UMC	Health	System
01110	neun	Oy Stern

PEDIATRIC BETA BLOCKER THERAPY FOR BURN METABOLISM PLAN

Patient Label Here

PHYSICIAN ORDERS					
Diagnos	osis				
Weight	nt Allergies	Allergies			
	Place an "X" in the Orders column to designate orders of choice AND an "x	x" in the specific order detail box(es) where applicable.			
ORDER	R ORDER DETAILS				
	Patient Care				
	This plan is intended to reduce the hyperdynamic response to burn, with potential impact on long term mortality, function, PTSD and graft healing. This is NOT intended to control hypertension, tachycardia, or cardiac arrhythmias				
	Utilize this plan for pediatric patients weighing less than 30 kg. If greater than or equal to 30 kg, utilize the adult beta-blocker therapy burn metabolism plan for adults				
	Medications				
	Medication sentences are per dose. You will need to calculate a total daily Start once resuscitation is complete and no sooner than 24 hours post-injury and				
	propranolol				
	0.25 mg/kg, per tube, liq, q12h, x 24 hr	5 mg/kg, PO, liq, q12h, x 24 hr			
	 propranolol 0.5 mg/kg, per tube, liq, q12h, x 24 hr Dosages do not need to be adjusted to target heart rates. Dose should be held, decreased, or discontinued if bradycardia (heart rate less than 50), bronchospasm, or hypotension (mean arterial pressure less than 60) arise or if patient requires vasopressors. 0.5 mg/kg, PO, liq, q12h, x 24 hr Dosages do not need to be adjusted to target heart rates. Dose should be held, decreased, or discontinued if bradycardia (heart rate less than 50), bronchospasm, or hypotension (mean arterial pressure less than 60) arise or if patient requires vasopressors. 				
	 propranolol 0.5 mg/kg, per tube, liq, q8h, x 48 hr Dosages do not need to be adjusted to target heart rates. Dose should be held, decreased, or discontinued if bradycardia (heart rate less than 50), bronchospasm, or hypotension (mean arterial pressure less than 60) arise or if patient requires vasopressors. 0.5 mg/kg, PO, liq, q8h, x 48 hr Dosages do not need to be adjusted to target heart rates. Dose should be held, decreased, or discontinued if bradycardia (heart rate less than 50), bronchospasm, or hypotension (mean arterial pressure less than 60) arise or if patient requires vasopressors. 				
	 propranolol 0.5 mg/kg, per tube, liq, q6h Dosages do not need to be adjusted to target heart rates. Dose should be held, decreased, or discontinued if bradycardia (heart rate less than 50), bronchospasm, or hypotension (mean arterial pressure less than 60) arise or if patient requires vasopressors. Continue until patient is 95% healed. Beta-blocker should be continued for 2 years or until the patient reaches 14 years of age, whichever comes first 0.5 mg/kg, PO, liq, q6h Dosages do not need to be adjusted to target heart rates. Dose should be held, decreased, or discontinued if bradycardia (heart rate less than 50), bronchospasm, or hypotension (mean arterial pressure less than 60) arise or if patient requires vasopressors. Continue until patient is 95% healed. Beta-blocker should be held, decreased, or discontinued if bradycardia (heart rate less than 50), bronchospasm, or hypotension (mean arterial pressure less than 60) arise or if patient requires vasopressors. Continue until patient is 95% healed. Beta-blocker should be continued for 2 years or until the patient requires vasopressors. Continue until patient is 95% healed. Beta-blocker should be continued for 2 years or until the patient reaches 14 years of age, whichever comes first 				
Пто	D 🗌 Read Back 🔲 Scan	nned Powerchart			
Order Take	Order Taken by Signature: Time Date Time				
Physician Signature:		Date Time			



	UMC Health System	Р	atient Label Here
PEDIATRIC BETA BLOCKER THERAPY FOR BURN METABOLISM PLAN			
	PHYSICIA Place an "X" in the Orders column to designate orders of choice AN	N ORDERS	lar datail bay(aa) whara applicable
ORDER			ler detail box(es) where applicable.
∟ □ то	Read Back	Scanned Powerchart	☐ Scanned PharmScan
Order Taken by Signature: Physician Signature:		_	