

UMC Health System PICU GENERAL PLAN	Patient Label Here
---	--------------------

PHYSICIAN ORDERS

Diagnosis _____

Weight _____ **Allergies** _____

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

Vital Signs
 Per Unit Standards

Daily Weight

Patient Activity
 Bedrest Up Ad Lib/Activity as Tolerated

Strict Intake and Output
 Per Unit Standards q1h
 q2h q4h

Insert Peripheral Line
 Maintain 2 peripheral lines

Insert Urinary Catheter
 Foley, To: Dependent Drainage Bag

Insert Gastric Tube
 Nasogastric - NG, To: Low Intermittent Suction Orogastic - OG, To: Low Intermittent Suction
 Nasogastric - NG, To: Low Constant Suction Orogastic - OG, To: Low Constant Suction

Apply Sequential Compression Device

Perform Neurological Checks

Communication

Notify Provider/Primary Team of Pt Admit
 Now Upon Arrival to Floor/Unit
 In AM

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

IV Solutions

NS (Normal Saline)
 IV, mL/hr

D5 1/2 NS + 20 mEq KCl/L
 IV, mL/hr

<input type="checkbox"/> TO	<input type="checkbox"/> Read Back	<input type="checkbox"/> Scanned Powerchart	<input type="checkbox"/> Scanned PharmScan
-----------------------------	------------------------------------	---	--

Order Taken by Signature: _____ Date _____ Time _____
 Physician Signature: _____ Date _____ Time _____

UMC Health System

PICU GENERAL 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

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



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 total daily dose if needed.	
	sodium chloride (Normal Saline Flush) <input type="checkbox"/> 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 flush 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)) <input type="checkbox"/> 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 continuous infusion. <input type="checkbox"/> 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 continuous infusion.
	Use heparin flush 100 units/mL for patients weighing GREATER than or EQUAL to 18 kg* heparin flush (heparin flush 100 units/mL injection) <input type="checkbox"/> 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 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) <input type="checkbox"/> 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....

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System

Patient Label Here

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
	<input type="checkbox"/> 3 mL, IVPush, inj, ONE TIME Ordered per Pediatric Central IV Flush Standing Delegate Order. After continuous fluids are discontinued.

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System PICU CONTINUOUS MED INFUSION 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
IV Solutions	
	Notify Provider (Misc) <input type="checkbox"/> Reason: Contact provider if a titratable drip is increased by 1/2 of the maximum rate in a 4 hour period.
Titratable	
	Standard Concentration DOBUTamine 100 mg/50 mL D5W (PICU) - Tit (DOBUTamine 100 mg/50 mL D5W (PICU) - Titratable) <input type="checkbox"/> IVsyr, Max titration: 1 mcg/kg/min every 10 minutes, Max dose: 20 mcg/kg/min Final concentration= 2 mg/mL (2,000 mcg/mL). <input type="checkbox"/> Start at rate: _____ mcg/kg/min
	DOPamine 80 mg/50 mL D5W (PICU) - Titrat (DOPamine 80 mg/50 mL D5W (PICU) - Titratable) <input type="checkbox"/> 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) <input type="checkbox"/> Start at rate: _____ mcg/kg/min
	EPINEPHrine 1.25 mg/50 mL NS (PICU) - Ti (EPINEPHrine 1.25 mg/50 mL NS (PICU) - Titratable) <input type="checkbox"/> 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). <input type="checkbox"/> Start at rate: _____ mcg/kg/min
	milrinone 5 mg/50 mL NS (PICU) - Titrata (milrinone 5 mg/50 mL NS (PICU) - Titratable) <input type="checkbox"/> IVsyr, Max titration: 0.25 mcg/kg/min every 2 hours, Max dose: 1 mcg/kg/min Final concentration 0.1 mg/mL (100 mcg/mL). <input type="checkbox"/> Start at rate: _____ mcg/kg/min
	isoproterenol 1.6 mg/50 mL D5W (PICU) - (isoproterenol 1.6 mg/50 mL D5W (PICU) - Titratable) <input type="checkbox"/> 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). <input type="checkbox"/> Start at rate: _____ mcg/kg/min
	lidocaine 200 mg/50 mL D5W (PICU) - Titr (lidocaine 200 mg/50 mL D5W (PICU) - Titratable) <input type="checkbox"/> 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 = 4 mg/mL (4,000 mcg/mL). <input type="checkbox"/> Start at rate: _____ mcg/kg/min
	nitroPRUSSIDE 5 mg/50 mL D5W (PICU) - Ti (nitroPRUSSIDE 5 mg/50 mL D5W (PICU) - Titratable) <input type="checkbox"/> IVsyr, Max titration: 0.1 mcg/kg/min every 10 minutes, Max dose: 1.5 mcg/kg/min Final Concentration = 0.1 mg/mL (100 mcg/mL). <input type="checkbox"/> Start at rate: _____ mcg/kg/min
	norepinephrine 0.8 mg/50 mL NS (PICU) - (norepinephrine 0.8 mg/50 mL NS (PICU) - Titratable) <input type="checkbox"/> 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). <input type="checkbox"/> Start at rate: _____ mcg/kg/min
	Maximum Concentration DOBUTamine 200 mg/50 mL D5W (PICU) - Tit (DOBUTamine 200 mg/50 mL D5W (PICU) - Titratable) <input type="checkbox"/> 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). <input type="checkbox"/> Start at rate: _____ mcg/kg/min

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



PICU CONTINUOUS MED INFUSION 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	ORDER DETAILS
	<p>DOPamine 160 mg/50 mL D5W (PICU) - Titra (DOPamine 160 mg/50 mL D5W (PICU) - Titratable)</p> <p><input type="checkbox"/> 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)</p> <p><input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>
	<p>EPINEPHrine 2.5 mg/50 mL NS (PICU) - Tit (EPINEPHrine 2.5 mg/50 mL NS (PICU) - Titratable)</p> <p><input type="checkbox"/> IVsyr, Max titration: 0.02 mcg/kg/min every 10 minutes, Max dose: 3 mcg/kg/min Final concentration= 0.05 mg/mL (50 mcg/mL).</p> <p><input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>
	<p>milrinone 10 mg/50 mL NS (PICU) - Titrat (milrinone 10 mg/50 mL NS (PICU) - Titratable)</p> <p><input type="checkbox"/> 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).</p> <p><input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>
	<p>isoproterenol 3.2 mg/50 mL D5W (PICU)- (isoproterenol 3.2 mg/50 mL D5W (PICU) - Titratable)</p> <p><input type="checkbox"/> 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).</p> <p><input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>
	<p>lidocaine 400 mg/50 mL D5W (PICU) - Titr (lidocaine 400 mg/50 mL D5W (PICU) - Titratable)</p> <p><input type="checkbox"/> 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).</p> <p><input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>
	<p>nitroPRUSSIDE 10 mg/50 mL D5W (PICU) - T (nitroPRUSSIDE 10 mg/50 mL D5W (PICU) - Titratable)</p> <p><input type="checkbox"/> 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).</p> <p><input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>
	<p>norepinephrine 1.6 mg/50 mL NS (PICU) - (norepinephrine 1.6 mg/50 mL NS (PICU) - Titratable)</p> <p><input type="checkbox"/> IVsyr, Max titration: 0.02 mcg/kg/min every 10 minutes, Max dose: 3 mcg/kg/min Final Concentration = 0.032 mg/mL (32 mcg/mL)</p> <p><input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>
	<p>Minimum Concentration</p> <p>DOBUTamine 50 mg/50 mL D5W (PICU) - Titr (DOBUTamine 50 mg/50 mL D5W (PICU) - Titratable)</p> <p><input type="checkbox"/> IVsyr, Max titration: 1 mcg/kg/min every 10 minutes, Max dose: 20 mcg/kg/min Final concentration= 1 mg/mL (1,000 mcg/mL).</p> <p><input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>
	<p>DOPamine 40 mg/50 mL D5W (PICU) - Titrat (DOPamine 40 mg/50 mL D5W (PICU) - Titratable)</p> <p><input type="checkbox"/> 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).</p> <p><input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>
	<p>EPINEPHrine 0.5 mg/50 mL NS (PICU) - Tit (EPINEPHrine 0.5 mg/50 mL NS (PICU) - Titratable)</p> <p><input type="checkbox"/> 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).</p> <p><input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



PICU CONTINUOUS MED INFUSION 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	ORDER DETAILS
	<p>DOPamine 160 mg/50 mL D5W (PICU) - Fixed (DOPamine 160 mg/50 mL D5W (PICU) - Fixed Rate)</p> <p><input type="checkbox"/> IVsyr Final concentration= 3.2 mg/mL (3,200 mcg/mL). Provider order required for ALL rate changes.</p> <p><input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>
	<p>EPINEPHrine 2.5 mg/50 mL NS (PICU) - Fix (EPINEPHrine 2.5 mg/50 mL NS (PICU) - Fixed Rate)</p> <p><input type="checkbox"/> IVsyr Final concentration= 0.05 mg/mL (50 mcg/mL). Provider order required for ALL rate changes.</p> <p><input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>
	<p>milrinone 10 mg/50 mL NS (PICU) - Fixed (milrinone 10 mg/50 mL NS (PICU) - Fixed Rate)</p> <p><input type="checkbox"/> IVsyr Final concentration 0.2 mg/mL (200 mcg/mL). Provider order required for ALL rate changes.</p> <p><input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>
	<p>isoproterenol 3.2 mg/50 mL D5W (PICU) - (isoproterenol 3.2 mg/50 mL D5W (PICU) - Fixed Rate)</p> <p><input type="checkbox"/> IVsyr Final concentration = 0.064 mg/mL (64 mcg/mL). Provider order required for ALL rate changes.</p> <p><input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>
	<p>lidocaine 400 mg/50 mL D5W (PICU) - Fixe (lidocaine 400 mg/50 mL D5W (PICU) - Fixed Rate)</p> <p><input type="checkbox"/> IVsyr Final concentration = 8 mg/mL (8,000 mcg/mL). Provider order required for ALL rate changes.</p> <p><input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>
	<p>nitroPRUSSIDE 10 mg/50 mL D5W (PICU) - F (nitroPRUSSIDE 10 mg/50 mL D5W (PICU) - Fixed Rate)</p> <p><input type="checkbox"/> IVsyr Final Concentration = 0.2 mg/mL (200 mcg/mL). Provider order required for ALL rate changes.</p> <p><input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>
	<p>norepinephrine 1.6 mg/50 mL NS (PICU) - (norepinephrine 1.6 mg/50 mL NS (PICU) - Fixed Rate)</p> <p><input type="checkbox"/> IVsyr Final Concentration = 0.032 mg/mL (32 mcg/mL). Provider order required for ALL rate changes.</p> <p><input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>
	<p>Minimum Concentration</p> <p>DOBUTamine 50 mg/50 mL D5W (PICU) - Fixe (DOBUTamine 50 mg/50 mL D5W (PICU) - Fixed Rate)</p> <p><input type="checkbox"/> IVsyr Final concentration= 1 mg/mL (1,000 mcg/mL). Provider order required for ALL rate changes.</p> <p><input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>
	<p>DOPamine 40 mg/50 mL D5W (PICU) - Fixed (DOPamine 40 mg/50 mL D5W (PICU) - Fixed Rate)</p> <p><input type="checkbox"/> IVsyr Final concentration= 0.8 mg/mL (800 mcg/mL). Provider order required for ALL rate changes.</p> <p><input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>
	<p>EPINEPHrine 0.5 mg/50 mL NS (PICU) - Fix (EPINEPHrine 0.5 mg/50 mL NS (PICU) - Fixed Rate)</p> <p><input type="checkbox"/> IVsyr Final concentration= 0.01 mg/mL (10 mcg/mL). Provider order required for ALL rate changes.</p> <p><input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>
	<p>isoproterenol 0.8 mg/50 mL D5W (PICU)- (isoproterenol 0.8 mg/50 mL D5W (PICU) - Fixed Rate)</p> <p><input type="checkbox"/> IVsyr Final concentration = 0.016 mg/mL (16 mcg/mL). Provider order required for ALL rate changes.</p> <p><input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



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
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
Analgesics for Mild Pain	
	<p>***Select only ONE of the following for Mild Pain***</p> <p>acetaminophen (acetaminophen pediatric)</p> <p><input type="checkbox"/> 10 mg/kg, NGT/PO, liq, 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***</p> <p><input type="checkbox"/> 15 mg/kg, NGT/PO, liq, 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***</p> <p><input type="checkbox"/> 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 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***</p> <p><input type="checkbox"/> 500 mg, NGT/PO, tab, 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***</p> <p><input type="checkbox"/> 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 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***</p> <p><input type="checkbox"/> 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***</p> <p><input type="checkbox"/> 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***</p> <p><input type="checkbox"/> 500 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***</p>
	<p>ibuprofen (ibuprofen pediatric)</p> <p><input type="checkbox"/> 5 mg/kg, PO, liq, q6h, PRN pain-mild (scale 1-3) Give with food</p> <p><input type="checkbox"/> 10 mg/kg, PO, liq, q6h, PRN pain-mild (scale 1-3) Give with food</p>
Analgesics for Moderate Pain	
	<p>***Select only ONE of the following for Moderate Pain***</p> <p>***HYDROcodone-acetaminophen: Recommended not to exceed 15 mL/dose***</p> <p>ketorolac</p> <p><input type="checkbox"/> 0.5 mg/kg, IVPush, inj, q6h, x 24 hr Recommended maximum pediatric dose = 15 mg</p> <p><input type="checkbox"/> 0.5 mg/kg, IVPush, inj, q6h, x 48 hr Recommended maximum pediatric dose = 15 mg</p>

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



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
	<p>HYDROcodone-acetaminophen (HYDROcodone-acetaminophen (Norco) 7.5 mg-325 mg/15 mL oral solution)</p> <p><input type="checkbox"/> 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 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***</p> <p><input type="checkbox"/> 2.5 mL, PO, soln, q4h, PRN pain-moderate (scale 4-7) ***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 hours***</p> <p><input type="checkbox"/> 5 mL, PO, soln, q4h, PRN pain-moderate (scale 4-7) ***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 hours***</p> <p><input type="checkbox"/> 10 mL, PO, soln, q4h, PRN pain-moderate (scale 4-7) ***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 hours***</p>
Analgesics for Severe Pain	
	<p>morphine (morphine pediatric)</p> <p><input type="checkbox"/> 0.3 mg/kg, PO, liq, q3h, PRN pain-severe (scale 8-10) <input type="checkbox"/> 0.5 mg/kg, PO, liq, q3h, PRN pain-severe (scale 8-10)</p> <p><input type="checkbox"/> 0.1 mg/kg, IVPush, inj, q2h, PRN pain-severe (scale 8-10) Recommended maximum dose is 2 mg.</p> <p><input type="checkbox"/> 0.2 mg/kg, IVPush, inj, q4h, PRN pain-severe (scale 8-10) Recommended maximum dose is 2 mg.</p> <p><input type="checkbox"/> 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</p>
Scheduled Analgesics	
	<p>Gabapentin frequency increases over a three day period. Select all gabapentin orderables, using the same dose for each day.</p> <p>gabapentin</p> <p><input type="checkbox"/> 5 mg/kg, PO, liq, Nightly, x 1 dose, Day 1. For patients 3-11 years old. Recommended MAX dose of 300 mg.</p> <p><input type="checkbox"/> 100 mg, PO, cap, Nightly, x 1 dose, Day 1. For patients GREATER than 11 years old.</p> <p><input type="checkbox"/> 200 mg, PO, cap, Nightly, x 1 dose, Day 1. For patients GREATER than 11 years old.</p> <p><input type="checkbox"/> 300 mg, PO, cap, Nightly, x 1 dose, Day 1. For patients GREATER than 11 years old.</p>
	<p>gabapentin</p> <p><input type="checkbox"/> 5 mg/kg, PO, liq, BID, x 2 dose, Day 2. For patients 3-11 years old. Recommended MAX dose of 300 mg.</p> <p><input type="checkbox"/> 100 mg, PO, cap, BID, x 2 dose, Day 2. For patients GREATER than 11 years old.</p> <p><input type="checkbox"/> 200 mg, PO, cap, BID, x 2 dose, Day 2. For patients GREATER than 11 years old.</p> <p><input type="checkbox"/> 300 mg, PO, cap, BID, x 2 dose, Day 2. For patients GREATER than 11 years old.</p>
	<p>gabapentin</p> <p><input type="checkbox"/> 5 mg/kg, PO, liq, TID, x 3 dose, Day 3. For patients 3-11 years old. Recommended MAX dose of 300 mg.</p> <p><input type="checkbox"/> 100 mg, PO, cap, TID, x 3 dose, Day 3. For patients GREATER than 11 years old.</p> <p><input type="checkbox"/> 200 mg, PO, cap, TID, x 3 dose, Day 3. For patients GREATER than 11 years old.</p> <p><input type="checkbox"/> 300 mg, PO, cap, TID, x 3 dose, Day 3. For patients GREATER than 11 years old.</p>
Anti-pyretics	

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



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						
	<p>***Select only ONE of the following for Fever***</p> <p>acetaminophen (acetaminophen pediatric)</p> <p><input type="checkbox"/> 10 mg/kg, NGT/PO, liq, 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***</p> <p><input type="checkbox"/> 15 mg/kg, NGT/PO, liq, q6h, 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***</p> <p><input type="checkbox"/> 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 not exceed 4,000 mg of acetaminophen from all sources in 24 hour***</p> <p><input type="checkbox"/> 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***</p> <p><input type="checkbox"/> 10 mg/kg, 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***</p> <p><input type="checkbox"/> 15 mg/kg, rectally, supp, q6h, 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***</p> <p><input type="checkbox"/> 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***</p> <p><input type="checkbox"/> 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***</p>						
	<p>ibuprofen (ibuprofen pediatric)</p> <p><input type="checkbox"/> 5 mg/kg, PO, liq, q6h, PRN fever Give with food</p> <p><input type="checkbox"/> 10 mg/kg, PO, liq, q6h, PRN fever Give with food</p> <p><input type="checkbox"/> 200 mg, PO, tab, q6h, PRN fever Give with food</p>						
Antiemetics							
	<p>***Select only ONE of the following for Nausea/Vomiting***</p> <p>ondansetron (ondansetron pediatric)</p> <table border="0"> <tr> <td><input type="checkbox"/> 0.1 mg/kg, PO, liq, q8h, PRN nausea/vomiting</td> <td><input type="checkbox"/> 0.1 mg/kg, PO, liq, q4h, PRN nausea/vomiting</td> </tr> <tr> <td><input type="checkbox"/> 0.15 mg/kg, PO, liq, q4h, PRN nausea/vomiting</td> <td><input type="checkbox"/> 0.1 mg/kg, IVPush, soln, q8h, PRN nausea/vomiting</td> </tr> <tr> <td><input type="checkbox"/> 0.1 mg/kg, IVPush, soln, q4h, PRN nausea/vomiting</td> <td><input type="checkbox"/> 0.15 mg/kg, IVPush, soln, q4h, PRN nausea/vomiting</td> </tr> </table>	<input type="checkbox"/> 0.1 mg/kg, PO, liq, q8h, PRN nausea/vomiting	<input type="checkbox"/> 0.1 mg/kg, PO, liq, q4h, PRN nausea/vomiting	<input type="checkbox"/> 0.15 mg/kg, PO, liq, q4h, PRN nausea/vomiting	<input type="checkbox"/> 0.1 mg/kg, IVPush, soln, q8h, PRN nausea/vomiting	<input type="checkbox"/> 0.1 mg/kg, IVPush, soln, q4h, PRN nausea/vomiting	<input type="checkbox"/> 0.15 mg/kg, IVPush, soln, q4h, PRN nausea/vomiting
<input type="checkbox"/> 0.1 mg/kg, PO, liq, q8h, PRN nausea/vomiting	<input type="checkbox"/> 0.1 mg/kg, PO, liq, q4h, PRN nausea/vomiting						
<input type="checkbox"/> 0.15 mg/kg, PO, liq, q4h, PRN nausea/vomiting	<input type="checkbox"/> 0.1 mg/kg, IVPush, soln, q8h, PRN nausea/vomiting						
<input type="checkbox"/> 0.1 mg/kg, IVPush, soln, q4h, PRN nausea/vomiting	<input type="checkbox"/> 0.15 mg/kg, IVPush, soln, q4h, PRN nausea/vomiting						
	<p>promethazine (promethazine pediatric)</p> <table border="0"> <tr> <td><input type="checkbox"/> 0.25 mg/kg, PO, liq, q4h, PRN nausea/vomiting</td> <td><input type="checkbox"/> 0.5 mg/kg, PO, liq, q4h, PRN nausea/vomiting</td> </tr> <tr> <td><input type="checkbox"/> 0.25 mg/kg, rectally, supp, q4h, PRN nausea/vomiting</td> <td><input type="checkbox"/> 0.5 mg/kg, rectally, supp, q4h, PRN nausea/vomiting</td> </tr> </table>	<input type="checkbox"/> 0.25 mg/kg, PO, liq, q4h, PRN nausea/vomiting	<input type="checkbox"/> 0.5 mg/kg, PO, liq, q4h, PRN nausea/vomiting	<input type="checkbox"/> 0.25 mg/kg, rectally, supp, q4h, PRN nausea/vomiting	<input type="checkbox"/> 0.5 mg/kg, rectally, supp, q4h, PRN nausea/vomiting		
<input type="checkbox"/> 0.25 mg/kg, PO, liq, q4h, PRN nausea/vomiting	<input type="checkbox"/> 0.5 mg/kg, PO, liq, q4h, PRN nausea/vomiting						
<input type="checkbox"/> 0.25 mg/kg, rectally, supp, q4h, PRN nausea/vomiting	<input type="checkbox"/> 0.5 mg/kg, rectally, supp, q4h, PRN nausea/vomiting						
Constipation Treatment/Prevention							

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



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
	<input type="checkbox"/> Start at rate: _____ units/kg/hr
Laboratory	
	POC Urinalysis Automated w/o Microscopy
	POC PT with INR
	CBC with Differential <input type="checkbox"/> STAT
	Comprehensive Metabolic Panel <input type="checkbox"/> STAT
	C Peptide <input type="checkbox"/> STAT
	Glutamic Acid Decarboxylase 65 Antibodie (Glutamic Acid Decarboxylase 65 Antibodies) <input type="checkbox"/> STAT
	Hemoglobin A1C <input type="checkbox"/> STAT
	IgA <input type="checkbox"/> STAT
	Insulin Autoantibody <input type="checkbox"/> STAT
	Islet Cell Antibody <input type="checkbox"/> STAT
	Magnesium Level <input type="checkbox"/> STAT
	Magnesium Level <input type="checkbox"/> Timed, q12h 2 days
	Phosphorus Level <input type="checkbox"/> STAT
	Phosphorus Level <input type="checkbox"/> Timed, q12h 2 days
	Tissue Transglutaminase Antibody IgA <input type="checkbox"/> STAT
	Urinalysis <input type="checkbox"/> STAT
Respiratory	
	Arterial Blood Gas <input type="checkbox"/> STAT <input type="checkbox"/> q6h
	Venous Blood Gas <input type="checkbox"/> STAT <input type="checkbox"/> q6h

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



PICU MECHANICAL VENTILATION AND NEUROMUSCULAR BLOCKADE 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	ORDER DETAILS
Patient Care	
	Patient Activity <input type="checkbox"/> Bedrest, HOB elevation 30 - 45 degrees
	Obtain Specialty Bed <input type="checkbox"/> Order: Rotorest
	Perform Oral Care <input type="checkbox"/> Per Unit Standards, May use oral care kits. DO NOT use plaque solution, brush teeth without.
	Suction Patient <input type="checkbox"/> Per VAP Guidelines
	Perform Neurological Checks <input type="checkbox"/> q1h <input type="checkbox"/> q1h, until NMBA infusion rate has not changed for 4 hours, then q2h. <input type="checkbox"/> q2h
	Insert Gastric Tube <input type="checkbox"/> Nasogastric - NG <input type="checkbox"/> Dobhoff Tube
	Apply Peripheral Nerve Stimulator
Monitoring	
	Brain Function Monitoring <input type="checkbox"/> Type: Brain Z <input type="checkbox"/> Type: 5 Lead EEG <input type="checkbox"/> Type: SEDline <input type="checkbox"/> Type: Invos
Guideline	
	VAP Prevention Guidelines - Pediatric <input type="checkbox"/> ***See Reference Text***
	Pediatric Neuromuscular Blocking Agent G (Pediatric Neuromuscular Blocking Agent Guidelines) <input type="checkbox"/> ***See Reference Text***
Communication	
	Notify Nurse (DO NOT USE FOR MEDS) <input type="checkbox"/> Do not perform wake up trials while patient is on a paralytic.
	Notify Provider (Misc) <input type="checkbox"/> 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 <input type="checkbox"/> 1 app, both eyes, ophth oint, as needed, PRN dry eyes
	ocular lubricant (Artificial Tears) <input type="checkbox"/> 1 drop, both eyes, ophth soln, as needed, PRN dry eyes
Paralytic	
	Initial Dose vecuronium <input type="checkbox"/> 0.1 mg/kg, IVPush, inj, ONE TIME

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



PICU MECHANICAL VENTILATION AND NEUROMUSCULAR BLOCKADE 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	ORDER DETAILS
	<p>rocuronium <input type="checkbox"/> 1 mg/kg, IVPush, inj, ONE TIME</p>
Titratable Continuous Infusions	
	<p>vecuronium 15 mg/30 mL NS (PICU) - Titra (vecuronium 15 mg/30 mL NS (PICU) - Titratable) <input type="checkbox"/> IVsyr, Max titration: 0.01 mg/kg/hr every 10 minutes, Max dose: 0.15 mg/kg/hr Final Concentration = 1 mg/mL (1000 mcg/mL). <input type="checkbox"/> Start at rate: _____ mg/kg/hr</p>
	<p>rocuronium 30 mg/30 mL NS (PICU) - Titra (rocuronium 30 mg/30 mL NS (PICU) - Titratable) <input type="checkbox"/> IVsyr, Max titration: 1 mcg/kg/min every 5 minutes, Max dose: 12 mcg/kg/min Final Concentration = 1 mg/mL (1000 mcg/mL). <input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>
Fixed Rate Continuous Infusions	
	<p>vecuronium 15 mg/30 mL NS (PICU) - Fixed (vecuronium 15 mg/30 mL NS (PICU) - Fixed Rate) <input type="checkbox"/> IVsyr Final Concentration = 1 mg/mL (1000 mcg/mL). Provider order is REQUIRED for all rate changes. <input type="checkbox"/> Start at rate: _____ mg/kg/hr</p>
	<p>rocuronium 30 mg/30 mL NS (PICU) - Fixed (rocuronium 30 mg/30 mL NS (PICU) - Fixed Rate) <input type="checkbox"/> IVsyr Final Concentration = 1 mg/mL (1000 mcg/mL). Provider order is REQUIRED for all rate changes. <input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>
Respiratory	
	Ventilator Settings
	Ventilator Settings APRV
	Ventilator Settings HFOV
	CPAP
	BiPAP
	Arterial Blood Gas
	End Tidal CO2 Monitoring
	Weaning Parameters

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



PICU SEDATION AND PAIN MED 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	ORDER DETAILS
IV Solutions	
NS <input type="checkbox"/> IV, mL/hr	
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
Initial Dose	
Analgesia morphine (morphine pediatric) <input type="checkbox"/> 0.1 mg/kg, IVPush, inj, ONE TIME Maximum recommended dose is 4 mg. <input type="checkbox"/> 0.2 mg/kg, IVPush, inj, ONE TIME Maximum recommended dose is 4 mg. <input type="checkbox"/> 2 mg, IVPush, inj, ONE TIME, For patients GREATER than 50 kg	
fentaNYL (fentaNYL pediatric) <input type="checkbox"/> 0.5 mcg/kg, IVPush, inj, ONE TIME <input type="checkbox"/> 1 mcg/kg, IVPush, inj, ONE TIME <input type="checkbox"/> 25 mcg, IVPush, inj, ONE TIME, For patients GREATER than 50 kg <input type="checkbox"/> 50 mcg, IVPush, inj, ONE TIME, For patients GREATER than 50 kg	
Sedation midazolam (midazolam pediatric) <input type="checkbox"/> 0.05 mg/kg, IVPush, inj, ONE TIME Maximum recommended dose is 4 mg. ***Sedative medications should only be given after pain is adequately controlled.*** <input type="checkbox"/> 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.*** <input type="checkbox"/> 2 mg, IVPush, inj, ONE TIME, For patients GREATER than 40 kg	
PENTobarbital (PENTobarbital pediatric) <input type="checkbox"/> 1 mg/kg, IVPush, inj, ONE TIME ***Sedative medications should only be given after pain is adequately controlled.***	
propofol <input type="checkbox"/> 1 mg/kg, IVPush, inj, ONE TIME ***Sedative medications should only be given after pain is adequately controlled.***	
ketamine (ketamine pediatric) <input type="checkbox"/> 0.5 mg/kg, IVPush, inj, ONE TIME ***Sedative medications should only be given after pain is adequately controlled.*** <input type="checkbox"/> 1 mg/kg, IVPush, inj, ONE TIME ***Sedative medications should only be given after pain is adequately controlled.***	
Intermittent Dose	
Analgesia morphine (morphine pediatric) <input type="checkbox"/> 0.05 mg/kg, IVPush, inj, q2h, PRN pain-with sedation (scale 4-10) Maximum recommended dose is 4 mg. <input type="checkbox"/> 0.1 mg/kg, IVPush, inj, q2h, PRN pain-with sedation (scale 4-10) Maximum recommended dose is 4 mg. <input type="checkbox"/> 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: _____ Date _____ 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
	<input type="checkbox"/> 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) <input type="checkbox"/> Start at rate: _____ mcg/kg/min <input type="checkbox"/> IV, 36 hr
	Dosing for ALL weights: dexmedetomidine 200 mcg/50 mL (PICU) - F (dexmedetomidine 200 mcg/50 mL (PICU) - Fixed Rate) <input type="checkbox"/> Start at rate: _____ mcg/kg/hr <input type="checkbox"/> IVsyr
	ketamine 250 mg/50 mL NS (PICU) - Fixed (ketamine 250 mg/50 mL NS (PICU) - Fixed Rate) <input type="checkbox"/> Start at rate: _____ mcg/kg/min <input type="checkbox"/> IVsyr
	PENTobarbital 250 mg/50 mL NS (PICU) - F (PENTobarbital 250 mg/50 mL NS (PICU) - Fixed Rate) <input type="checkbox"/> Start at rate: _____ mg/kg/hr <input type="checkbox"/> IVsyr

Laboratory

If a patient remains on propofol infusion after 48 hours monitor triglycerides now and every 3 days until propofol discontinued.

Triglycerides

Notify Provider (Misc) (Notify Provider of Results)
 Reason: Triglyceride Level greater than 400 mg/dL.

TO Read Back Scanned Powerchart Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____
 Physician Signature: _____ Date _____ Time _____