<table>
<thead>
<tr>
<th>PHYSICIAN'S ORDER</th>
<th>INTRAVENOUS FLUID and MEDICATION ORDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatrics Acute Gastroenteritis Admission Orders</td>
<td>ALLERGY (describe allergic reaction):</td>
</tr>
<tr>
<td>Date: ___________  Time: _______________</td>
<td>□ NKDA</td>
</tr>
<tr>
<td>Admitting Physician: ___________________</td>
<td></td>
</tr>
<tr>
<td>Admit to: □ Regular Pediatrics □ PICU</td>
<td></td>
</tr>
<tr>
<td>Diagnosis: _____________________________</td>
<td></td>
</tr>
<tr>
<td>Condition: □ Stable □ Guarded □ Critical</td>
<td></td>
</tr>
<tr>
<td>Vital Signs: (TPR, BP, SpO2)</td>
<td></td>
</tr>
<tr>
<td>□ Every 4 hours □ Other: _____________</td>
<td></td>
</tr>
<tr>
<td>Diet:</td>
<td></td>
</tr>
<tr>
<td>□ Advance diet as tolerated starting with oral rehydration solution</td>
<td></td>
</tr>
<tr>
<td>□ Resume breastfeeding as soon as possible</td>
<td></td>
</tr>
<tr>
<td>□ Breastfeeding tray for mom</td>
<td></td>
</tr>
<tr>
<td>□ NPO, strict</td>
<td></td>
</tr>
<tr>
<td>□ NPO except medication</td>
<td></td>
</tr>
<tr>
<td>□ NPO except sips of clear liquids, 4 hours post last emesis</td>
<td></td>
</tr>
<tr>
<td>Activity:</td>
<td></td>
</tr>
<tr>
<td>□ Progress as tolerated □ Bed rest</td>
<td></td>
</tr>
<tr>
<td>Nursing Orders:</td>
<td></td>
</tr>
<tr>
<td>Assessments</td>
<td></td>
</tr>
<tr>
<td>Measure weight and height on admission</td>
<td></td>
</tr>
<tr>
<td>□ Measure weight daily</td>
<td></td>
</tr>
<tr>
<td>□ Cardiorespiratory monitor</td>
<td></td>
</tr>
<tr>
<td>Measure head circumference on admission</td>
<td></td>
</tr>
<tr>
<td>(indicated for children &lt; 2 years)</td>
<td></td>
</tr>
<tr>
<td>□ Routine intake and output</td>
<td></td>
</tr>
<tr>
<td>□ Strict intake and output</td>
<td></td>
</tr>
<tr>
<td>Contingency</td>
<td></td>
</tr>
<tr>
<td>▪ Notify physician of bilious emesis</td>
<td></td>
</tr>
<tr>
<td>▪ Notify physician of uncontrolled pain</td>
<td></td>
</tr>
</tbody>
</table>

**Physician’s Order Form**

**Physician’s Order Form**

**Pediatrics Acute Gastroenteritis Admission Orders**

Guam Memorial Hospital Authority


Form# CPOE-008
PHYSICIAN’S ORDER
(EXCLUDING IV Fluids and MEDICATIONS)

Education:
- Provide diet education regarding the appropriate utilization of an oral electrolyte solution and initiation of an age-appropriate diet following rehydration.

Labs:
- Panels
  - CBC with manual WBC differential
  - Chem7
- Microbiology
  - Culture, Blood
  - Culture, Urine (via clean catch)
  - Culture, Urine (via direct catheterization)
  - Culture, Stool
  - Stool Rotavirus, direct detection
  - Stool occult blood
  - Stool C. Difficile
- Urinalysis
  - Urinalysis (UA) with microscopy

Radiology:
- Ultrasound, abdomen
- Abdominal x-ray, AP
- Chest x-ray, 2 views
- Upper gastrointestinal series
- Upper gastrointestinal series with small bowel follow through
- Indication(s) for any chosen above:

Consults:
- Surgery Consult: ________________________________
- Discharge planning or case management:
  - Placement
  - Home Care
  - Durable Medical Equipment
  - Dietitian, pediatric

INTRA-VENOUS FLUID and MEDICATION ORDERS

ALLERGY (describe allergic reaction):
- NKDA

Medications:

Pain and Fever Medications:
- Acetaminophen
  - __________ mg PR □ q4hrs □ q6hrs PRN fever/pain 1-5/10
  - (10-15mg/kg/dose) Max dose: 2600mg/24hrs
- Acetaminophen
  - __________ mg PO □ q4hrs □ q6hrs PRN fever/pain 1-5/10
  - (10-15mg/kg/dose) Max dose: 90mg/kg/24hrs
- Acetaminophen with Codeine
  - *Age over 3yrs
  - __________ mg Codeine PO □ q4hrs □ q6hrs PRN pain > 5/10
  - (0.5-1mg Codeine/kg/dose) Max dose: 360mg/24hrs
- Ibuprofen
  - * Age ≥ 6 months
  - __________ mg PO □ q6hrs □ q8hrs PRN fever/pain 1-5/10
  - (5-10mg/kg/dose) Max dose: 40mg/kg/day

Special Medications:
Severe Gastroenteritis with Fever, Gross Blood and Neutrophils in Stool (E. coli, Shigella, Salmonella):
- Ceftriaxone (Rocephin) 50-75mg/kg/day □ IV □ IM
  - □ q12hrs □ q24hrs (max 4grams/day) ______ mg/dose
- Ampicillin
  - 100-200mg/kg/day IV ÷ q6hrs
  - (max 12grams/day or 50-100mg/kg/day) ______ mg/dose
- Trimethoprim/Sulfamethoxazole (Bactrim, Septra)
  - 10mg TMP/kg/day PO ÷ BID □ x 5days □ x 7days
  - (max 320mg TMP/day) susp per 5mL TMP 40mg/ SMX 200mg; Tab DS TMP 160mg/SMX 800mg; tab SS TMP 80mg/SMX 400mg

Summary/Blanket orders are unacceptable.
- Medication orders must be complete.
- PRN medication orders must include an indication.
- Write legibly.
- Rewrite orders upon transfer and/or post-operatively.
- Date, time, and sign verbal & telephone orders within 48 hours.

Physician’s Order Form
Pediatrics Acute Gastroenteritis Admission Orders
Guam Memorial Hospital Authority
Form# CPOE-008

DO NOT USE:
- U MS
- IU MSO₄
- Q.D. MgSO₄
- Q.O.D. Trailng zero
- Lack of leading zero

Physician’s Initials

Patient ID Label
**PHYSICIAN’S ORDER**
*(EXCLUDING IV Fluids and MEDICATIONS)*

**Evidence-Based Guideline:**
Advance to regular diet as tolerated 4 hours after the last episode of vomiting.
Avoid the routine use of antidiarrheal agents.
Consider the use of an antiemetic in vomiting patients.
Evidence regarding the use of an antimicrobial agent in immunocompetent patients is not recommended.

**Other Orders:**

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**INTRAVENTOUS FLUID and MEDICATION ORDERS**

**ALLERGY (describe allergic reaction):**

- □ NKDA

**Special Medications Continued:**

Antibiotic Associated Diarrhea and Pseudomembranous Colitis (Clostridium difficile): Treat for 7 days. Do NOT give antidiarrheal drugs.

- □ **Metronidazole** (Flagyl) 30mg/kg/day □ PO □ IV (PO preferred) ÷ q8hrs x 7days (max 4grams/day) (Inj:500mg; tabs:250,500mg; extemporaneous suspension)

- □ **Vancomycin** 40mg/kg/day PO ÷ QID x 7days (max 2grams/day) Vancomycin therapy is reserved for patients who are allergic to metronidazole or who have not responded to metronidazole therapy

Rotavirus: Supportive treatment (see dehydration treatment)

**Other Medication Orders:**

---

Physician (Print): ______________________________

Physician (Signature): ___________________________

Date: ____________   Time: ____________

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**DO NOT USE:**

- U   MS
- IU  MSO₄
- Q.D.  MgSO₄
- Q.O.D.  Trailing zero
- Lack of leading zero

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**Physician’s Order Form**

**Pediatrics Acute Gastroenteritis Admission Orders**

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