLAN		Falle	
		N ORDERS	
ORDER	Place an "X" in the Orders column to designate orders of choice AN ORDER DETAILS	D an "X" in the specific order	detail box(es) where applicable.
URDER	Start at rate: units/kg/hr		
	POC Urinalysis Automated w/o Microscopy		
	POC PT with INR		
	CBC with Differential		
	Comprehensive Metabolic Panel		
	C Peptide		
	Glutamic Acid Decarboxylase 65 Antibodie (Glutamic Acid Decarbox	ylase 65 Antibodies)	
	Hemoglobin A1C		
	IgA □ STAT		
	Insulin Autoantibody		
	Islet Cell Antibody		
	Magnesium Level		
	Magnesium Level Timed, q12h 2 days		
	Phosphorus Level STAT		
	Phosphorus Level Timed, q12h 2 days		
	Tissue Transglutaminase Antibody IgA		
	Urinalysis		
	Respiratory		
	Arterial Blood Gas	🔲 q6h	
	Venous Blood Gas	🗌 q6h	
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	n by Signature:	Date	Time
Physician Signature:		Date	Time



UMC Health System		Pa	tient Label Here
PI	CU DKA PLAN		
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific orde	er detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Oxygen Therapy 1-3 L/min, Via: Nasal cannula 6-12 L/min, Via: Simple mask, Keep sats greater than: 90% 24 % O2, Via: Venturi mask, Keep sats greater than: 90%, Titrate up t 10-15 L/min, Via: Nonrebreather mask, Keep sats greater than: 90% 1-15 L/min, Via: Trach collar, Keep sats greater than: 90%, Heated an Via: High Flow Nasal Cannula	o 60% O2 as needed.	nula, Keep sats greater than: 90%
	Consults/Referrals		
	Consult MD Service: Pedi Endocrinology, Reason: DKA, Immediately		
	Consult Dietitian		
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Taken by Signature: Date Time		Time	
Physician	Signature:	Date	Time



	UMC Health System	Patient Label Here		
	CU MECHANICAL VENTILATION AND NEUROMUSC	ULAR		
	PHYSICIA	N ORDERS		
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order detail box(es) where applicable.		
ORDER	ORDER DETAILS			
	Patient Care			
	Patient Activity Bedrest, HOB elevation 30 - 45 degrees			
	Obtain Specialty Bed			
	Perform Oral Care Per Unit Standards, May use oral care kits. DO NOT use plaque solu	tion, brush teeth without.		
	Suction Patient			
	Perform Neurological Checks q1h q1h, until NMBA infusion rate has not changed for 4 hours, then q2h. q2h			
	Insert Gastric Tube	Dobhoff Tube		
	Apply Peripheral Nerve Stimulator			
	Monitoring			
	Brain Function Monitoring Type: Brain Z Type: SEDline	☐ Type: 5 Lead EEG ☐ Type: Invos		
	Guideline			
	VAP Prevention Guidelines - Pediatric			
	Pediatric Neuromuscular Blocking Agent G (Pediatric Neuromuscular Blocking Agent Guidelines)			
	Communication			
	Notify Nurse (DO NOT USE FOR MEDS) Do not perform wake up trials while patient is on a paralytic.			
	Notify Provider (Misc) Reason: Contact provider if a titratable drip is increased by 1/2 of the	maximum rate in a 4 hour period.		
	Medications			
	Medication sentences are per dose. You will need to calculate a total daily dose if needed. ocular lubricant Image: A sector of the			
	ocular lubricant (Artificial Tears)			
	Paralytic			
	Initial Dose			
	vecuronium □ 0.1 mg/kg, IVPush, inj, ONE TIME			
Пто	Read Back	Scanned Powerchart Scanned PharmScan		
Order Take	en by Signature:	Date Time		
Physician	Signature:	Date Time		

	UMC Health System			
	CU MECHANICAL VENTILATION AND NEUROMUSC	-	tient Label Here	
BI	OCKADE PLAN			
	DUVCICIA			
		N ORDERS		
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific orde	er detail box(es) where applicable.	
ORDER	ORDER DETAILS			
	rocuronium 1 mg/kg, IVPush, inj, ONE TIME			
	Titratable Continuous Infusions			
	vecuronium 15 mg/30 mL NS (PICU) - Titra (vecuronium 15 mg/30 mL □ IVsyr, Max titration: 0.01 mg/kg/hr every 10 minutes, Max dose: 0.15 m Final Concentration = 1 mg/mL (1000 mcg/mL). □ Start at rate: mg/kg/hr			
	rocuronium 30 mg/30 mL NS (PICU) - Titra (rocuronium 30 mg/30 mL	NS (PICU) - Titratable)		
	 IVsyr, Max titration: 1 mcg/kg/min every 5 minutes, Max dose: 12 mcg Final Concentration = 1 mg/mL (1000 mcg/mL). Start at rate:mcg/kg/min 	/kg/min		
	Fixed Rate Continuous Infusions			
	vecuronium 15 mg/30 mL NS (PICU) - Fixed (vecuronium 15 mg/30 m □ IVsyr Final Concentration = 1 mg/mL (1000 mcg/mL). Provider order is RE0 □ Start at rate:mg/kg/hr			
	Start at rate:mg/kg/hr rocuronium 30 mg/30 mL NS (PICU) - Fixed (rocuronium 30 mg/30 m	L NS (PICU) - Fixed Rate)		
	IVsyr Final Concentration = 1 mg/mL (1000 mcg/mL). Provider order is RE(Start at rate:mcg/kg/min	QUIRED for all rate changes.		
	Respiratory			
	Ventilator Settings			
	Ventilator Settings APRV			
	Ventilator Settings HFOV			
	CPAP			
	BiPAP			
	Arterial Blood Gas			
	End Tidal CO2 Monitoring			
	Weaning Parameters			
		_	_	
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan	
Order Take	n by Signature:	Date	Time	
Physician	Physician Signature: Date			

UMC Health System	Patient Label Here	
PICU SEDATION AND PAIN MED PLAN		
	N ORDERS	
Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order detail box(es) where applicable.	
ORDER ORDER DETAILS		
NS IV, mL/hr		
Medications		
Medication sentences are per dose. You will need to calculate a tot Initial Dose	al daily dose if needed.	
Analgesia		
morphine (morphine pediatric)		
0.1 mg/kg, IVPush, inj, ONE TIME Maximum recommended dose is 4 mg.		
0.2 mg/kg, IVPush, inj, ONE TIME		
Maximum recommended dose is 4 mg. 2 mg, IVPush, inj, ONE TIME, For patients GREATER than 50 kg		
fentaNYL (fentaNYL pediatric)	□ 1 mcg/kg, IVPush, inj, ONE TIME	
25 mcg, IVPush, inj, ONE TIME, For patiens GREATER than 50 kg		
50 mcg, IVPush, inj, ONE TIME, For patiens GREATER than 50 kg		
Sedation		
midazolam (midazolam pediatric)		
0.05 mg/kg, IVPush, inj, ONE TIME Maximum recommended dose is 4 mg. ***Sedative medications shou	Id only be given after pain is adequately controlled ***	
0.1 mg/kg, IVPush, inj, ONE TIME		
Maximum recommended dose is 4 mg. ***Sedative medications should only be given after pain is adequately controlled.***		
PENTobarbital (PENTobarbital pediatric)		
Sedative medications should only be given after pain is adequately controlled.		
propofol		
1 mg/kg, IVPush, inj, ONE TIME		
***Sedative medications should only be given after pain is adequately	controlled.	
ketamine (ketamine pediatric)		
0.5 mg/kg, IVPush, inj, ONE TIME ***Sedative medications should only be given after pain is adequately	² controlled.***	
1 mg/kg, IVPush, inj, ONE TIME		
***Sedative medications should only be given after pain is adequately	controlled.	
Intermittent Dose		
Analgesia morphine (morphine pediatric)		
0.05 mg/kg, IVPush, inj, q2h, PRN pain-with sedation (scale 4-10)		
Maximum recommended dose is 4 mg.		
L 0.1 mg/kg, IVPush, inj, q2h, PRN pain-with sedation (scale 4-10) Maximum recommended dose is 4 mg.		
2 mg, IVPush, inj, q2h, PRN pain-with sedation (scale 4-10), For patients GREATER than 50 kg		
TO Read Back	Scanned Powerchart Scanned PharmScan	
Order Taken by Signature: Time Time		
Physician Signature: Date Time		

UMC	Health	System	
-----	--------	--------	--

PICU SEDATION AND PAIN MED PLAN

Patient Label Here

	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
ORDER	ORDER DETAILS			
	fentaNYL (fentaNYL pediatric) □ 0.5 mcg/kg, IVPush, inj, q1h, PRN pain-with sedation (scale 4-10) □ 1 mcg/kg, IVPush, inj, q1h, PRN pain-with sedation (scale 4-10) □ 25 mcg, IVPush, inj, q1h, PRN pain-with sedation (scale 4-10), For patients GREATER than 50 kg □ 50 mcg, IVPush, inj, q1h, PRN pain-with sedation (scale 4-10), For patients GREATER than 50 kg			
	Sedation			
	 midazolam (midazolam pediatric) 0.025 mg/kg, IVPush, inj, q1h, sedation Maximum recommended dose is 4 mg. ***Sedative medications should only be given after pain is adequately controlled.*** 0.05 mg/kg, IVPush, inj, q1h, sedation Maximum recommended dose is 4 mg. ***Sedative medications should only be given after pain is adequately controlled.*** 2 mg, IVPush, inj, q1h, PRN sedation, For patients GREATER than 40 kg 			
PENTobarbital (PENTobarbital pediatric) 1 mg/kg, IVPush, inj, q1h, PRN sedation ***Sedative medications should only be given after pain is adequately controlled.***				
	propofol 0.5 mg/kg, IVPush, inj, q1h, PRN sedation ***Sedative medications should only be given after pain is adequately controlled.*** 1 mg/kg, IVPush, inj, q1h, PRN sedation ***Sedative medications should only be given after pain is adequately controlled.***			
	ketamine (ketamine pediatric) 0.5 mg/kg, IVPush, inj, q1h, PRN sedation ***Sedative medications should only be given after pain is adequately controlled.*** 1 mg/kg, IVPush, inj, q1h, PRN sedation ***Sedative medications should only be given after pain is adequately controlled.***			
	Titratable Continuous Infusions			
	Notify Provider (Misc) Reason: Contact provider if a titratable drip is increased by 1/2 of the maximum rate in a 4 hour period.			
	Analgesia LESS than 40 kg: fentaNYL 250 mcg/25 mL NS (PICLI) - Titra (fentaNYL 250 mcg/25 mL NS (PICLI) - Titratable)			
	fentaNYL 250 mcg/25 mL NS (PICU) - Titra (fentaNYL 250 mcg/25 mL NS (PICU) - Titratable) ☐ Start at rate:mcg/kg/hr ☐ IVsyr, Max titration: 0.5 mcg/kg/hr every 10 minutes, Max dose: 3 mcg/kg/hr Final concentration = 10 mcg/mL.			
	morphine 30 mg/30 mL NS (PICU) - Titrata (morphine 30 mg/30 mL NS (PICU) - Titratable) Start at rate: mg/kg/hr IVsyr, Max titration: 0.01 mg/kg/hr every 30 minutes, Max dose: 0.04 mg/kg/hr Final concentration = 1 mg/mL (1,000 mcg/mL).			
	GREATER than or EQUAL to 40 kg:			
🗆 то	Read Back Scanned Powerchart Scanned PharmScan			
Order Take	en by Signature: Date Time			
Physician Signature:				



UMC Health System		Patient Label Here			
Pl	CU SEDATION AND PAIN MED PLAN				
	PHYSICIA				
	Place an "X" in the Orders column to designate orders of choice AN		der detail box(es) where applicable.		
ORDER	ORDER DETAILS				
	fentaNYL 1000 mcg/100 mL NS - Titratable				
	Start at rate:mcg/hr V, Max titration: 25 mcg/hr every 10 minutes, Max dose: 150 mcg/hr				
	Final concentration = 10 mcg/mL.				
	morphine 100 mg/100 mL NS - Titratable				
	Start at rate:mg/hr V, Max titration: 0.5 mg/hr every 30 minutes, Max dose: 4 mg/hr				
	Final concentration = 1 mg/mL (1,000 mcg/mL).				
	Sedation				
	LESS than 20 kg:				
	midazolam 10 mg/20 mL NS (PICU)- Titrata (midazolam 10 mg/20 mL Start at rate: mg/kg/hr	NS (PICU)- Titratable)			
	IVsyr, Max titration: 0.025 mg/kg/hr every 15 minutes, Max dose: 0.4 r				
	Final concentration = 0.5 mg/mL (500 mcg/mL). ***Sedative medication	ons should only be given afte	er pain is adequately controlled.***		
	midazolam 50 mg/50 mL NS (PICU) - Titrat (midazolam 50 mg/50 mL	NS (PICU) - Titratable)			
	IVsyr, Max titration: 0.025 mg/kg/hr every 15 minutes, Max dose: 0.4 r				
	Final concentration = 1 mg/mL (1,000 mcg/mL). ***Sedative medication	ons should only be given afte	er pain is adequately controlled.***		
	GREATER than or EQUAL to 20 kg:				
	midazolam 100 mg/100 mL NS (PICU) - Titr (midazolam 100 mg/100 mL NS (PICU) - Titratable)				
	 IV, Max titration: 0.25 mg/hr every 15 minutes, Max dose: 4 mg/hr Final concentration = 1 mg/mL (1,000 mcg/mL). ***Sedative medications should only be given after pain is adequately controlled.*** Start at rate:mg/hr 				
	LESS than 40 kg:				
	propofol 1,000 mg/100 mL(PICU) - Titrata (propofol 1,000 mg/100 mL(PICU) - Titratable)				
	Final concentration = 10 mg/mL (10,000 mcg/mL). Administer through	filter GREATER than or EQ			
	infusion time is 24 hours. ***Sedative medications should only be give Start at rate: mcg/kg/min	n after pain is adequately co	ontrolled.***		
	GREATER than 40 kg:				
	propofol 1,000 mg/100 mL(PICU) - Titrata (propofol 1,000 mg/100 mL	(PICU) - Titratable)			
	□ IV, x 36 hr, Max titration: 5 mcg/kg/min every 5 minutes, Max dose: 65 Final concentration = 10 mg/ml (10 000 mcg/ml). Administer through		LIAL to 5 microns. Maximum recommende		
	Final concentration = 10 mg/mL (10,000 mcg/mL). Administer through filter GREATER than or EQUAL to 5 microns. Maximum recommended infusion time is 24 hours. ***Sedative medications should only be given after pain is adequately controlled.***				
	Continued on next page				
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan		
Order Taken by Signature: Date Time		Time			
Physician Signature: Date			Time		

UMC Health System					
PICU SEDATION AND PAIN MED PLAN		Patient Label Here			
		N ORDERS			
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order detail box(es) where applicable.			
ORDER	ORDER DETAILS Start at rate:mcg/kg/min				
	Dosing for ALL weights:				
		ncg/50 ml (PICII) - Titratable)			
	dexmedetomidine 200 mcg/50 mL (PICU) - T (dexmedetomidine 200 mcg/50 mL (PICU) - Titratable)				
	 IVsyr, Max titration: 0.2 mcg/kg/hr every 30 minutes, Max dose: 0.7 mcg/kg/hr Final concentration = 4 mcg/mL. ***Sedative medications should only be given after pain is adequately controlled.*** 				
	ketamine 250 mg/50 mL NS (PICU) - Titrat (ketamine 250 mg/50 mL N	S (PICU) - Titratable)			
	Start at rate:mcg/kg/min Vsyr, Max titration: 2.5 mcg/kg/min every 10 minutes, Max dose: 20 m	nca/ka/min			
	Final concentration 5 mg/mL (5,000 mcg/mL). ***Sedative medication				
	Fixed Rate Continuous Infusions				
	Analgesia				
	LESS than 40 kg:				
	fentaNYL 250 mcg/25 mL NS (PICU) - Fixed (fentaNYL 250 mcg/25 ml	L NS (PICU) - Fixed Rate) □ IVsyr			
	morphine 30 mg/30 mL NS (PICU) - Fixed R (morphine 30 mg/30 mL I	NS (PICU) - Fixed Rate)			
	IVsyr Final concentration = 1 mg/mL (1,000 mcg/mL). Physician order REQUIRED for ALL rate changes. Start at rate: mg/kg/hr				
	GREATER than or EQUAL to 40 kg:				
	fentaNYL 1000 mcg/100 mL NS - Fixed Rate				
	morphine 100 mg/100 mL NS - Fixed Rate				
	Start at rate:mg/hr				
	Sedation				
	LESS than 20 kg:				
	midazolam 10 mg/20 mL NS (PICU) - Fixed (midazolam 10 mg/20 mL Start at rate:mg/kg/hr	NS (PICU) - Fixed Rate) IVsyr			
	midazolam 50 mg/50 mL NS (PICU) - Fixed (midazolam 50 mg/50 mL	NS (PICU) - Fixed Rate) □ IVsyr			
	GREATER than or EQUAL to 20 kg:				
	midazolam 100 mg/100 mL NS - Fixed Rate				
	LESS than 40 kg:				
	propofol 1,000 mg/100 mL(PICU) - Fixed R (propofol 1,000 mg/100 mL(PICU) - Fixed Rate)				
П то	Read Back	Scanned Powerchart Scanned PharmScan			
Order Taken by Signature: Date Time					
	Signature:				

UMC Health System		Patien	it Label Here	
PICU SEDATION AND PAIN MED PLAN				
	BUYSICIA	N ORDERS		
	Philoda Place an "X" in the Orders column to designate orders of choice AN		atail box(os) whore applicable	
ORDER	ORDER DETAILS		etali box(es) where applicable.	
		🔲 IV, x 36 hr		
	GREATER than 40 kg:			
	propofol 1,000 mg/100 mL(PICU) - Fixed R (propofol 1,000 mg/100 mL(PICU) - Fixed Rate)			
	Dosing for ALL weights:			
	dexmedetomidine 200 mcg/50 mL (PICU) - F (dexmedetomidine 200 m Start at rate:mcg/kg/hr	ncg/50 mL (PICU) - Fixed Rate)		
	ketamine 250 mg/50 mL NS (PICU) - Fixed (ketamine 250 mg/50 mL N Start at rate:mcg/kg/min	IS (PICU) - Fixed Rate) □ IVsyr		
	PENTobarbital 250 mg/50 mL NS (PICU) - F (PENTobarbital 250 mg/5	0 mL NS (PICU) - Fixed Rate) □ IVsyr		
	Laboratory			
	If a patient remains on propofol infusion after 48 hours monitor triglyce discontinued.	erides now and every 3 days until	propofol	
	Triglycerides			
	Notify Provider (Misc) (Notify Provider of Results) Reason: Triglyceride Level greater than 400 mg/dL.			
🗆 то		Scanned Powerchart	Scanned PharmScan	
Order Taken by Signature:		Date		
Physician	Signature:	Date	Time	

