### PHYSICIAN'S ORDER

**PEDiatrics/PICU General Admission Orders**

Date: ________________ Time: ________________

Admitting Physician: _______________________

Admit to: □ Regular Pediatrics □ PICU

Diagnosis: _______________________

Condition: □ Stable □ Guarded □ Critical

Code Resuscitation Status:

□ Full Code □ Do not intubate □ DNR □ Other: ______________________

Vital Signs: (TPR, BP, SpO2)

□ Every 1 hour □ Every 4 hours □ Other: ________________

Inform physician if vital signs are abnormal (see PALS guidelines for abnormal vital signs)

Pulse oximetry: □ routine with vital signs □ continuous □ Cardiorespiratory monitor

□ Neuro checks every ____ hour(s)

□ Inform physician if abnormal:

□ GCS < 12 □ GCS less than baseline

□ If mechanically ventilated, see Mechanical Ventilation Orders.

Diet:

□ Regular for age

□ NPO

□ NPO except medications

□ Clear liquids when fully awake and advance as tolerated

□ Breastfeed ad lib

□ Breastfeeding tray for mom

□ Other: _______________________

Activity:

□ As tolerated

□ Bed rest

□ Bed rest with Bathroom/Toilet Privilege

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### INTRavenous fluid and Medication Orders

**ALLERGY (describe allergic reaction):**

□ NKDA

**Weight ________ kg**

□ If obese, dose weight ______ (IBW)

**IV Fluids:**

- **IV Fluid Bolus**
  - □ NS Bolus 10 to 20 mL/kg ______ mL over ______ min.
  - □ BP goal >70 + (age in yrs X2) mmHg or _____ mmHg

- **IV Maintenance**
  - □ 1.25x Maintenance □ 1.5x Maintenance (for patients with normal serum sodium and potassium)
  - □ D5IP at _____ mL/hr
  - □ D5-1/2NS + 10mEq KCl/L at _____ mL/hr
  - □ D5-1/2NS + 20mEq KCl/L at _____ mL/hr
  - □ Other: __________ at ______ mL/hr

- □ Adjust IV rate to _____ mL/hr.

Goal to keep IV + PO/OGT/NGT at ______ mL/day

**PRN 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 3 years
  - _____ 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

---

**DO NOT USE:**

- U
- MS
- IU
- MO
- G.D.
- MgSO4
- Q.D.
- Trailing zero

**Physician’s Initials**

**Patient ID Label**

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**Physician’s Order Form**

**PEDiatrics/PICU General Admission Orders**

 Guam Memorial Hospital Authority


Form# CPOE-009
PHYSICIAN'S ORDER
(EXCLUDING IV Fluids and MEDICATIONS)

Isolation Orders:
☐ Droplet Precautions
☐ Contact Precautions
☐ Respiratory/Airborne Isolation
☐ Special Contact Precautions
☐ Reverse Isolation

Nursing Orders:
Assessments
Measure height and weight on admission
☐ Measure weight daily
Measure head circumference ☐ on admission ☐ daily
☐ Routine intake and output
☐ Strict intake and output
Insert ☐ OGT ☐ NGT
☐ Insert indwelling catheter
Start phototherapy ☐ single ☐ double ☐ triple ☐ quadruple

Contingency
☐ Notify physician if oxygen initiated and document room air SpO2.
☐ Supplemental oxygen titration to keep SpO2 greater than or equal to 92% when asleep and greater than or equal to 95% when awake.
☐ Nurse or RT may select O2 device best tolerated by patient.
☐ Notify physician if O2 required is FiO2 over 50% via mask and/or more than 2L via nasal cannula in age less than 2 years.
☐ Notify physician if temperature is > 101F.
☐ Notify physician if urine output is < 1 mL/kg/hr or no urine output for > 6 hours.
☐ Notify physician if no BM > 2 days.
☐ Notify physician if loose BM > 10x in infants.
☐ Education on smoking cessation. Nurse to provide information to caregiver/patient.

Labs:
Hematology
☐ CBC with automated WBC differential
☐ CBC with manual WBC differential
☐ C-reactive protein (CRP)
☐ Erythrocyte sedimentation rate (ESR)
☐ Reticulocyte count
☐ PT/INR
☐ PTT
☐ Blood type

INTRAVENOUS FLUID and MEDICATION ORDERS

ALLERGY (describe allergic reaction):
☐ NKDA

Other PRN Medications:
_______________ mg/kg/day ___ route, divided every ___ hours ( _____ per dose)

☐ See Respiratory Order Sheet for respiratory medications.
☐ See IV Sedation Medication Order Set for mechanical ventilation
See Cardiac IV Medication Order Set for:
☐ CHF ☐ Hypotension ☐ Hypertension

IV Medications:
☐ Ampicillin IV ☐ Ampicillin IM
• Term Newborns (< 1 month)
  < 7 days:
  ☐ < 2 kg: 100mg/kg/24hrs ÷ q12hrs
  ☐ ≥ 2 kg: 100mg/kg/24hrs ÷ q8hrs
  ☐ GBS Meningitis: 200mg/kg/24hrs ÷ q8hrs
  ≥ 7 days:
  ☐ < 2 kg: 100mg/kg/24hrs ÷ q8hrs
  ☐ ≥ 2 kg: 100mg/kg/24hrs ÷ q6hrs
  ☐ GBS Meningitis: 300mg/kg/24hrs ÷ q8hrs
• Infant/Child
  ☐ Mild/Moderate infection: 100-200mg/kg/24hrs ÷ q6hrs _____mg/dose
  ☐ Severe infection: 200-400mg/kg/24hrs ÷ q6hrs _____mg/dose
     (Max dose IV/IM: 12grams/24hrs)

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Pediatrics/PICU General Admission Orders
Guam Memorial Hospital Authority
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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 Initials

Patient ID Label
PHYSICIAN’S ORDER
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Labs Continued:
Blood Gas
☐ ABG ☐ CBG or VBG
Goals: $pH \geq 7.25$ to 7.4, $pCO2 \geq 45$ to 60 mmHg,
$PaO2$ (if arterial) $\geq 55$ to 100 mmHg, Base excess $< -5$,
see above SpO2 goals.
☐ Specify other goals: __________________________
☐ Repeat after ______ hour(s).

Chemistry Panels
☐ Chem7
☐ Chem20
☐ BNP
☐ LFT
☐ Magnesium
☐ Phosphorus
☐ Calcium

Microbiology
☐ Blood culture
☐ Urine culture, clean catch
☐ Urine culture, straight catheterization
NP Swab:
☐ Flu (Influenza antigen test)
☐ RSV (RNA PCR)
☐ Pertussis PCR
Chlamydia ☐ PCR
☐ Culture in Chlamydia transport media
☐ Stool WBC
☐ Stool Hemoccult
☐ Stool Culture

Urinalysis ☐ Urinalysis (UA) with microscopy

☐ Other Lab Orders:

☐ Labs in AM:

☐ Allergy (describe allergic reaction):
☐ NKDA

INTRAVENOUS FLUID and MEDICATION ORDERS

IVF and MEDICATION ORDERS

IV Medications Continued:

☐ Ampicillin/Sublactam IV
(Compute based on Ampicillin component)
  • Term Newborns ($< 1$ month old):
    ☐ 100mg/kg/24hrs $\div$ q8hrs
    ☐ Meningitis/severe infection:
      200mg/kg/24hrs $\div$ q8hrs
  • $\geq 7$ days:
    ☐ $< 2$kg: 100mg/kg/24hrs $\div$ q8hrs
    ☐ $\geq 2$kg: 100mg/kg/24hrs $\div$ q6hrs
    ☐ Meningitis/Severe infection:
      300mg/kg/24hrs $\div$ q8hrs
  • $> 1$ month old:
    ☐ 100-150mg/kg/24hrs $\div$ q6hrs ___ mg/dose
    ☐ Meningitis/severe infection:
      200-300mg/kg/24hrs $\div$ q6hrs ___ mg/dose
  • Child:
    ☐ 100-200mg/kg/24hrs $\div$ q6hrs ___ mg/dose
    ☐ Meningitis/severe infection:
      200-400mg/kg/24hrs $\div$ q6hrs ___ mg/dose

☐ Cefotaxime IV ☐ Cefotaxime IM
☐ $< 7$ days: 150mg/kg/24hrs $\div$ q12hrs
☐ $\geq 7$ days: 150mg/kg/24hrs $\div$ q8hrs
☐ $1-2$ months: 150mg/kg/24hrs $\div$ q6hrs
☐ 2 months to 18 yrs old: 150mg/kg/24hrs $\div$ q6hrs

☐ Clindamycin IV ☐ Clindamycin IM
☐ $< 7$ days: 5mg/kg/dose q8hrs
☐ $\geq 7$ days 5mg/kg/dose q6hrs
☐ $> 1$ month: 25-40mg/kg/24hrs $\div$ q6hrs
☐ GQ8hrs ___ mg/dose

☐ Gentamicin IV ☐ Gentamicin IM
☐ $< 7$ days: 4mg/kg/dose q24hrs
☐ $\geq 7$ days: 4mg/kg/dose q12hrs
☐ 1-2 months: 7.5mg/kg/24hrs $\div$ q8hrs

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**Physician’s Order Form**  
**Pediatrics/PICU General Admission Orders**  
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<table>
<thead>
<tr>
<th>PHYSICIAN’S ORDER (EXCLUDING IV Fluids and MEDICATIONS)</th>
<th>INTRAVENOUS FLUID and MEDICATION ORDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiology:</td>
<td><strong>ALLERGY:</strong></td>
</tr>
<tr>
<td>□ Chest xray, 2 views (AP/Lateral)</td>
<td></td>
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<tr>
<td>□ Chest xray, 1 view</td>
<td></td>
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<tr>
<td>□ Portable</td>
<td></td>
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<tr>
<td>□ Other Imaging Tests:</td>
<td></td>
</tr>
<tr>
<td>□ Indications for any chosen above:</td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Consults:</strong></td>
<td><strong>IV Medications Continued:</strong></td>
</tr>
<tr>
<td>□ Specialist Physician (specify):</td>
<td>□ Ceftriaxone IV □ Ceftriaxone IM</td>
</tr>
<tr>
<td></td>
<td>- 1-2 months mild to moderate infections:</td>
</tr>
<tr>
<td></td>
<td>□ 50mg/kg/24hrs q24hrs</td>
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<tr>
<td></td>
<td>□ 75mg/kg/24hrs q24hrs (max 2grams/24hrs)</td>
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<tr>
<td></td>
<td>- 1-2 months Meningitic dose:</td>
</tr>
<tr>
<td></td>
<td>□ 100mg/kg/24hrs ÷ q12hrs (max 2grams/dose, 4grams/24hrs)</td>
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<tr>
<td></td>
<td>- 2 months to 18 yrs old:</td>
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<tr>
<td></td>
<td>□ 50mg/kg/24hrs q24hrs</td>
</tr>
<tr>
<td></td>
<td>□ 75mg/kg/24hrs q24hrs (max 4grams/24hrs)</td>
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<tr>
<td></td>
<td>□ Vancomycin IV</td>
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<tr>
<td></td>
<td>- &lt; 1 month Bacteremia:</td>
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<td></td>
<td>□ 0-7 days: 10mg/kg/dose q12hrs</td>
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<tr>
<td></td>
<td>□ &gt; 7 days: 10mg/kg/dose q8hrs</td>
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<tr>
<td></td>
<td>- &lt; 1 month Meningitis:</td>
</tr>
<tr>
<td></td>
<td>□ 0-7 days: 15mg/kg/dose q12hrs</td>
</tr>
<tr>
<td></td>
<td>□ &gt; 7 days: 15mg/kg/dose q8hrs</td>
</tr>
<tr>
<td></td>
<td>- &gt; 1 month mild to moderate infection:</td>
</tr>
<tr>
<td></td>
<td>15mg/kg/dose □ q6hrs □ q8hrs</td>
</tr>
<tr>
<td></td>
<td>- &gt; 1 month severe infections – Meningitis,</td>
</tr>
<tr>
<td></td>
<td>Pneumonia, MRSA, Bacteremia:</td>
</tr>
<tr>
<td></td>
<td>20mg/kg/dose □ q6hrs □ q8hrs</td>
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<tr>
<td></td>
<td>□ Ceftazidime IV</td>
</tr>
<tr>
<td></td>
<td>- &gt; 1 month: 100mg/kg/24hrs ÷ q8hrs</td>
</tr>
<tr>
<td></td>
<td>(max 6grams/24hrs)</td>
</tr>
<tr>
<td></td>
<td>□ Piperacillin/Tazobactam (Zosyn) IV</td>
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<tr>
<td></td>
<td>□ &lt; 2 months: 300mg/kg/24hrs ÷ q6hrs</td>
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<td></td>
<td>□ 2-9 months: 240mg/kg/24hrs ÷ q8hrs</td>
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<tr>
<td></td>
<td>□ &gt; 9 months: 300mg/kg/24hrs ÷ q8hrs</td>
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<tr>
<td></td>
<td>(max 16grams/day)</td>
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<tr>
<td></td>
<td>□ Tobramycin IV</td>
</tr>
<tr>
<td></td>
<td>- 7.5mg/kg/24hrs ÷ q8hrs</td>
</tr>
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**DO NOT USE:**  
U MS  
IU MSO₄  
Q.D. MgSO₄  
Q.O.D. Trailing zero  
Lack of leading zero

Physician’s Initials  
Patient ID Label
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**PHYSICIAN’S ORDER**  
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**INTRAVENOUS FLUID and MEDICATION ORDERS**

**ALLERGY** (describe allergic reaction):

- □ NKDA

**IV Medications Continued:**

- □ Acyclovir IV
  - Birth to 3 months:
    - < 35 weeks postconceptual age:
      - □ 40mg/kg/24hrs ÷ q12hrs □ x14days □ x21days
    - 35 weeks postconceptual age:
      - □ 60mg/kg/24hrs ÷ q8hrs □ x14days □ x21days
  - 3 months to 12 yrs old:
    - □ 60mg/kg/24hrs ÷ q8hrs
  - > 12 yrs old:
    - □ 30mg/kg/24hrs ÷ q8hrs

**Others Medication Orders:**

- ______________________________________
- ______________________________________
- ______________________________________
- ______________________________________
- ______________________________________
- ______________________________________

Physician (Print): ____________________________

Physician (Signature): ________________________

Date: ___________ Time: ___________