PEDIATRIC ORDER SET < 40kg

DATE _________________________   TIME _____________________

ADMISSION WEIGHT ______________ KG

All charges go to Nebraska Organ Recovery as of DATE / TIME________________________

DISCONTINUE ALL EXISTING ORDERS EXCEPT:

VENTILATOR ORDERS AND SETTINGS

CURRENT PRESSORS AND ANTIBIOTICS

General Orders:

☐ Weigh pt and measure height (if not already done)
☐ Central line insertion (if one is not already in place).
☐ Insert arterial line (if one is not already in place or not functioning properly)
☐ Monitor BP, cardiac rhythm, pulse ox, and CVP continuously. Record measurements
  every hour and PRN.
☐ Place NG/OG (if not already in place). Discontinue any existing tube feedings (if
  ordered) and put tube to low intermittent suction.
☐ Install 2 cc/kg tap H2O via NG/OG and clamp x 1 hour then replace suction repeat
  every 2 hours.
☐ Keep HOB > 30 degrees
☐ Turn patient and suction deep through ETT or trach to remove secretions every 2 hours
  (coordinate with RT staff). Oral cares every 2 hours (may use special rotation beds if
  available)
☐ Check temp via rectal or bladder probe every 2 hours and use warming blanket to keep
  temp > 97 F (36 C) if < 2 years of age ok to use skin leads.
☐ Hourly I & O’s. Monitor urine output to keep 1-3 ml/kg/hour. If UO is > 3ml/kg/hr x 2
  hours send urine specimen for specific gravity and notify NORS Clinical Coordinator of
  result.

Signature __________________/per protocol/James Billups, MD   Date/Time_________________
Donor Management Orders  
James Billups, MD  
Medical Director, Nebraska Organ Recovery System

**Laboratory Orders:**

**PLEASE ORDER LABS BELOW TO BE RUN STAT**

- Bedside glucose now and every hour and notify NORS Clinical Coordinator if > 180
- ABO with subtype
- Hgb AIC now
- Serum HCG (female only) age 10 or greater
- Blood cultures x 2 sets (may use central & arterial lines)
- UA with micro and urine culture with sensitivity (culture regardless of micro findings)
- CBC w/ diff now and every ___ hours
- CMP (CHEM 14) now and every ___ hours if using T4 protocol, otherwise every ___ hours
- Magnesium now and every ___ hours
- Phosphorus now and every ___ hours
- Ionized Calcium now and every ___ hours
- LDH (LD) now and every ___ hours
- GGT (GGPT) now and every ___ hours
- Alk. Phos now and every ___ hours
- Direct Bilirubin now and every ___ hours
- Total Bilirubin now and every ___ hours
- Amylase now and every ___ hours
- Lipase now and every ___ hours
- Cardiac panel w/ Troponin now and every ___ hours
- ABG’s now and every ___ hours
- PT, PTT, INR now and every ___ hours
- Type and Cross for 2 units leuko-reduced CMV negative PRBC’s and hold

**DO NOT ORDER AFB, FUNGAL, VIRAL, OR Legionnaire Tests**

Signature ___________________/per protocol/James Billups, MD  
Date/Time_____________
Special Studies and Consults:

- PCXR (AP view only)
- Bronchoscopy ASAP (check with NORS Clinical Coordinator before ordering this test)
- 12 lead EKG (may be done at time of ECHO)
- 2D ECHO with on-call cardiologist interpretation to be done (check with NORS Clinical Coordinator before ordering this test)

Medication Orders:

- IV fluids D5 ½ NS w/ 20 mEq KCL @ ______ ml/hr (Hourly maintenance fluids: 1st 10 kg=4cc/kg, 2nd 10kg=2cc/kg, >20kg=wt (in kg) + 40)
- If no antibiotic coverage currently give, Ancef 25mg/kg/dose every 8 hours IVPB (If allergy check with NORS for alternative)
- Albuterol 1.25-2.5mg nebulized in 2.5cc saline every 2 hours for children > 12 months old. < 12 months old use Racemic Epinephrine 0.1 cc/kg diluted to 2.5cc every 2 hours
- Methylprednisolone 14mg/kg IVPB over 1 hour now and repeat in 12 hours x 1

NORS Donor management goals:

PLEASE NOTIFY NORS STAFF IF ANY OF THESE PAREMETERS ARE NOT BEING MET

- Temp 36-38 degrees C
- CVP 6-10 mmHg
- SBP is > 2 x age in years + 70
- Heart rate normal for age
- SpO2 ≥ 95%
- Sodium ≤155
- Urine output 0.5-3 ml/kg/hr

Signature ____________________/per protocol/James Billups, MD Date/Time_____________
LEVOTHYROXINE (T4) PROTOCOL

☐ Dextrose 25% 2 ml/kg IV now x 1 dose

☐ Methylprednisolone 14 mg/kg IV now and repeat in 12 hours x 1 (if not already given)

☐ Levothyroxine (T4) _____ 1-5 mcg/kg IV bolus (smaller infants and children require higher bolus and infusion dose). Then start gtt at 0.08 mcg/kg/hr and titrate up to reach desired SBP (max dose 1.4 mcg/kg/hr)

☐ Insulin gtt, initiate at 0.05 units/kg/hour and titrate by 0.01 unit/kg/hour to target blood sugar level of 120-180. Monitor for hypoglycemia if blood sugar falls below 60 treat with 2cc/kg of 25% Dextrose IV

☐ Vasopressin drip 0.5 milli-units/kg/hour IV, titrate by 0.1 milli-units/kg/hr every 5-10 minutes until UOP =1-3 ml/kg/hour

☐ Attempt to wean pressors as appropriate to keep SBP > 2 x age in years + 70

☐ If SBP remains < _____ mmHg notify NORS Clinical Coordinator and consider starting Epinephrine drip at 0.1-1 mcg/kg/min IV and titrate to desired BP.