

<b>UMC Health System</b>  <b>PEDIATRIC LIFEGIFT BRAIN DEATH PLAN</b>	<b>Patient Label Here</b>
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**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**

**Admit/Discharge/Transfer**

THIS PLAN IS TO BE ORDERED ONLY ON THE LIFEGIFT ENCOUNTER, WITH DR LIFEGIFT AS THE ATTENDING.  
 Before this Code Status order can be placed, any previous code status order must be cancelled.  
**Code Status** \_\_\_\_\_ Code Status: Full Code

**Patient Care**

**Vital Signs**   q1h

**Strict Intake and Output**  q1h

**Record Urinary Catheter Output**  q1h

**Core Body Temperature Monitoring**  
 Maintain body temp 96-99 degrees Fahrenheit. Utilize Hyper/Hypothermia blanket prn

**Set Up for Arterial Line Placement**

**Arterial Pressure Monitoring**  
 q1h

**Set Up for Central Line Placement**

**Central Venous Pressure Monitoring**  
 q1h

**Insert Gastric Tube**  
 Nasogastric - NG  Orogastric - OG  
 Sump  Other

**Gastric Tube to Suction**  
 Method: Low Intermittent Suction

**Insert Urinary Catheter**  
 Catheter Type: Foley, To: Dependent Drainage Bag

**Urinary Catheter Care**  
 Foley to dependent drainage bag. Daily Foley care.

**Set Up for Bronchoscopy**  
 BAL with Gram Stain

**Set Up for Bronchoscopy**  
 q24 hrs w/o gram stain

**Communication**

\_\_\_\_\_

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PEDIATRIC LIFE GIFT BRAIN DEATH PLAN

PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	<p><b>Notify Provider of VS Parameters</b></p> <p><input type="checkbox"/> SBP Greater Than 90, SBP Less Than 60, Newborn <input type="checkbox"/> SBP Greater Than 100, SBP Less Than 74, Infant</p> <p><input type="checkbox"/> SBP Greater Than 112, SBP Less Than 80, Toddler <input type="checkbox"/> SBP Greater Than 120, SBP Less Than 104, School Age</p> <p><input type="checkbox"/> SBP Greater Than 140, SBP Less Than 94, Adolescent</p>
	<p><b>Notify Nurse (DO NOT USE FOR MEDS)</b></p> <p><input type="checkbox"/> Prior to initiating the vasopressin and insulin drips, approval must be given by the LifeGift Coordinator.</p>
	<p><b>Notify Nurse (DO NOT USE FOR MEDS)</b></p> <p><input type="checkbox"/> Obtain Trop I Stat off of I-Stat machine from ER</p>
	<p><b>Notify Nurse (DO NOT USE FOR MEDS)</b></p> <p><input type="checkbox"/> High lateral turns q2 hours</p>
<b>IV Solutions</b>	
	<p><b>D5W</b></p> <p><input type="checkbox"/> IV, mL/hr <input type="checkbox"/> IV, 50 mL/hr</p> <p><input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 125 mL/hr</p> <p><input type="checkbox"/> IV, 150 mL/hr <input type="checkbox"/> IV, 200 mL/hr</p>
	<p><b>D5 1/2 NS</b></p> <p><input type="checkbox"/> IV, mL/hr <input type="checkbox"/> IV, 50 mL/hr</p> <p><input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 125 mL/hr</p> <p><input type="checkbox"/> IV, 150 mL/hr <input type="checkbox"/> IV, 200 mL/hr</p>
	<p><b>D5 1/2 NS + 20 mEq KCl/L</b></p> <p><input type="checkbox"/> IV, mL/hr <input type="checkbox"/> IV, 50 mL/hr</p> <p><input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 125 mL/hr</p> <p><input type="checkbox"/> IV, 150 mL/hr <input type="checkbox"/> IV, 200 mL/hr</p>
	<p><b>LR</b></p> <p><input type="checkbox"/> IV, mL/hr <input type="checkbox"/> IV, 50 mL/hr</p> <p><input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 125 mL/hr</p> <p><input type="checkbox"/> IV, 150 mL/hr <input type="checkbox"/> IV, 200 mL/hr</p>
	<p><b>NS</b></p> <p><input type="checkbox"/> IV, mL/hr <input type="checkbox"/> IV, 50 mL/hr</p> <p><input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 125 mL/hr</p> <p><input type="checkbox"/> IV, 150 mL/hr <input type="checkbox"/> IV, 200 mL/hr</p>
<b>Medications</b>	
<b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b>	
	<p><b>albuterol (albuterol 2.5 mg/3 mL (0.083%) inhalation solution)</b></p> <p><input type="checkbox"/> 2.5 mg, inhalation, soln, q4h</p>
	<p><b>ocular lubricant</b></p> <p><input type="checkbox"/> 1 app, both eyes, ophth oint, q4h</p>
<b>Continuous Infusion</b>	
	<p><b>DOPamine 160 mg/50 mL D5W (PICU) - Titra (DOPamine 160 mg/50 mL D5W (PICU) - Titratable)</b></p> <p><input type="checkbox"/> Start at rate: _____ mcg/kg/min</p> <p><input type="checkbox"/> IVsyr, Max titration: 2 mcg/kg/min 10 minutes, Max dose: 20 mcg/kg/min</p> <p>Final concentration= 3.2 mg/mL (3200 mcg/mL). Notify LifeGift coordinator if administered dose (rate) is greater than the usual dose range.</p> <p>Continued on next page....</p>

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	<b>norepinephrine 1.6 mg/50 mL NS (PICU) - (norepinephrine 1.6 mg/50 mL NS (PICU) - Titratable)</b> <input type="checkbox"/> IVsyr, Max titration: 0.02 mcg/kg/min 10 minutes, Max dose: 1 mcg/kg/min Final concentration = 0.032 mg/mL (32 mcg/mL). Notify LifeGift coordinator if administered dose (rate) is greater than the usual dose range. <input type="checkbox"/> Start at rate: _____ mcg/kg/min
	<b>phenylephrine 10 mg/250 mL NS (PICU) - T (phenylephrine 10 mg/250 mL NS (PICU) - Titratable)</b> <input type="checkbox"/> IVsyr, Max titration: 0.02 mcg/kg/min 10 minutes, Max dose: 1 mcg/kg/min Final concentration = 0.04 mg/mL (40 mcg/mL). Notify LifeGift coordinator if administered dose (rate) is greater than the usual dose range. <input type="checkbox"/> Start at rate: _____ mcg/kg/min
<b>Antimicrobials</b>	
	<b>piperacillin-tazobactam (piperacillin-tazobactam pediatric)</b> <input type="checkbox"/> 100 mg/kg, IVPB syr, syringe, q8h, Infuse over 30 min, [300 mg piperacillin/kg/DAY], Pre-OP/Post-Op Prophylaxis
	<b>vancomycin (vancomycin pediatric)</b> <input type="checkbox"/> 15 mg/kg, IVPB syr, syringe, q6h, Infuse over 90 min, [60 mg/kg/DAY], [MONITORING ADVISED] Pharmacy to dose and monitor, Pre-OP/Post-Op Prophylaxis
	<b>micafungin (micafungin pediatric)</b> <input type="checkbox"/> 3 mg/kg, IVPB syr, syringe, q24h Maximum recommended dose is 100 mg <input type="checkbox"/> 10 mg/kg, IVPB syr, syringe, q24h Maximum recommended dose is 100 mg
	<b>fluconazole (fluconazole pediatric)</b> <input type="checkbox"/> 6 mg/kg, IVPB syr, syringe, q24h, Infuse over 1 hr Maximum recommended dose is 400 mg
<b>Hormonal Therapy Protocol - Initiation</b>	
	<b>methylPREDNISolone (methylPREDNISolone Na succinate)</b> <input type="checkbox"/> 15 mg/kg, IVPB, ivpb, q24h, Infuse over 30 min Maximum recommended dose is 1,000 mg
<b>Hormonal Therapy Protocol-Levothyroxine</b>	
	<b>levothyroxine (levothyroxine pediatric)</b> <input type="checkbox"/> 5 mcg/kg, IVPush, inj, ONE TIME, Age less than 6 months Levothyroxine dose for infants less than 6 months = 5 mcg/kg bolus, followed by 1.4 mcg/kg/hr infusion. <input type="checkbox"/> 4 mcg/kg, IVPush, inj, ONE TIME, Age 6-12 months Levothyroxine dose for infants 6-12 months = 4 mcg/kg bolus, followed by 1.3 mcg/kg/hr infusion. <input type="checkbox"/> 3 mcg/kg, IVPush, inj, ONE TIME, Age 1-5 years Levothyroxine dose for children 1-5 years = 3 mcg/kg bolus, followed by 1.2 mcg/kg/hr infusion. <input type="checkbox"/> 2.5 mcg/kg, IVPush, inj, ONE TIME, Age 6-12 years Levothyroxine dose for children 6-12 years = 2.5 mcg/kg bolus, followed by 1 mcg/kg/hr infusion. <input type="checkbox"/> 1.5 mcg/kg, IVPush, inj, ONE TIME, Age 13-16 years Levothyroxine dose for age 13-16 years = 1.5 mcg/kg bolus, followed by 0.8 mcg/kg/hr infusion.

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ORDER	ORDER DETAILS
	<b>levothyroxine 200 mcg/500 mL 1/2 NS</b> <input type="checkbox"/> IV, Do NOT Titrate Infants less than 6 months: 1.4 mcg/kg/hour Infants 6-12 months: 1.3 mcg/kg/hour Children 1-5 years: 1.2 mcg/kg/hour Children 6-12 years: 1 mcg/kg/hour Children greater than 12 years: 0.8 mcg/kg/hour <input type="checkbox"/> Start at rate: _____ mcg/hr
<b>Hormonal Therapy Protocol - Vasopressin</b>	
	<b>vasopressin 20 units/50 mL NS (PICU) - D (vasopressin 20 units/50 mL NS (PICU) - Diabetes Insipidus Titratable)</b> <input type="checkbox"/> IVsyr, munits/kg/hr, Max dose: 10 munits/kg/hr, Titration goal(s): Urine output GREATER than 0.5 munits/kg/hr, Urine output LESS than 3 munits/kg/hr Final concentration = 0.4 units/mL (400 munits/mL) Max Rate = 10 munits/kg/hr Do NOT exceed 2 units/hr. <input type="checkbox"/> Start at rate: _____ munit/kg/hr
<b>Hormonal Therapy Protocol - Insulin</b>	
	<b>Medication Management</b> <input type="checkbox"/> BID, Start date T;N Defer to PICU intensivist for blood glucose control - either sliding scale insulin or insulin infusion.
<b>Laboratory</b>	
	<b>BB Blood Type (ABO/Rh)</b> <input type="checkbox"/> STAT, T;N, Comment: LifeGift blood typing
	<b>BB Antibody Screen</b> <input type="checkbox"/> STAT, T;N
	<b>Comprehensive Metabolic Panel</b> <input type="checkbox"/> STAT, T;N
	<b>Comprehensive Metabolic Panel</b> <input type="checkbox"/> Routine, T;N+360, q6h
	<b>CBC with Differential</b> <input type="checkbox"/> STAT, T;N
	<b>CBC with Differential</b> <input type="checkbox"/> Routine, T;N+360, q6h
	<b>Urinalysis</b> <input type="checkbox"/> Urine, STAT, T;N
	<b>Culture Sputum with Gram Stain</b> <input type="checkbox"/> STAT, T;N, Comment: If unable to obtain, notify LifeGift Coordinator
	<b>LDH</b> <input type="checkbox"/> STAT, T;N
	<b>Magnesium Level</b> <input type="checkbox"/> STAT, T;N

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ORDER	ORDER DETAILS
	<b>Magnesium Level</b> <input type="checkbox"/> Routine, T;N+360, q6h
	<b>Phosphorus Level</b> <input type="checkbox"/> STAT, T;N
	<b>Phosphorus Level</b> <input type="checkbox"/> Routine, T;N+480, q8h
	<b>Bilirubin Direct</b> <input type="checkbox"/> STAT, T;N
	<b>Bilirubin Direct</b> <input type="checkbox"/> Routine, T;N+1440, q24h
	<b>GGT</b> <input type="checkbox"/> STAT, T;N
	<b>GGT</b> <input type="checkbox"/> Routine, T;N+1440, q24h
	<b>Amylase Level</b> <input type="checkbox"/> STAT, T;N
	<b>Lipase Level</b> <input type="checkbox"/> STAT, T;N
	<b>Troponin T High Sensitivity</b> <input type="checkbox"/> STAT, T;N
	<b>Troponin T High Sensitivity</b> <input type="checkbox"/> Routine, T;N+360, q6h
	<b>CK (Creatine Kinase)</b> <input type="checkbox"/> STAT, T;N
	<b>CK (Creatine Kinase)</b> <input type="checkbox"/> Routine, T;N+360, q6h for 72 hr
	<b>Hemoglobin A1C</b> <input type="checkbox"/> STAT, T;N
	<b>Beta HCG Serum Qualitative</b> <input type="checkbox"/> STAT, T;N
	<b>Culture Quantitative Bronchial with Gram (Culture Quantitative Bronchial with Gram Stain)</b> <input type="checkbox"/> Bron Alveolar Lavage, STAT, T;N
	<b>Misc Sendout Test</b> <input type="checkbox"/> Specimen Type: Blood, STAT, T;N, Label Comment CK Isoenzymes
	<b>Misc Sendout Test</b> <input type="checkbox"/> Specimen Type: Blood, Routine, T;N, Label Comment repeat q6hrs - CK Isoenzymes
	<b>Prothrombin Time with INR (PT with INR)</b> <input type="checkbox"/> STAT
	<b>Prothrombin Time with INR (PT with INR)</b> <input type="checkbox"/> Routine, T;N+720, q12h for 72 hr

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ORDER	ORDER DETAILS
<input type="checkbox"/>	<b>PTT</b> <input type="checkbox"/> STAT
<input type="checkbox"/>	<b>PTT</b> <input type="checkbox"/> Routine, T;N+720, q12h for 72 hr
<input type="checkbox"/>	<b>Ionized Calcium Level</b> <input type="checkbox"/> STAT, T;N
<input type="checkbox"/>	<b>Ionized Calcium Level</b> <input type="checkbox"/> Routine, T;N, q12h
<b>Diagnostic Tests</b>	
<input type="checkbox"/>	<b>EKG-12 Lead</b> <input type="checkbox"/> STAT, with STAT read
<input type="checkbox"/>	<b>CT Chest w/o</b> <input type="checkbox"/> STAT
<input type="checkbox"/>	<b>CT Abd, Pel w/o Contrast</b> <input type="checkbox"/> STAT
<input type="checkbox"/>	<b>DX Chest Portable</b> <input type="checkbox"/> STAT
<input type="checkbox"/>	<b>DX Chest Portable</b> <input type="checkbox"/> T;N, Routine, q6h
<input type="checkbox"/>	<b>Echo Transthoracic (TTE) with contrast i (Echo Transthoracic (TTE) with contrast if needed)</b> <input type="checkbox"/> STAT
<b>Respiratory</b>	
<input type="checkbox"/>	<b>Suction Patient</b> <input type="checkbox"/> PRN
<input type="checkbox"/>	<b>Notify RT</b> <input type="checkbox"/> Oxygen Challenge: Increase FiO2 to 100%, PEEP to 5. Wait 30 min, draw ABG. Then decrease FiO2 to 40%. Wait 30 min, draw ABG.
<input type="checkbox"/>	***Ventilator Settings Must Be Entered Below*** <b>Ventilator Settings</b>
<input type="checkbox"/>	<b>Arterial Blood Gas</b> <input type="checkbox"/> STAT
<input type="checkbox"/>	<b>Arterial Blood Gas</b> <input type="checkbox"/> Routine, q4h
<input type="checkbox"/>	<b>Notify RT</b> <input type="checkbox"/> Arterial Blood Gas 30 minutes after any ventilator change.
<input type="checkbox"/>	<b>Notify RT</b> <input type="checkbox"/> If ETT cuffed, inflate to 30 cm H20
<input type="checkbox"/>	<b>Chest Physiotherapy (CPT)</b> <input type="checkbox"/> 12x/day
<input type="checkbox"/>	

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