

PEDIATRIC BEDSIDE DEEP SEDATION PLAN EKM
- Phase: Intra-Procedure Orders

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

T;N, Per Policy

Patient Position

Lying on Left Side

Prone

Other

Lying on Right Side

Supine

Oxygen Administration

Via: Nasal cannula, Keep sats greater than: 90%

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

Reversal Agent

flumazenil

0.01 mg/kg, IVPush, inj, q1min, PRN excess sedation
Max Dose: 0.2 mg

lidocaine (lidocaine 4% inhalation solution)

2 mL, inhalation, soln, ONE TIME, PRN shortness of breath or wheezing

naloxone

0.01 mg/kg, IVPush, inj, q2min, PRN bradypnea
Max Dose: 0.2 mg

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Physician Signature: _____ Date _____ Time _____



PEDIATRIC BEDSIDE DEEP SEDATION PLAN EKM
 - Phase: Nursing Medication Documentation
 Phase

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
Communication	
This phase is for nursing documentation only. This phase should only be entered by nurses for medication documentation following a procedure. Procedural Sedation Medications Guidelin (Procedural Sedation Medications Guidelines)	
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
Analgesics	
Recommended dosing for pediatrics is 0.5 mcg/kg - 1 mcg/kg, not to exceed adult dosing. fentaNYL <input type="checkbox"/> mcg, IVPush, inj, ONE TIME For Procedural Sedation Only. See INet for incremental dosing of this medication during procedure.	
Sedatives	
Recommended dosing in pediatrics for oral is 0.25 mg/kg - 0.5 mg/kg, and for IV is 0.05 mg/kg - 0.1 mg/kg, not to exceed adult dosing. midazolam <input type="checkbox"/> mg, PO, liq, ONE TIME For Procedural Sedation Only. See INet for incremental dosing of this medication during procedure. <input type="checkbox"/> mg, IVPush, liq, ONE TIME For Procedural Sedation Only. See INet for incremental dosing of this medication during procedure.	
Recommended loading dose for pediatrics is 0.5 mcg/kg - 2 mcg/kg over 10 minutes not to exceed adult dosing. Recommended maintenance dose is 0.5 mcg/kg/hr - 1 mcg/kg/hr. dexmedeTOMIDine (dexmedetomidine 20 mcg/10 mL) <input type="checkbox"/> mcg, Slow IVPush, inj, ONE TIME For Deep Sedation Use Only. See INet for incremental dosing of this medication during procedural sedation.	
Recommended IV DOSING for pediatrics is 0.5 mg/kg - 1 mg/kg , not to exceed adult dosing. ketamine <input type="checkbox"/> 4 mg/kg, PO, inj, ONE TIME For Procedural Sedation only. See INet for incremental dosing of this medication during procedural sedation. <input type="checkbox"/> 6 mg/kg, PO, inj, ONE TIME For Procedural Sedation only. See INet for incremental dosing of this medication during procedural sedation. <input type="checkbox"/> 8 mg/kg, PO, inj, ONE TIME For Procedural Sedation only. See INet for incremental dosing of this medication during procedural sedation. <input type="checkbox"/> mg, IVPush, inj, ONE TIME For Procedural Sedation only. See INet for incremental dosing of this medication during procedural sedation.	
Recommended dosing for pediatrics is 0.5 mg/kg - 1 mg/kg, not to exceed adult dosing. propofol <input type="checkbox"/> mg, IVPush, inj, ONE TIME For Procedural Sedation only. See INet for incremental dosing of this medication during procedural sedation.	

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PEDIATRIC BEDSIDE DEEP SEDATION PLAN EKM
- Phase: Post-Procedure Orders

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	
	Convert IV to INT
	Discontinue Peripheral Line
	Patient Activity <input type="checkbox"/> Up Ad Lib/Activity as Tolerated <input type="checkbox"/> Bedrest <input type="checkbox"/> Bedrest, Bed Position: HOB Flat
Communication	
	Notify Provider of VS Parameters
	Notify Nurse (DO NOT USE FOR MEDS)
	Confirm Line Placement - Cleared for Use (Cleared for Use - CVL)
Dietary	
	Outpatient Diet <input type="checkbox"/> Clear Liq. Advance to Pre-Hospital Diet <input type="checkbox"/> Clear Liquid
Diagnostic Tests	
	DX Chest Single View
...Additional Orders	

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PEDIATRIC BEDSIDE DEEP SEDATION PLAN EKM
- Phase: Pre-Procedures Orders

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	
	Pediatric Deep Sedation Medications at B (Pediatric Deep Sedation Medications at Bedside)
	Insert Peripheral Line
	Set Up for Biopsy
	Set Up for Cast Application
	Set Up for Central Line Placement
	Set Up for Chest Tube
	Set Up for Closed Reduction
	Set Up for Fracture Manipulation
	Set Up for Incision and Drainage at Beds (Set Up for Incision and Drainage at Bedside)
	Set Up for Laceration Repair
	Set Up for Lumbar Puncture
	Set Up for Paracentesis
	Set Up for Thoracentesis
	Set Up for Nitrous Oxide Administration to be used only in the Emergency Center
	Set Up for Nitrous Oxide Administration
Communication	
	Notify Nurse (DO NOT USE FOR MEDS) <input type="checkbox"/> T;N, Verify the Deep Sedation - MAC Record form has been printed from EasyWEB for physician charting.
	Notify Nurse (DO NOT USE FOR MEDS) <input type="checkbox"/> T;N, Ensure IV is patent
	Obtain Consent <input type="checkbox"/> T;N, Consent for: Deep sedation
Dietary	
	NPO Diet <input type="checkbox"/> NPO
IV Solutions	
	NS <input type="checkbox"/> IV, 20 mL/hr
Medications	
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.
	famotidine <input type="checkbox"/> 0.5 mg/kg, IVPush, inj, ONE TIME Recommended maximum of 20 mg/dose. <input type="checkbox"/> 1 mg/kg, IVPush, inj, ONE TIME Recommended maximum of 20 mg/dose. <input type="checkbox"/> 20 mg, IVPush, inj, ONE TIME Recommended maximum of 20 mg/dose.

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PEDIATRIC BEDSIDE DEEP SEDATION PLAN EKM
- Phase: Pre-Procedures Orders

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>ondansetron</p> <p><input type="checkbox"/> 0.1 mg/kg, PO, liq, q4h, PRN nausea Recommended maximum dose is 4 mg.</p> <p><input type="checkbox"/> 0.1 mg/kg, PO, liq, q8h, PRN nausea Recommended maximum dose is 4 mg.</p> <p><input type="checkbox"/> 0.1 mg/kg, IVPush, inj, q4h, PRN nausea Recommended maximum dose is 4 mg.</p> <p><input type="checkbox"/> 0.1 mg/kg, IVPush, inj, q8h, PRN nausea Recommended maximum dose is 4 mg.</p>

...Additional Orders

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PEDIATRIC BEDSIDE DEEP SEDATION PLAN EKM
 - Phase: PEDIATRIC ALL BETTER CARE SDO -
 DR. B. PAYNE MD

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. B. Payne MD and use STANDING DELEGATION per policy #PC-70..

Pediatric All Better Care Guidelines

See Reference Text

Apply Pain Management Vibrating Device

Place next to site of needle stick for intramuscular injections and/or immunizations only.

sucrose 24% oral solution (Sweet-Ease)

2 mL orally every 2 minutes as needed for anxiety. Dip pacifier in solution or administer directly into mouth. (Recommended not to exceed 4 doses)

pentofluoropropane-tetrafluoroethane spr (pentofluoropropane-tetrafluoroethane spray (Pain-Ease))

1 spray topically every 1 minute as needed for numbing of injection site.

lidocaine topical (lidocaine 4% topical cream)

1 app, topical, cream, as needed, PRN other

For numbing of injection site. Apply 30 - 60 min prior to procedure. Do not reapply more often than every 4 hours. Ordered via Pediatric All Better Care SDO - Dr. B. Payne MD Standing Delegated Order.

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PEDIATRIC BEDSIDE DEEP SEDATION PLAN EKM
- Phase: PEDIATRIC DISCOMFORT 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
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
Analgesics for Mild Pain	
Select only ONE of the following for Mild Pain	
acetaminophen (acetaminophen pediatric)	
<input type="checkbox"/> 15 mg/kg, PO, liq, q6h, PRN pain-mild (scale 1-3) If acetaminophen and ibuprofen both ordered, administer medications in alternating order. ***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***	
<input type="checkbox"/> 40 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) If acetaminophen and ibuprofen both ordered, administer medications in alternating order. ***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***	
<input type="checkbox"/> 80 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) If acetaminophen and ibuprofen both ordered, administer medications in alternating order. ***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***	
<input type="checkbox"/> 120 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) If acetaminophen and ibuprofen both ordered, administer medications in alternating order. ***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***	
<input type="checkbox"/> 160 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) If acetaminophen and ibuprofen both ordered, administer medications in alternating order. ***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***	
<input type="checkbox"/> 240 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) If acetaminophen and ibuprofen both ordered, administer medications in alternating order. ***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***	
<input type="checkbox"/> 320 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) If acetaminophen and ibuprofen both ordered, administer medications in alternating order. ***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***	
<input type="checkbox"/> 400 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) If acetaminophen and ibuprofen both ordered, administer medications in alternating order. ***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***	
<input type="checkbox"/> 500 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) If acetaminophen and ibuprofen both ordered, administer medications in alternating order. ***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***	
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PEDIATRIC BEDSIDE DEEP SEDATION PLAN EKM
- Phase: PEDIATRIC DISCOMFORT 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
	<input type="checkbox"/> 325 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) If acetaminophen and ibuprofen both ordered, administer medications in alternating order. ***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*** <input type="checkbox"/> 500 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) If acetaminophen and ibuprofen both ordered, administer medications in alternating order. ***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) <input type="checkbox"/> 10 mg/kg, PO, liq, q6h, PRN pain-mild (scale 1-3) <input type="checkbox"/> 50 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) <input type="checkbox"/> 80 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) <input type="checkbox"/> 100 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) <input type="checkbox"/> 150 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) <input type="checkbox"/> 200 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) <input type="checkbox"/> 200 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) <input type="checkbox"/> 250 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) <input type="checkbox"/> 300 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) <input type="checkbox"/> 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) <input type="checkbox"/> 600 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)
Analgesics for Moderate Pain	
	Select only ONE of the following for Moderate Pain ketorolac <input type="checkbox"/> 0.5 mg/kg, IVPush, inj, q6h, PRN pain-moderate (scale 4-6), x 48 hr <input type="checkbox"/> 0.5 mg/kg, IVPush, inj, q6h, x 24 hr <input type="checkbox"/> 15 mg, IVPush, inj, q6h, PRN pain-moderate (scale 4-6), x 48 hr <input type="checkbox"/> 15 mg, IVPush, inj, q6h, x 24 hr <input type="checkbox"/> 0.5 mg/kg, IVPush, inj, q6h, x 48 hr <input type="checkbox"/> 15 mg, IVPush, inj, q6h, x 48 hr
	HYDROcodone-acetaminophen: Recommended not to exceed 15 mL/dose HYDROcodone-acetaminophen (HYDROcodone-acetaminophen (Norco) 7.5 mg-325 mg/15 mL oral solution) <input type="checkbox"/> 0.2 mL/kg, PO, soln, q4h, PRN pain-moderate (scale 4-6) If hydrocodone/acetaminophen contraindicated or ineffective, use ketorolac if ordered. ***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*** <input type="checkbox"/> 2.5 mL, PO, soln, q4h, PRN pain-moderate (scale 4-6) If hydrocodone/acetaminophen contraindicated or ineffective, use ketorolac if ordered. ***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*** <input type="checkbox"/> 5 mL, PO, soln, q4h, PRN pain-moderate (scale 4-6) If hydrocodone/acetaminophen contraindicated or ineffective, use ketorolac if ordered. ***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*** <input type="checkbox"/> 10 mL, PO, soln, q4h, PRN pain-moderate (scale 4-6) If hydrocodone/acetaminophen contraindicated or ineffective, use ketorolac if ordered. ***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*** Continued on next page....

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PEDIATRIC BEDSIDE DEEP SEDATION PLAN EKM
- Phase: PEDIATRIC DISCOMFORT 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
	<input type="checkbox"/> 15 mL, PO, soln, q4h, PRN pain-moderate (scale 4-6) If hydrocodone/acetaminophen contraindicated or ineffective, use ketorolac if ordered. ***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***
Analgesics for Severe Pain	
	morphine (morphine pediatric) <input type="checkbox"/> 0.3 mg/kg, PO, liq, q3h, PRN pain-severe (scale 7-10) <input type="checkbox"/> 0.5 mg/kg, PO, liq, q3h, PRN pain-severe (scale 7-10) <input type="checkbox"/> 10 mg, PO, liq, q3h, PRN pain-severe (scale 7-10) <input type="checkbox"/> 15 mg, PO, liq, q3h, PRN pain-severe (scale 7-10) <input type="checkbox"/> 0.05 mg/kg, IVPush, inj, q4h, PRN pain-severe (scale 7-10) Recommended maximum dose is 2 mg. <input type="checkbox"/> 0.1 mg/kg, IVPush, inj, q2h, PRN pain-severe (scale 7-10) Recommended maximum dose is 2 mg. <input type="checkbox"/> 2 mg, IVPush, inj, q4h, PRN pain-severe (scale 7-10)
Scheduled Analgesics	
	Gabapentin frequency increases over a three day period. Select all gabapentin orderables, using the same dose for each day. gabapentin <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. <input type="checkbox"/> 100 mg, PO, cap, Nightly, x 1 dose, Day 1. For patients GREATER than 11 years old. <input type="checkbox"/> 200 mg, PO, cap, Nightly, x 1 dose, Day 1. For patients GREATER than 11 years old. <input type="checkbox"/> 300 mg, PO, cap, Nightly, x 1 dose, Day 1. For patients GREATER than 11 years old.
	gabapentin <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. <input type="checkbox"/> 100 mg, PO, cap, BID, x 2 dose, Day 2. For patients GREATER than 11 years old. <input type="checkbox"/> 200 mg, PO, cap, BID, x 2 dose, Day 2. For patients GREATER than 11 years old. <input type="checkbox"/> 300 mg, PO, cap, BID, x 2 dose, Day 2. For patients GREATER than 11 years old.
	gabapentin <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. <input type="checkbox"/> 100 mg, PO, cap, TID, x 3 dose, Day 3. For patients GREATER than 11 years old. <input type="checkbox"/> 200 mg, PO, cap, TID, x 3 dose, Day 3. For patients GREATER than 11 years old. <input type="checkbox"/> 300 mg, PO, cap, TID, x 3 dose, Day 3. For patients GREATER than 11 years old.
Anti-pyretics	
	Select only ONE of the following for Fever

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PEDIATRIC BEDSIDE DEEP SEDATION PLAN EKM
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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>acetaminophen (acetaminophen pediatric)</p> <p><input type="checkbox"/> 15 mg/kg, PO, liq, q6h, PRN fever If acetaminophen and ibuprofen both ordered, administer medications in alternating order. ***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"/> 40 mg, PO, liq, q6h, PRN fever If acetaminophen and ibuprofen both ordered, administer medications in alternating order. ***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"/> 80 mg, PO, liq, q6h, PRN fever If acetaminophen and ibuprofen both ordered, administer medications in alternating order. ***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"/> 120 mg, PO, liq, q6h, PRN fever If acetaminophen and ibuprofen both ordered, administer medications in alternating order. ***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"/> 160 mg, PO, liq, q6h, PRN fever If acetaminophen and ibuprofen both ordered, administer medications in alternating order. ***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"/> 240 mg, PO, liq, q6h, PRN fever If acetaminophen and ibuprofen both ordered, administer medications in alternating order. ***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"/> 320 mg, PO, liq, q6h, PRN fever If acetaminophen and ibuprofen both ordered, administer medications in alternating order. ***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"/> 400 mg, PO, liq, q6h, PRN fever If acetaminophen and ibuprofen both ordered, administer medications in alternating order. ***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, PO, liq, q6h, PRN fever If acetaminophen and ibuprofen both ordered, administer medications in alternating order. ***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, PO, tab, q6h, PRN fever If acetaminophen and ibuprofen both ordered, administer medications in alternating order. ***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>Continued on next page....</p>

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PEDIATRIC BEDSIDE DEEP SEDATION PLAN EKM
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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"/> 500 mg, PO, tab, q6h, PRN fever If acetaminophen and ibuprofen both ordered, administer medications in alternating order. ***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) <input type="checkbox"/> 10 mg/kg, PO, liq, q6h, PRN fever <input type="checkbox"/> 80 mg, PO, liq, q6h, PRN fever <input type="checkbox"/> 150 mg, PO, liq, q6h, PRN fever <input type="checkbox"/> 200 mg, PO, tab, q6h, PRN fever <input type="checkbox"/> 300 mg, PO, liq, q6h, PRN fever <input type="checkbox"/> 600 mg, PO, tab, q6h, PRN fever <input type="checkbox"/> 50 mg, PO, liq, q6h, PRN fever <input type="checkbox"/> 100 mg, PO, liq, q6h, PRN fever <input type="checkbox"/> 200 mg, PO, liq, q6h, PRN fever <input type="checkbox"/> 250 mg, PO, liq, q6h, PRN fever <input type="checkbox"/> 400 mg, PO, tab, q6h, PRN fever
Antiemetics	
	Select only ONE of the following for Nausea/Vomiting ondansetron (ondansetron pediatric) <input type="checkbox"/> 0.1 mg/kg, PO, liq, q8h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if ordered. <input type="checkbox"/> 0.1 mg/kg, PO, liq, q4h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if ordered. <input type="checkbox"/> 0.15 mg/kg, PO, liq, q4h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if ordered. <input type="checkbox"/> 4 mg, PO, liq, q4h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if ordered. <input type="checkbox"/> 0.1 mg/kg, IVPush, soln, q8h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if ordered. <input type="checkbox"/> 0.1 mg/kg, IVPush, soln, q4h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if ordered. <input type="checkbox"/> 0.15 mg/kg, IVPush, soln, q4h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if ordered. <input type="checkbox"/> 4 mg, IVPush, soln, q4h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if ordered.
	promethazine (promethazine pediatric) <input type="checkbox"/> 0.25 mg/kg, PO, liq, q4h, PRN nausea <input type="checkbox"/> 12.5 mg, PO, liq, q4h, PRN nausea <input type="checkbox"/> 0.5 mg/kg, rectally, supp, q4h, PRN nausea <input type="checkbox"/> 0.5 mg/kg, PO, liq, q4h, PRN nausea <input type="checkbox"/> 0.25 mg/kg, rectally, supp, q4h, PRN nausea <input type="checkbox"/> 12.5 mg, rectally, supp, q4h, PRN nausea
Constipation Treatment/Prevention	
	glycerin (glycerin pediatric rectal suppository) <input type="checkbox"/> 0.25 supp, rectally, ONE TIME <input type="checkbox"/> 1 supp, rectally, ONE TIME <input type="checkbox"/> 0.5 supp, rectally, ONE TIME <input type="checkbox"/> 1 supp, rectally, Daily, PRN constipation
	docusate (docusate sodium) <input type="checkbox"/> 40 mg, PO, liq, Nightly, for patients LESS than 3 years of age <input type="checkbox"/> 50 mg, PO, liq, Nightly, for patients GREATER than or EQUAL to 3 years of age <input type="checkbox"/> 100 mg, PO, liq, Nightly, for patients GREATER than or EQUAL to 3 years of age <input type="checkbox"/> 100 mg, PO, cap, Nightly, for patients GREATER than or EQUAL to 3 years of age

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



PEDIATRIC BEDSIDE DEEP SEDATION PLAN EKM
- Phase: PEDIATRIC DISCOMFORT 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
	<p>polyethylene glycol 3350</p> <p><input type="checkbox"/> 0.5 packet, PO, liq, Daily, [1 packet = 17 g] Mix in 4-8 oz of water, juice, soda, coffee, or tea.</p> <p><input type="checkbox"/> 1 packet, PO, liq, Daily, [1 packet = 17 g] Mix in 4-8 oz of water, juice, soda, coffee, or tea.</p>
	<p>Notify Nurse (DO NOT USE FOR MEDS)</p> <p><input type="checkbox"/> Give patient ____ ounces of prune juice daily.</p>

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Physician Signature: _____ Date _____ Time _____

