

UMC Health System PEDIATRIC PICU TRAUMA PLAN EKM - Phase: PICU Trauma Plan	Patient Label Here
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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

Patient Care

Vital Signs
 Per Unit Standards

Daily Weight

Perform Neurological Checks
 q15min q30min
 q1h Special Instructions, with Vital Signs

Patient Activity
 Bedrest, Bed Position: HOB Greater Than or Equal to 30 degrees
 Bedrest Bedrest | Bathroom Privileges
 Up Ad Lib/Activity as Tolerated

Strict Intake and Output
 Per Unit Standards q1h
 q2h q4h

Insert Peripheral Line

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

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

The following orders should be viewable in PICU or ER Only.

Cardiorespiratory Monitoring

Set Up for Chest Tube

Set Up for Central Line Placement
 Single Lumen Catheter, Supplies at Bedside: Insertion Tray Double Lumen Catheter, Supplies at Bedside: Insertion Tray
 Triple Lumen Catheter, Supplies at Bedside: Insertion Tray

Set Up for Arterial Line Placement

Central Venous Pressure Monitoring

Communication

Notify Provider of VS Parameters

Notify Provider (Misc)
 Reason: Pain score greater than 4

Dietary

NPO Diet
 NPO

Oral Diet
 Regular Diet Full Liquid Diet

IV Solutions

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

PEDIATRIC PICU TRAUMA PLAN EKM
- Phase: PICU Trauma Plan

PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	NS <input type="checkbox"/> IV, mL/hr
	NS + 20 mEq KCl/L <input type="checkbox"/> IV, mL/hr
	D5NS <input type="checkbox"/> IV, mL/hr
	D5NS + 20 mEq KCl/L <input type="checkbox"/> IV, mL/hr
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
Antibiotics	
	ampicillin (ampicillin pediatric) <input type="checkbox"/> 25 mg/kg, IVsyr, syringe, q6h, Infuse over 1 hr Infuse over 1 hour. Diluent NS. Recommended maximum dose in 1,000 mg. <input type="checkbox"/> 37.5 mg/kg, IVsyr, syringe, q6h, Infuse over 1 hr Infuse over 1 hour. Diluent NS. Recommended maximum dose in 1,000 mg. <input type="checkbox"/> 50 mg/kg, IVsyr, syringe, q6h, Infuse over 1 hr Infuse over 1 hour. Diluent NS. Recommended maximum dose in 1,000 mg. <input type="checkbox"/> 75 mg/kg, IVsyr, syringe, q6h, Infuse over 1 hr Infuse over 1 hour. Diluent NS. Recommended maximum dose in 1,000 mg.
	ceFAZolin (ceFAZolin pediatric) <input type="checkbox"/> 25 mg/kg, IVsyr, syringe, q6h, Infuse over 30 min Infuse over 30 minutes. Diluent NS. Recommended maximum dose is 1,000 mg. <input type="checkbox"/> 33 mg/kg, IVsyr, syringe, q8h, Infuse over 30 min Infuse over 30 minutes. Diluent NS. Recommended maximum dose is 1,000 mg.
	cefotaxime (cefotaxime pediatric) <input type="checkbox"/> 12.5 mg/kg, IVsyr, syringe, q6h, Infuse over 30 min Infuse over 30 minutes. Diluent NS. Recommended maximum dose is 1,000 mg. <input type="checkbox"/> 37.5 mg/kg, IVsyr, syringe, q6h, Infuse over 30 min Infuse over 30 minutes. Diluent NS. Recommended maximum dose is 1,000 mg. <input type="checkbox"/> 50 mg/kg, IVsyr, syringe, q6h, Infuse over 30 min Infuse over 30 minutes. Diluent NS. Recommended maximum dose is 1,000 mg.
	cefTRIAxone (cefTRIAxone pediatric) <input type="checkbox"/> 25 mg/kg, IVsyr, syringe, q12h, Infuse over 30 min Infuse over 30 minutes. Diluent NS. Recommended maximum dose is 1,000 mg. <input type="checkbox"/> 50 mg/kg, IVsyr, syringe, q24h, Infuse over 30 min Infuse over 30 minutes. Diluent NS. Recommended maximum dose is 1,000 mg. <input type="checkbox"/> 100 mg/kg, IVsyr, syringe, q24h, Infuse over 30 min Infuse over 30 minutes. Diluent NS. Recommended maximum dose is 1,000 mg.
	gentamicin (gentamicin pediatric) <input type="checkbox"/> Extended Interval Dosing, 5 mg/kg, IVsyr, syringe, q24h, Infuse over 1 hr, Pharmacy to dose Infuse over 1 hour. <input type="checkbox"/> Extended Interval Dosing, 7 mg/kg, IVsyr, syringe, q24h, Infuse over 1 hr, Pharmacy to dose Infuse over 1 hour.

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PEDIATRIC PICU TRAUMA 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>vancomycin (vancomycin pediatric) <input type="checkbox"/> 15 mg/kg, IVsyr, syringe, q6h, Infuse over 90 min, Pharmacy to dose Give over 60-90 min. Diluent NS. <input type="checkbox"/> 20 mg/kg, IVsyr, syringe, q6h, Infuse over 90 min, Pharmacy to dose Give over 60-90 min. Diluent NS.</p>
H2 Antagonists	
	<p>famotidine (famotidine pediatric) <input type="checkbox"/> 0.25 mg/kg, per tube, liq, BID Recommended maximum dose is 20 mg. <input type="checkbox"/> 0.25 mg/kg, PO, liq, BID Recommended maximum dose is 20 mg. <input type="checkbox"/> 0.5 mg/kg, IVPush, inj, q12h Recommended maximum dose is 20 mg.</p>
Laboratory	
	<p>***Do Not Order any labs if previously ordered in the EC*** CBC with Differential <input type="checkbox"/> STAT</p>
	<p>Prothrombin Time with INR <input type="checkbox"/> STAT</p>
	<p>PTT <input type="checkbox"/> STAT</p>
	<p>Amylase Level <input type="checkbox"/> STAT</p>
	<p>Comprehensive Metabolic Panel <input type="checkbox"/> STAT</p>
	<p>Lipase Level <input type="checkbox"/> STAT</p>
	<p>Magnesium Level <input type="checkbox"/> STAT</p>
	<p>Phosphorus Level <input type="checkbox"/> STAT</p>
	<p>CK <input type="checkbox"/> STAT</p>
	<p>Troponin T High Sensitivity <input type="checkbox"/> STAT</p>
	<p>Urinalysis with Positive Culture Reflex <input type="checkbox"/> Urine, STAT</p>
	<p>***For Renal Injury*** Hemoglobin and Hematocrit <input type="checkbox"/> Routine, q8h</p>

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PEDIATRIC PICU TRAUMA PLAN EKM
- Phase: PICU Trauma 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
	The following orders should be viewable in PICU or ER Only.
	POC Chem 8
	POC PT with INR
	Sed Rate <input type="checkbox"/> STAT
	MRSA Rapid Nasal Screen by PCR
	Culture Blood
	Culture Respiratory with Gram Stain
	Culture Urine
Diagnostic Tests	
	Do Not Order any diagnostic test if previously ordered in the EC*
	DX Abdomen AP (KUB) <input type="checkbox"/> STAT
	DX Bone (Osseous) Survey Infant <input type="checkbox"/> STAT
	DX Chest Single View <input type="checkbox"/> STAT
	EKG-12 Lead <input type="checkbox"/> STAT
	The following orders should be viewable in PICU or ER Only.
	EEG Request
	CT Head w/o <input type="checkbox"/> STAT
	MRI C-Spine w/o <input type="checkbox"/> STAT
	MRI Head w/o <input type="checkbox"/> STAT
Respiratory	
	Oxygen Therapy <input type="checkbox"/> 1 - 3 L/min, Via: Nasal cannula
	Continuous Pulse Oximetry
	The following orders should be viewable in PICU or ER Only.

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PEDIATRIC PICU TRAUMA PLAN EKM
- Phase: PICU Trauma 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
	Oxygen Therapy <input type="checkbox"/> Via: Simple mask <input type="checkbox"/> Via: Trach collar <input type="checkbox"/> Via: Venturi mask <input type="checkbox"/> Via: High Flow Nasal Cannula <input type="checkbox"/> Via: Nonrebreather mask
	Arterial Blood Gas <input type="checkbox"/> STAT
	Capillary Blood Gas <input type="checkbox"/> STAT
	Mixed Venous Blood Gas <input type="checkbox"/> STAT
Physical Medicine and Rehab	
	Consult Occ Therapy for Eval & Treat
	Consult PT Mobility for Eval & Treat
	Consult Speech Therapy for Eval & Treat
Consults/Referrals	
	Consult Case Management
	Consult Dietitian
	Consult MD <input type="checkbox"/> Service: Surgery ENT
	Consult MD <input type="checkbox"/> Service: Pedi Neurosurgery
	Consult MD
	Social Services for Assessment and Eval
	Social Services for CPS Call Follow-Up
	The following orders should be viewable in PICU or ER Only. Consult MD <input type="checkbox"/> Service: Orthopedics Surgery
	Consult Palliative Care
	Consult Behavioral Sciences <input type="checkbox"/> Service: Behavioral Sciences
...Additional Orders	
	The following subphases should be viewable in PICU or ER Only.

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Order Taken by Signature: _____ Date _____ Time _____

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PEDIATRIC PICU TRAUMA PLAN EKM
- Phase: PEDIATRIC CENTRAL IV FLUSH 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	
	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 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. 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. 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. 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 after continuous fluids are discontinued. <input type="checkbox"/> 3 mL, IVPush, inj, ONE TIME after continuous fluids are discontinued.
	(Empty order detail box)

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Order Taken by Signature: _____ Date _____ Time _____

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PEDIATRIC PICU TRAUMA 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	
	<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*** IF acetaminophen ineffective/contraindicated, USE ibuprofen if ordered.</p> <p><input type="checkbox"/> 15 mg/kg, NGT/PO, liq, q4h, 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*** IF acetaminophen ineffective/contraindicated, USE ibuprofen if ordered.</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*** IF acetaminophen ineffective/contraindicated, USE ibuprofen if ordered.</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*** IF acetaminophen ineffective/contraindicated, USE ibuprofen if ordered.</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*** IF acetaminophen ineffective/contraindicated, USE ibuprofen if ordered.</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*** IF acetaminophen ineffective/contraindicated, USE ibuprofen if ordered.</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*** IF acetaminophen ineffective/contraindicated, USE ibuprofen if ordered.</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*** IF acetaminophen ineffective/contraindicated, USE ibuprofen if ordered.</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>
	<p>***HYDROcodone-acetaminophen: Recommended not to exceed 15 mL/dose***</p>

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PEDIATRIC PICU TRAUMA 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>HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 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, liq, 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, liq, 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, liq, 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>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>
	<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, pain-severe (scale 8-10) <input type="checkbox"/> 0.2 mg/kg, IVPush, inj, q4h, PRN pain-severe (scale 8-10)</p>
Anti-pyretics	
	<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*** IF acetaminophen ineffective/contraindicated, USE ibuprofen if ordered.</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*** IF acetaminophen ineffective/contraindicated, USE ibuprofen if ordered.</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*** IF acetaminophen ineffective/contraindicated, USE ibuprofen if ordered.</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*** IF acetaminophen ineffective/contraindicated, USE ibuprofen if ordered.</p> <p>Continued on next page....</p>

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PEDIATRIC PICU TRAUMA 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"/> 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*** IF acetaminophen ineffective/contraindicated, USE ibuprofen if ordered. <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*** IF acetaminophen ineffective/contraindicated, USE ibuprofen if ordered. <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*** IF acetaminophen ineffective/contraindicated, USE ibuprofen if ordered. <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*** IF acetaminophen ineffective/contraindicated, USE ibuprofen if ordered.
	ibuprofen (ibuprofen pediatric) <input type="checkbox"/> 5 mg/kg, PO, liq, q6h, PRN fever Give with food <input type="checkbox"/> 10 mg/kg, PO, liq, q6h, PRN fever Give with food <input type="checkbox"/> 200 mg, PO, tab, q6h, PRN fever Give with food
Antiemetics	
	ondansetron (ondansetron pediatric) <input type="checkbox"/> 0.1 mg/kg, PO, liq, q8h, 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, q4h, PRN nausea/vomiting <input type="checkbox"/> 0.1 mg/kg, PO, liq, q4h, PRN nausea/vomiting <input type="checkbox"/> 0.1 mg/kg, IVPush, soln, q8h, PRN nausea/vomiting <input type="checkbox"/> 0.15 mg/kg, IVPush, soln, q4h, PRN nausea/vomiting
	promethazine (promethazine pediatric) <input type="checkbox"/> 0.25 mg/kg, PO, liq, q4h, PRN nausea/vomiting ***IF promethazine is ineffective/contraindicated or patient is NPO, USE ondansetron if ordered. <input type="checkbox"/> 0.5 mg/kg, PO, liq, q4h, PRN nausea/vomiting ***IF promethazine is ineffective/contraindicated or patient is NPO, USE ondansetron if ordered. <input type="checkbox"/> 0.25 mg/kg, rectally, supp, q4h, PRN nausea/vomiting ***IF promethazine is ineffective/contraindicated or patient is NPO, USE ondansetron if ordered. <input type="checkbox"/> 0.5 mg/kg, rectally, supp, q4h, PRN nausea/vomiting ***IF promethazine is ineffective/contraindicated or patient is NPO, USE ondansetron if ordered.
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

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PEDIATRIC PICU TRAUMA 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>docusate (docusate sodium)</p> <p><input type="checkbox"/> 40 mg, PO, liq, Nightly, for patients LESS than 3 years of age</p> <p><input type="checkbox"/> 50 mg, PO, liq, Nightly, for patients GREATER than or EQUAL to 3 years of age</p> <p><input type="checkbox"/> 100 mg, PO, liq, Nightly, for patients GREATER than or EQUAL to 3 years of age</p> <p><input type="checkbox"/> 100 mg, PO, cap, Nightly, for patients GREATER than or EQUAL to 3 years of age</p>
	<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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PEDIATRIC PICU TRAUMA PLAN EKM
 - Phase: PEDIATRIC LIVER AND SPLEEN INJURY
 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	
	Perform Neurological Checks <input type="checkbox"/> Special Instructions, with Vital Signs <input type="checkbox"/> q30min
	<input type="checkbox"/> q15min <input type="checkbox"/> q1h
	Vital Signs <input type="checkbox"/> q2h, for 4 hours
	<input type="checkbox"/> q4h
	Patient Activity <input type="checkbox"/> Bedrest, Overnight <input type="checkbox"/> Ambulate w/ Assistance as Tolerated
	<input type="checkbox"/> Continue Bedrest
Dietary	
	NPO Diet <input type="checkbox"/> NPO, Overnight
	<input type="checkbox"/> NPO, Continued
	Oral Diet <input type="checkbox"/> Regular Diet
Laboratory	
	Hemoglobin and Hematocrit <input type="checkbox"/> STAT
	Hemoglobin and Hematocrit <input type="checkbox"/> Routine, T;N+360, q6h for 24 hr
	Empty space for additional orders

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PEDIATRIC PICU TRAUMA PLAN EKM
 - Phase: PEDIATRIC NON-ACCIDENTAL TRAUMA
 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	
	Measure Patient (Measure FOC) <input type="checkbox"/> q12h
	Perform Neurological Checks <input type="checkbox"/> Special Instructions, with Vital Signs <input type="checkbox"/> q30min <input type="checkbox"/> q15min <input type="checkbox"/> q1h
Communication	
	Notify Nurse (DO NOT USE FOR MEDS) <input type="checkbox"/> Ensure photographs are done within 2 hours of admission
Laboratory	
	CBC with Differential <input type="checkbox"/> Routine
	Factor VIII Level <input type="checkbox"/> Routine
	Factor IX Level <input type="checkbox"/> Routine
	Prothrombin Time with INR <input type="checkbox"/> Routine
	PTT <input type="checkbox"/> Routine
	Amylase Level <input type="checkbox"/> Routine
	Basic Metabolic Panel <input type="checkbox"/> Routine
	Comprehensive Metabolic Panel <input type="checkbox"/> Routine
	Lipase Level <input type="checkbox"/> Routine
	Urine Random Drug Screen <input type="checkbox"/> Urine, Routine
Diagnostic Tests	
	DX Bone (Osseous) Survey Infant <input type="checkbox"/> Routine
	CT Abd, Pel w/o Contrast <input type="checkbox"/> Routine
	CT Head w/o <input type="checkbox"/> Routine
	MRI C-Spine w/o <input type="checkbox"/> Routine
	MRI Head w/o <input type="checkbox"/> Routine

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UMC Health System

Patient Label Here

PEDIATRIC PICU TRAUMA PLAN EKM
- Phase: PEDIATRIC NON-ACCIDENTAL TRAUMA
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.

Consults/Referrals

Consult Case Management

Routine

Consult MD

Service: Surgery ENT, Routine

Consult MD

Service: Pediatrics, Routine, Child Abuse Team 806-319-2232

Consult MD

Service: Ophthalmology, Reason: For retinal exam, Routine

Consult MD

Service: Pedi Neurosurgery, Routine

Consult MD

Service: Orthopedics Surgery, Routine

Social Services for CPS Call Follow-Up

TO Read Back

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



PEDIATRIC PICU TRAUMA PLAN EKM
 - Phase: PEDIATRIC TRAUMATIC SPLENECTOMY
 VACCINE PLAN (LESS THAN 15 YEARS OF AGE)

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	
Vaccination History MUST be documented before plan will initiate	
Vaccination History for Splenectomy	
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
Medication Management	
<input type="checkbox"/> Start date T;N	
*** Do NOT give vaccine before postoperative day 14 unless patient is being discharged ***	
*** Vaccine must be administered before patient is discharged ***	
Immunizations	
For patients GREATER than or EQUAL to 2 months of age:	
haemophilus b conjugate (PRP-T) vaccine	
<input type="checkbox"/> 0.5 mL, IM, inj, ONE TIME	
Do NOT administer if patient was previously vaccinated and is up to date. Do NOT give vaccines before post-operative day 14 unless patient is being discharged. Vaccines MUST be given before patient is discharged.	
Per CDC, routine use not recommended. Use only in patients at increased risk for meningococcal disease.	
meningococcal conjugate vaccine	
<input type="checkbox"/> 0.5 mL, IM, inj, ONE TIME	
Do NOT administer if patient was previously vaccinated and is up to date. Do NOT give vaccines before post-operative day 14 unless patient is being discharged. Vaccines MUST be given before patient is discharged.	
Pneumococcal Vaccines: Certain older children may need PCV13 and/or PPSV 23 - refer to CDC Pneumococcal Vaccination Recommendations.	
Pneumococcal Vaccination Recommendations	
<input type="checkbox"/> ***See Reference Text***	
For patients 2 months - 24 months of age. Certain older children may need a dose of PCV13 instead of PPSV 23. Refer to Pneumococcal Vaccination Recommendations.	
pneumococcal 13-valent conjugate vaccine	
<input type="checkbox"/> 0.5 mL, IM, syringe, ONE TIME	
Do NOT administer if patient was previously vaccinated and is up to date. Do NOT give vaccines before post-operative day 14 unless patient is being discharged. Vaccines MUST be given before patient is discharged.	
For patients GREATER than 24 months of age. Certain older children may need a dose of PCV13 instead of PPSV 23. Refer to Pneumococcal Vaccination Recommendations.	
pneumococcal 23-polyvalent vaccine	
<input type="checkbox"/> 0.5 mL, IM, inj, ONE TIME	
Do NOT administer if patient was previously vaccinated and is up to date. Do NOT give vaccines before post-operative day 14 unless patient is being discharged. Vaccines MUST be given before patient is discharged.	
Continued on next page....	

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



PEDIATRIC PICU TRAUMA PLAN EKM
 - Phase: PEDIATRIC TRAUMATIC SPLENECTOMY
 VACCINE PLAN (LESS THAN 15 YEARS OF AGE)

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
Antibiotics	
	Start penicillin V potassium the day of splenectomy For patients LESS than 3 years of age: penicillin V potassium <input type="checkbox"/> 125 mg, PO, liq, BID For age LESS than 3 years.
	For patients GREATER than or EQUAL to 3 years of age: penicillin V potassium <input type="checkbox"/> 250 mg, PO, liq, BID For age GREATER than or EQUAL to 3 years. <input type="checkbox"/> 250 mg, PO, tab, BID For age GREATER than or EQUAL to 3 years.
Consults/Referrals	
	Please consult Pediatric Hematology/Oncology for vaccination follow-up if no PCP available Consult MD <input type="checkbox"/> Service: Pedi Hematology/Oncology, Reason: Vaccination follow-up

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System PEDIATRIC PICU TRAUMA PLAN EKM - Phase: PEDIATRIC VTE PROPHYLAXIS PLAN	Patient Label Here
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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
-------	---------------

Patient Care

Contraindications VTE	
<input type="checkbox"/> Active/high risk for bleeding	<input type="checkbox"/> Treatment not indicated
<input type="checkbox"/> Patient or caregiver refused	<input type="checkbox"/> Other anticoagulant ordered
<input type="checkbox"/> Anticipated procedure within 24 hours	<input type="checkbox"/> Intolerance to all VTE chemoprophylaxis

	Apply Elastic Stockings
--	--------------------------------

	Apply Sequential Compression Device
--	--

	Apply Pedal Pump
--	-------------------------

Medications

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

	enoxaparin (enoxaparin (pedi) for weight LESS than 40 kg)
	<input type="checkbox"/> 0.5 mg/kg, subcut, syringe, q12h

	enoxaparin (enoxaparin for weight 40 kg or GREATER)
	<input type="checkbox"/> 30 mg, subcut, syringe, q12h, Pharmacy to Adjust Dose per Renal Function

Laboratory

	Anti Xa Level
	<input type="checkbox"/> Routine, T;N

 TO Read Back

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



PEDIATRIC PICU TRAUMA PLAN EKM
- Phase: EXTERNAL VENTRICULAR DRAIN 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	
	Maintain External Ventricular Drain <input type="checkbox"/> Zero At: opening of ear, and level drain qShift
	Strict Drain/Tube Output <input type="checkbox"/> Ventricular Drain, q1h
	ICP Monitoring <input type="checkbox"/> Clamp drain and record ICP q1h
	Perform Neurological Checks <input type="checkbox"/> q1h
	Wound Care by Nursing <input type="checkbox"/> Cover/Pack with Bio-Patch, and tegaderm, Located: at insertion site, Change PRN
Communication	
	Notify Nurse (DO NOT USE FOR MEDS) <input type="checkbox"/> Clamp drain when moving patient then, re-open. DO NOT clamp drain more than 15 min at a time.
	Notify Nurse (DO NOT USE FOR MEDS) <input type="checkbox"/> Date and time the EVD tubing. Notify Neurosurgery team 1 week after placement.
	Notify Provider (Misc) <input type="checkbox"/> Reason: if draining less than 10 ml/hr or more than 30 ml/hr.
	Notify Provider (Misc) <input type="checkbox"/> Reason: for acute change in ICP.
	Notify Provider (Misc) <input type="checkbox"/> Reason: if there is any leaking or drainage at EVD site,
	Notify Provider (Misc) <input type="checkbox"/> Reason: if any growth in CSF culture.
	Notify Provider (Misc) <input type="checkbox"/> Reason: if change in characteristic of CSF (i.e. blood/sediment.)
	Notify Provider (Misc) <input type="checkbox"/> Reason: if any change in neurological status.
IV Solutions	
	NS (NS bolus) <input type="checkbox"/> mL, IV, iv soln, q24h, PRN, Infuse over 4 hr, to replace EVD output. To replace EVD output every 24 hrs <input type="checkbox"/> mL, IV, iv soln, q24h, PRN, Infuse over 6 hr, to replace EVD output. To replace EVD output every 24 hrs
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	ceFAZolin <input type="checkbox"/> 1 g, IVPush, inj, q8h Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3 minutes Continued on next page....

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



PEDIATRIC PICU TRAUMA PLAN EKM
 - Phase: EXTERNAL VENTRICULAR DRAIN 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
	vancomycin <input type="checkbox"/> 1,000 mg, IVPB, ivpb, q12h, Infuse over 90 min
Laboratory	
	CSF Cell Count and Differential <input type="checkbox"/> Routine, T;N
	CSF Cell Count and Differential <input type="checkbox"/> Routine, T+2;N
	CSF Glucose Level <input type="checkbox"/> Routine, T;N
	CSF Glucose Level <input type="checkbox"/> Routine, T+2;N
	CSF Protein <input type="checkbox"/> Routine, T;N
	CSF Protein <input type="checkbox"/> Routine, T+2;N
	Culture CSF with Gram Stain <input type="checkbox"/> Cerebral Spinal Fluid, Routine, T;N
	Culture CSF with Gram Stain <input type="checkbox"/> Cerebral Spinal Fluid, Routine, T+2;N
	CSF LDH <input type="checkbox"/> Routine, T;N
	CSF LDH <input type="checkbox"/> Routine, T+2;N
	Bacterial Meningitis Antigen Panel <input type="checkbox"/> Routine, T;N
	Bacterial Meningitis Antigen Panel <input type="checkbox"/> Routine, T+2;N
	Cryptococcal Antigen Test <input type="checkbox"/> Cerebral Spinal Fluid, Routine, T;N
	Cryptococcal Antigen Test <input type="checkbox"/> Cerebral Spinal Fluid, Routine, T+2;N

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



PEDIATRIC PICU TRAUMA PLAN EKM
- Phase: 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
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

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



PEDIATRIC PICU TRAUMA PLAN EKM
- Phase: 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) <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) <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) <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). <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) <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). <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) <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). <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) <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). <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) <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). <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) <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) <input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>
	<p>Minimum Concentration DOBUTamine 50 mg/50 mL D5W (PICU) - Titr (DOBUTamine 50 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= 1 mg/mL (1,000 mcg/mL). <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) <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). <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) <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). <input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



PEDIATRIC PICU TRAUMA PLAN EKM
- Phase: 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>isoproterenol 0.8 mg/50 mL D5W (PICU) - (isoproterenol 0.8 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 = 0.016 mg/mL (16 mcg/mL).</p> <p><input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>
	<p>Fixed Rate</p> <p>Standard Concentration</p> <p>DOBUTamine 100 mg/50 mL D5W (PICU) - Fix (DOBUTamine 100 mg/50 mL D5W (PICU) - Fixed Rate)</p> <p><input type="checkbox"/> IVsyr Final concentration= 2 mg/mL (2,000 mcg/mL). Provider order required for ALL rate changes.</p> <p><input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>
	<p>DOPamine 80 mg/50 mL D5W (PICU) - Fixed (DOPamine 80 mg/50 mL D5W (PICU) - Fixed Rate)</p> <p><input type="checkbox"/> IVsyr Final concentration= 1.6 mg/mL (1,600 mcg/mL). Provider order required for ALL rate changes.</p> <p><input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>
	<p>EPINEPHrine 1.25 mg/50 mL NS (PICU) - Fi (EPINEPHrine 1.25 mg/50 mL NS (PICU) - Fixed Rate)</p> <p><input type="checkbox"/> IVsyr Final concentration= 0.025 mg/mL (25 mcg/mL). Provider order required for ALL rate changes.</p> <p><input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>
	<p>milrinone 5 mg/50 mL NS (PICU) - Fixed R (milrinone 5 mg/50 mL NS (PICU) - Fixed Rate)</p> <p><input type="checkbox"/> IVsyr Final concentration 0.1 mg/mL (100 mcg/mL). Provider order required for ALL rate changes.</p> <p><input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>
	<p>isoproterenol 1.6 mg/50 mL D5W (PICU) - (isoproterenol 1.6 mg/50 mL D5W (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>lidocaine 200 mg/50 mL D5W (PICU) - Fixe (lidocaine 200 mg/50 mL D5W (PICU) - Fixed Rate)</p> <p><input type="checkbox"/> IVsyr Final concentration = 4 mg/mL (4,000 mcg/mL). Provider order required for ALL rate changes.</p> <p><input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>
	<p>nitroPRUSSIDE 5 mg/50 mL D5W (PICU) - Fi (nitroPRUSSIDE 5 mg/50 mL D5W (PICU) - Fixed Rate)</p> <p><input type="checkbox"/> IVsyr Final Concentration = 0.1 mg/mL (100 mcg/mL). Provider order required for ALL rate changes.</p> <p><input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>
	<p>norepinephrine 0.8 mg/50 mL NS (PICU) - (norepinephrine 0.8 mg/50 mL NS (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>
	<p>Maximum Concentration</p> <p>DOBUTamine 200 mg/50 mL D5W (PICU) - Fix (DOBUTamine 200 mg/50 mL D5W (PICU) - Fixed Rate)</p> <p><input type="checkbox"/> IVsyr Final concentration= 4 mg/mL (4,000 mcg/mL). Provider order required for ALL rate changes.</p> <p><input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



PEDIATRIC PICU TRAUMA PLAN EKM
- Phase: 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) <input type="checkbox"/> IVsyr Final concentration= 3.2 mg/mL (3,200 mcg/mL). Provider order required for ALL rate changes. <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) <input type="checkbox"/> IVsyr Final concentration= 0.05 mg/mL (50 mcg/mL). Provider order required for ALL rate changes. <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) <input type="checkbox"/> IVsyr Final concentration 0.2 mg/mL (200 mcg/mL). Provider order required for ALL rate changes. <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) <input type="checkbox"/> IVsyr Final concentration = 0.064 mg/mL (64 mcg/mL). Provider order required for ALL rate changes. <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) <input type="checkbox"/> IVsyr Final concentration = 8 mg/mL (8,000 mcg/mL). Provider order required for ALL rate changes. <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) <input type="checkbox"/> IVsyr Final Concentration = 0.2 mg/mL (200 mcg/mL). Provider order required for ALL rate changes. <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) <input type="checkbox"/> IVsyr Final Concentration = 0.032 mg/mL (32 mcg/mL). Provider order required for ALL rate changes. <input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>
	<p>Minimum Concentration DOBUTamine 50 mg/50 mL D5W (PICU) - Fixe (DOBUTamine 50 mg/50 mL D5W (PICU) - Fixed Rate) <input type="checkbox"/> IVsyr Final concentration= 1 mg/mL (1,000 mcg/mL). Provider order required for ALL rate changes. <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) <input type="checkbox"/> IVsyr Final concentration= 0.8 mg/mL (800 mcg/mL). Provider order required for ALL rate changes. <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) <input type="checkbox"/> IVsyr Final concentration= 0.01 mg/mL (10 mcg/mL). Provider order required for ALL rate changes. <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) <input type="checkbox"/> IVsyr Final concentration = 0.016 mg/mL (16 mcg/mL). Provider order required for ALL rate changes. <input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>

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Order Taken by Signature: _____ Date _____ Time _____

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UMC Health System PEDIATRIC PICU TRAUMA PLAN EKM - Phase: PICU MECHANICAL VENTILATION AND NEUROMUSCULAR BLOCKADE PLAN	Patient Label Here
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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
	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

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PEDIATRIC PICU TRAUMA PLAN EKM
 - Phase: 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
	rocuronium <input type="checkbox"/> 1 mg/kg, IVPush, inj, ONE TIME
Titratable Continuous Infusions	
	vecuronium 30 mg/30 mL NS (PICU) - Titra (vecuronium 30 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
	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
Fixed Rate Continuous Infusions	
	vecuronium 30 mg/30 mL NS (PICU) - Fixed (vecuronium 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: _____ mg/kg/hr
	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
Respiratory	
	Ventilator Settings
	Ventilator Settings APRV
	Ventilator Settings HFOV
	CPAP
	BiPAP
	Arterial Blood Gas
	End Tidal CO2 Monitoring
	Weaning Parameters

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PEDIATRIC PICU TRAUMA PLAN EKM
- Phase: 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
	fentaNYL (fentaNYL pediatric) <input type="checkbox"/> 0.5 mcg/kg, IVPush, inj, ONE TIME <input type="checkbox"/> 25 mcg, IVPush, inj, ONE TIME, GREATER than 50 kg <input type="checkbox"/> 1 mcg/kg, IVPush, inj, ONE TIME <input type="checkbox"/> 50 mcg, IVPush, inj, ONE TIME, 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, 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"/> 4 mg, IVPush, inj, q2h, PRN pain-with sedation (scale 4-10), GREATER than 50 kg

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PEDIATRIC PICU TRAUMA PLAN EKM
- Phase: 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
	<p>fentaNYL (fentaNYL pediatric)</p> <p><input type="checkbox"/> 0.5 mcg/kg, IVPush, inj, q1h, PRN pain-with sedation (scale 4-10)</p> <p><input type="checkbox"/> 1 mcg/kg, IVPush, inj, q1h, PRN pain-with sedation (scale 4-10)</p> <p><input type="checkbox"/> 25 mcg, IVPush, inj, q1h, PRN pain-with sedation (scale 4-10), GREATER than 50 kg</p> <p><input type="checkbox"/> 50 mcg, IVPush, inj, q1h, PRN pain-with sedation (scale 4-10), GREATER than 50 kg</p>
	<p>Sedation</p> <p>midazolam (midazolam pediatric)</p> <p><input type="checkbox"/> 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.***</p> <p><input type="checkbox"/> 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.***</p> <p><input type="checkbox"/> 2 mg, IVPush, inj, q1h, PRN sedation, GREATER than 40 kg</p>
	<p>PENTobarbital (PENTobarbital pediatric)</p> <p><input type="checkbox"/> 1 mg/kg, IVPush, inj, q1h, PRN sedation ***Sedative medications should only be given after pain is adequately controlled.***</p>
	<p>propofol</p> <p><input type="checkbox"/> 0.5 mg/kg, IVPush, inj, q1h, PRN sedation ***Sedative medications should only be given after pain is adequately controlled.***</p> <p><input type="checkbox"/> 1 mg/kg, IVPush, inj, q1h, PRN sedation ***Sedative medications should only be given after pain is adequately controlled.***</p>
	<p>ketamine (ketamine pediatric)</p> <p><input type="checkbox"/> 0.5 mg/kg, IVPush, inj, q1h, PRN sedation ***Sedative medications should only be given after pain is adequately controlled.***</p> <p><input type="checkbox"/> 1 mg/kg, IVPush, inj, q1h, PRN sedation ***Sedative medications should only be given after pain is adequately controlled.***</p>
Titratable Continuous Infusions	
	<p>Notify Provider (Misc)</p> <p><input type="checkbox"/> Reason: Contact provider if a titratable drip is increased by 1/2 of the maximum rate in a 4 hour period.</p>
	<p>Analgesia</p> <p>LESS than 40 kg:</p> <p>fentaNYL 250 mcg/25 mL NS (PICU) - Titra (fentaNYL 250 mcg/25 mL NS (PICU) - Titratable)</p> <p><input type="checkbox"/> Start at rate: _____ mcg/kg/hr</p> <p><input type="checkbox"/> IVsyr, Max titration: 0.5 mcg/kg/hr every 10 minutes, Max dose: 3 mcg/kg/hr Final concentration = 10 mcg/mL.</p>
	<p>morphine 30 mg/30 mL NS (PICU) - Titra (morphine 30 mg/30 mL NS (PICU) - Titratable)</p> <p><input type="checkbox"/> Start at rate: _____ mg/kg/hr</p> <p><input type="checkbox"/> 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).</p>
	<p>GREATER than or EQUAL to 40 kg:</p>

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PEDIATRIC PICU TRAUMA PLAN EKM
- Phase: 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
	<p>fentaNYL 1000 mcg/100 mL NS - Titratable <input type="checkbox"/> Start at rate: _____ mcg/hr <input type="checkbox"/> IV, Max titration: 25 mcg/hr every 10 minutes, Max dose: 150 mcg/hr Final concentration = 10 mcg/mL.</p>
	<p>morphine 100 mg/100 mL NS - Titratable <input type="checkbox"/> Start at rate: _____ mg/hr <input type="checkbox"/> IV, Max titration: 0.5 mg/hr every 30 minutes, Max dose: 4 mg/hr Final concentration = 1 mg/mL (1,000 mcg/mL).</p>
	<p>Sedation LESS than 20 kg: midazolam 10 mg/20 mL NS (PICU)- Titrata (midazolam 10 mg/20 mL NS (PICU)- Titratable) <input type="checkbox"/> Start at rate: _____ mg/kg/hr <input type="checkbox"/> IVsyr, Max titration: 0.025 mg/kg/hr every 15 minutes, Max dose: 0.4 mg/kg/hr Final concentration = 0.5 mg/mL (500 mcg/mL). ***Sedative medications should only be given after pain is adequately controlled.***</p>
	<p>midazolam 50 mg/50 mL NS (PICU) - Titrata (midazolam 50 mg/50 mL NS (PICU) - Titratable) <input type="checkbox"/> Start at rate: _____ mg/kg/hr <input type="checkbox"/> IVsyr, Max titration: 0.025 mg/kg/hr every 15 minutes, Max dose: 0.4 mg/kg/hr Final concentration = 1 mg/mL (1,000 mcg/mL). ***Sedative medications should only be given after pain is adequately controlled.***</p>
	<p>GREATER than or EQUAL to 20 kg: midazolam 100 mg/100 mL NS (PICU) - Titr (midazolam 100 mg/100 mL NS (PICU) - Titratable) <input type="checkbox"/> 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.*** <input type="checkbox"/> Start at rate: _____ mg/hr</p>
	<p>LESS than 40 kg: propofol 1,000 mg/100 mL(PICU) - Titrata (propofol 1,000 mg/100 mL(PICU) - Titratable) <input type="checkbox"/> IV, x 36 hr, Max titration: 20 mcg/kg/min every 5 minutes, Max dose: 300 mcg/kg/min 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.*** <input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>
	<p>GREATER than 40 kg: propofol 1,000 mg/100 mL(PICU) - Titrata (propofol 1,000 mg/100 mL(PICU) - Titratable) <input type="checkbox"/> IV, x 36 hr, Max titration: 5 mcg/kg/min every 5 minutes, Max dose: 65 mcg/kg/min 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....</p>

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PEDIATRIC PICU TRAUMA PLAN EKM
- Phase: 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
	<input type="checkbox"/> Start at rate: _____ mcg/kg/min
	Dosing for ALL weights: dexmedetomidine 200 mcg/50 mL (PICU) - T (dexmedetomidine 200 mcg/50 mL (PICU) - Titratable) <input type="checkbox"/> Start at rate: _____ mcg/kg/hr <input type="checkbox"/> 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 NS (PICU) - Titratable) <input type="checkbox"/> Start at rate: _____ mcg/kg/min <input type="checkbox"/> IVsyr, Max titration: 2.5 mcg/kg/min every 10 minutes, Max dose: 20 mcg/kg/min Final concentration 5 mg/mL (5,000 mcg/mL). ***Sedative medications should only be given after pain is adequately controlled.***
Fixed Rate Continuous Infusions	
	Analgesia LESS than 40 kg: fentaNYL 250 mcg/25 mL NS (PICU) - Fixed (fentaNYL 250 mcg/25 mL NS (PICU) - Fixed Rate) <input type="checkbox"/> Start at rate: _____ mcg/kg/hr <input type="checkbox"/> IVsyr
	morphine 30 mg/30 mL NS (PICU) - Fixed R (morphine 30 mg/30 mL NS (PICU) - Fixed Rate) <input type="checkbox"/> IVsyr Final concentration = 1 mg/mL (1,000 mcg/mL). Physician order REQUIRED for ALL rate changes. <input type="checkbox"/> Start at rate: _____ mg/kg/hr
	GREATER than or EQUAL to 40 kg: fentaNYL 1000 mcg/100 mL NS - Fixed Rate <input type="checkbox"/> Start at rate: _____ mcg/hr <input type="checkbox"/> IV
	morphine 100 mg/100 mL NS - Fixed Rate <input type="checkbox"/> Start at rate: _____ mg/hr <input type="checkbox"/> IV
	Sedation LESS than 20 kg: midazolam 10 mg/20 mL NS (PICU) - Fixed (midazolam 10 mg/20 mL NS (PICU) - Fixed Rate) <input type="checkbox"/> Start at rate: _____ mg/kg/hr <input type="checkbox"/> IVsyr
	midazolam 50 mg/50 mL NS (PICU) - Fixed (midazolam 50 mg/50 mL NS (PICU) - Fixed Rate) <input type="checkbox"/> Start at rate: _____ mg/kg/hr <input type="checkbox"/> IVsyr
	GREATER than or EQUAL to 20 kg: midazolam 100 mg/100 mL NS - Fixed Rate <input type="checkbox"/> Start at rate: _____ mg/hr <input type="checkbox"/> IV
	LESS 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

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Order Taken by Signature: _____ Date _____ Time _____

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PEDIATRIC PICU TRAUMA PLAN EKM
- Phase: 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
	<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 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) <input type="checkbox"/> Reason: Triglyceride Level greater than 400 mg/dL.

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PEDIATRIC PICU TRAUMA PLAN EKM
 - Phase: PICU TRAUMATIC BRAIN INJURY (TBI)
 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, Bed Position: HOB Greater Than or Equal to 30 degrees <input type="checkbox"/> Maintain head midline, Maintain cervical spine precautions/full spine precautions
	Perform Neurological Checks <input type="checkbox"/> Special Instructions, with Vital Signs <input type="checkbox"/> q15min <input type="checkbox"/> q30min <input type="checkbox"/> q1h
	Pupil Exam by Pupillometer
	Cerebral Perfusion Pressure Monitoring
	ICP Monitoring
	Set Up for External Ventricular Device P (Set Up for External Ventricular Device Placement)
	Maintain External Ventricular Drain
Communication	
	Notify Provider of VS Parameters <input type="checkbox"/> Temp Greater Than 37.5 C, Temp Less Than 36 C, pCO2 less than 35 mmHg, or pCO2 greater than 40 mmHg
	Notify Provider of VS Parameters <input type="checkbox"/> CPP Less Than 40 mmHg, For patients less than 2 months of age
	Notify Provider of VS Parameters <input type="checkbox"/> CPP Less Than 45 mmHg, For patients 2 months to 1 year old
	Notify Provider of VS Parameters <input type="checkbox"/> CPP Less Than 50 mmHg, For patients 1 to 12 years old
	Notify Provider of VS Parameters <input type="checkbox"/> CPP Less Than 60 mmHg, For patients greater than 12 years old
	Notify Provider (Misc) (Notify Provider of Results) <input type="checkbox"/> Reason: Serum sodium less than 145 mEq/dL or greater than 150 mEq/dL
	Notify Nurse (DO NOT USE FOR MEDS) <input type="checkbox"/> Maintain C-Collar
	Notify Nurse (DO NOT USE FOR MEDS) <input type="checkbox"/> Maintain minimal stimulation
	Notify Nurse (DO NOT USE FOR MEDS) <input type="checkbox"/> Place earplugs if no CSF otorrhea, nor skull fracture. Apply bilaterally if possible.
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
CNS Medications	
	Loading Dose levETIRAcetam (levETIRAcetam pediatric) <input type="checkbox"/> 20 mg/kg, IVsyr, syringe, ONE TIME

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