

Universal Standards: For any vital signs outside of normal limits or on RN judgement: Pulse Ox, Cardiac & Respiratory(CR) Monitor, Med-lock, O2 as needed to maintain SpO2 > 92%, immediate MD contact

LMX-4 GUIDELINES: 1. For LP - Notify MD immediately to apply. Apply to L3-L4 area and cover with clear occlusive dressing
2. For IV or Implantable port access - apply to site and cover with occlusive dressing
Note: LMX-4 must be in place for 30 minutes for optimal effectiveness.

	Nursing	LABS	MEDS	Radiology
Allergic Reaction	If Respiratory Symptoms immediate MD contact, monitor, Pulse ox		Diphenhydramine 1 mg/kg po x 1 if none in past 6 hours. Max dose of 50mg of Diphenhydramine.	
Respiratory Distress/Wheezing	Obtain pulse ox on room air. Administer O ₂ at highest tolerated concentration to keep O ₂ sat >92%. CR monitor w/ continuous pulse oximetry. If tachypnea present with increased work of breathing and wheezing, administer albuterol as indicated in standing order & notify MD		Albuterol 5 mg with 250 mcg of ipratropium nebulized x1 if WT \leq 20 kg Albuterol 5 mg with 500 mcg ipratropium nebulized x1 if WT > 20 kg OR 4 puffs albuterol MDI with aerochamber.	
Stridor	Monitor, Pulse Ox, O2 as tolerated to maintain sat > 92%, Notify MD			
FEVER - ANY AGE	If oral or rectal Temp in any age ≥ 38.6 C (101.5 F) or if axillary temp ≥ 38 C (100.5 F) - administer appropriate medication (see meds)		Acetaminophen(Tylenol) 15 mg/kg po/pr to max of 650 mg po UNLESS ALLERGIC OR Ibuprofen (Motrin) 10 mg/kg po to max of 600 mg UNLESS ALLERGIC (must be at least 6 month of age). Consult MD before administering if 1 hour or less since tylenol or motrin dose at home. If ≥ 2 hours since home dose of tylenol or motrin may administer repeat dose.	
FEVER AGE ≤ 4 wks old with temp $\geq 38^{\circ}\text{C}/100.5^{\circ}\text{F}$ RECTAL	Med-Lock IV, immediate MD contact, LP tray, (2) 22 gauge x 1.5 inch spinal needles and LMX-4 to bedside	CBC, Blood cx, Na ⁺ , K ⁺ , Cl ⁻ , HCO ₃ ⁻ :CO ₂ , BUN, Creat, Gluc, POC glucose, Cath urinalysis & urine culture w/gram stain		
Indwelling Central Line with Fever	Access port, broviac, PICC line NS @ 10 ml/hr, Pulse ox, Monitor, Immediate MD contact for antibiotic order	Blood culture via central line, CBC w/ diff	Acetaminophen 15 mg/kg po for fever - to max of 650 mg. Ceftriaxone 50 mg/kg IV x 1 (unless contraindicated) - Max dose of 2 g of Ceftriaxone.	
Hyperglycemia Glucose > 400 mg/dL	Med-Lock IV, IV NS 20 mL/kg over 1 hour. Notify physician if POC glucose is critical high, CR monitor if AMS.	VBG, CBC, Na ⁺ , K ⁺ , Cl ⁻ , HCO ₃ ⁻ :CO ₂ , BUN, Creat, Gluc, POC Glucose & POC Urine & urine pregnancy (if applicable). If new onset diabetes notify MD for additional lab orders		
Hypoglycemia Glucose < 60	Give PO Tootsweet, 2 packs of sugar, juice or cola if patient is able. Med lock IV and notify MD			
Laceration	Material to bedside - mayo stand, laceration tray, betadine, 500 mL normal saline, 60 mL syringe, zero-wet, sterile bowl, 4x4 boat, 1% lidocaine, antibiotic ointment, 10 mL syringe, 25 gauge needle, 18 gauge needle, sterile gloves		Apply LET to all FACE & SCALP wounds < 7 cm, - NEVER ears, nose, penis, finger, toes. Ask MD for other areas. Requires a MINIMUM of 20 minutes for effect. Room and MD should be available to suture within 30 min after application. Tdap 0.5 mL IM (or equivalent) x 1 dose, if > 5 years from prior tetanus	
Mental Status Change	Continuous Pulse ox, Monitor, Med-Lock IV, immediate MD contact. If unable to obtain urine sample within 30 minutes then in & out cath	POC Glucose, POC urine and urine pregnancy (if applicable), VBG, CBC, Na ⁺ , K ⁺ , Cl ⁻ , CO ₂ , BUN, Creat, Gluc, Ca, Mg, PO4. Alcohol screen and drug levels including Acetaminophen and Salicylate (if applicable)		

	Nursing	MEDS	Radiology	
Musculoskeletal				
Ankle Pain	Ice and elevate	For pain >4/10: Ibuprofen 10 mg/kg po to max of 600 mg po	Order AP, lateral, mortise views of affected ankle, Indication: eval for fracture. If pt has bone tenderness at A or B (on Ottawa diagram) or inability to bear weight both immediately and in the ED.	
Foot Pain	Ice and elevate	For pain >4/10: Ibuprofen 10 mg/kg po to max of 600 mg po	Order AP, lateral, oblique views of affected ankle, Indication: eval for fracture If pt has bone tenderness at C or D (on Ottawa diagram) or inability to bear weight both immediately and in the ED.	
Knee Pain	Ice and elevate	For pain >4/10: Ibuprofen 10 mg/kg po to max of 600 mg po	Order AP & lateral views of affected knee, Indication: eval for fracture if any of the following are present: • Tenderness at head of fibula; • Tenderness on patella; • Inability to bear weight both immediately and in the ED.	
Extremities Pain w/ suspected fracture-	Stabilize, ice, elevate. If gross deformity, NPO, and notify MD for additional pain med BEFORE XRAY	For pain >4/10: Ibuprofen 10 mg/kg po to max of 600 mg. For deformity: Fentanyl 1.5 mcg/kg (max 100 mcg) In (use MAD atomizer)	Order AP & Lat views to include above and below joint of affected extremity	
	Nursing	LABS	MEDS	Radiology
Pain	Any patient presenting in significant pain as assessed by caregiver or RN or with pain scale rating of greater than 4 on 1-10 scale should be offered pain medications as indicated in standing order.		For pain >4/10: Offer Acetaminophen (Tylenol) 15 mg/kg po/pr to max of 650 mg po UNLESS ALLERGIC OR Ibuprofen (Motrin) 10 mg/kg po to max of 600 mg UNLESS ALLERGIC (must be at least 1 month of age). For pain > 7/10: Notify MD for additional pain medications - consider for: deformed fracture, second degree burns, Sickle Cell crisis	
Sickle Cell Disease & Fever	Med-lock IV, IV NS 20 mL/kg over 1 hour.	CBC, retic count, Blood culture.	IF fever, treat per fever guidelines. Consult MD for order for Ceftriaxone 50mg/kg (max does 2 grm)	
Seizure-active	Notify MD if active seizure, Med-lock IV, Monitor, O ₂ as needed to keep SaO ₂ > 92%. Notify MD if POC glucose is < 60 or critical high	Draw chemistry tube and send for lab hold. Send applicable drug levels (carbamazepine, phenytoin, valproic acid), POC glucose, POC urine & urine pregnancy (if applicable)	IF fever give Acetaminophen 15 mg/kg PR to max of 650 mg PR UNLESS ALLERGIC	
Sorethroat ≥3 yrs	Obtain throat swab IF Temp ≥ 38.3 C (101 F) AND c/o sore throat. EXCEPTION - notify MD immediately if child febrile, sitting forward and drooling	Rapid Strep and throat culture	Implement Pain and/or Fever standing orders if appropriate	
Syncope	EKG, orthostatics	POC Glucose, POC urine & urine pregnancy (if applicable)		
Urinary Symptoms		POC urine, Urinalysis & urine culture w/gram stain - CATH specimen if not potty trained, POC urine pregnancy (if applicable)		
Vaginal Bleeding -post-menarchal	Orthostatics, Med-lock IV if significant bleeding (>1pad/hr). Place pt in pelvic room, set up for pelvic exam. Notify MD.	Cath urinalysis and POC urine pregnancy, if positive send hgb/hct, type and screen, Serum B-HCG quant, Obtain fetal heart tones if > 12 weeks gestation		
Diarrhea with & without Vomiting	Consider Oral Rehydration	POC Glucose, POC urine & urine pregnancy (if applicable)	For Vomiting - Ondansetron (Zofran) if Age > 1 yr: DOSE 0.15 mg/kg po x 1 if WT <8 kg, 2 mg po x 1 if WT 8-15kg, 4 mg po x 1 if WT >15 kg	
Psychiatric Complaint: 12 and above	Precaution Hold if HI/SI	CBC, Na+, K+, Cl-, BUN, Creat, Glu, AST, ALT, ALK Phos, GGT, T, Bili, Lipase, TSH, CA++, Alcohol screen, Drug levels (If applicable) UA, Urine Tox, POC urine pregnancy (if applicable). If overdose suspected: Acetaminophen & Salicylate level		