

PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)		INTRAVENOUS FLUID and MEDICATION ORDERS
<p>Pediatrics/PICU Sepsis, Pneumonia, Infectious Disease Admission Orders</p> <p>Date: _____ Time: _____</p> <p>Admitting physician: _____</p> <p>Admit to: <input type="checkbox"/> Regular Pediatrics <input type="checkbox"/> PICU</p> <p>Diagnosis:</p> <p><input type="checkbox"/> Fever <input type="checkbox"/> Sepsis <input type="checkbox"/> Rule out sepsis <input type="checkbox"/> Acute UTI/Pyelonephritis <input type="checkbox"/> Rule out UTI/Pyelonephritis <input type="checkbox"/> Acute Meningitis <input type="checkbox"/> Rule out Meningitis <input type="checkbox"/> Acute Pneumonia <input type="checkbox"/> Rule out pneumonia <input type="checkbox"/> Other: _____</p> <p>Condition: <input type="checkbox"/> Stable <input type="checkbox"/> Guarded <input type="checkbox"/> Critical</p> <p>Code Resuscitation Status:</p> <p><input type="checkbox"/> Full Code <input type="checkbox"/> Do not intubate <input type="checkbox"/> DNR <input type="checkbox"/> Other: _____</p> <p>Diet:</p> <p><input type="checkbox"/> NPO <input type="checkbox"/> Clear liquid <input type="checkbox"/> Soft diet <input type="checkbox"/> Regular diet for age <input type="checkbox"/> Low salt diet <input type="checkbox"/> Diabetic diet <input type="checkbox"/> Breastfeeding tray for mom <input type="checkbox"/> Other: _____</p> <p>Activity:</p> <p><input type="checkbox"/> Bed rest <input type="checkbox"/> Bed rest with bathroom/toilet privileges <input type="checkbox"/> Out of bed <input type="checkbox"/> Other: _____</p>	IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY	<p>ALLERGY:</p> <p><input type="checkbox"/> NKDA</p> <p>Weight _____ kg <input type="checkbox"/> If obese, dose weight _____ (IBW)</p> <p>IV FLUIDS:</p> <p><input type="checkbox"/> NS bolus (10 to 20 mL/kg) _____ mL over _____ min <input type="checkbox"/> D5IP at _____ mL/hr <input type="checkbox"/> D5-1/2NS + 10mEq KCl/L at _____ mL/hr <input type="checkbox"/> D5-1/2NS + 20mEq KCl/L at _____ mL/hr <input type="checkbox"/> Other IVF: _____ at _____ mL/hr</p> <p>Oral Medications:</p> <p><input type="checkbox"/> Acetaminophen PO <input type="checkbox"/> Acetaminophen PR _____ mg/dose <input type="checkbox"/> every 4hrs <input type="checkbox"/> every 6hrs (<28days old) PRN for temp: _____ F (recommended: 10-15 mg/kg/dose)</p> <p><input type="checkbox"/> Ibuprofen PO _____ mg/dose <input type="checkbox"/> every 6hrs <input type="checkbox"/> every 8hrs PRN for temp: _____ F (recommended: 10mg/kg/dose, max 40mg/kg/day)</p> <p><input type="checkbox"/> Amoxicillin PO</p> <p><input type="checkbox"/> (standard) 50mg/kg/24hrs ÷ <input type="checkbox"/> every 8hrs <input type="checkbox"/> every 12hrs <input type="checkbox"/> (high dose) 90mg/kg/24hrs ÷ every 12hrs (max 2-3g/24hrs)</p> <p><input type="checkbox"/> Augmentin PO (based on Amoxicillin component)</p> <p><input type="checkbox"/> 1-3mos: 30mg/kg/24hrs ÷ every 12hrs <input type="checkbox"/> >3mos: standard dose 45mg/kg/24hrs ÷ every 12hrs <input type="checkbox"/> >3mos: high dose 90mg/kg/24hrs ÷ every 12hrs</p> <p><input type="checkbox"/> Cephalexin PO _____ mg/dose <input type="checkbox"/> every 6hrs <input type="checkbox"/> every 8hrs (recommended: 25-100mg/kg/24hrs)</p> <p><input type="checkbox"/> Clindamycin PO _____ mg/dose <input type="checkbox"/> every 6hrs <input type="checkbox"/> every 8hrs (recommended: 10-30mg/kg/24hrs, max 1.8g/day)</p> <p><input type="checkbox"/> Cefdinir PO</p> <p><input type="checkbox"/> 6mos-12yrs: 14mg/kg/24hrs <input type="checkbox"/> ÷ every 12hrs <input type="checkbox"/> every 24hrs (max 600mg/24hrs) <input type="checkbox"/> ≥13yrs: 600mg/24hrs ÷ every 12hrs</p> <p><input type="checkbox"/> Azithromycin PO</p> <p>Pneumonia: <input type="checkbox"/> 10mg/kg Day 1 (max 500mg) <input type="checkbox"/> 5mg/kg once a day Days 2-5</p> <p>Pertussis: <input type="checkbox"/> <6mos: 10mg/kg/dose daily x5days <input type="checkbox"/> >6mos: 10mg/kg/dose Day1, then 5mg/kg/dose Days 2-5</p>
<p>✓ 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.</p>	<p>DO NOT USE:</p> <p>U MS IU MSO₄ Q.D. MgSO₄ Q.O.D. Trailing zero Lack of leading zero</p>	<div style="border: 1px solid black; width: 60px; height: 40px; margin: 0 auto;"></div> <p>Physician's Initials</p>

Physician's Order Form

PATIENT ID LABEL

Pediatrics/PICU Sepsis, Pneumonia, Infectious Disease Admission Orders

Guam Memorial Hospital Authority

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PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)		INTRAVENOUS FLUID and MEDICATION ORDERS
<p>Vital Signs (see PALS card for guideline):</p> <input type="checkbox"/> Vital signs every 1 hour <input type="checkbox"/> Vital signs every 4 hours <input type="checkbox"/> Heart rate: Inform physician if _____ <input type="checkbox"/> Respiratory rate: Inform physician if _____ <input type="checkbox"/> Blood pressure: Inform physician if _____ <input type="checkbox"/> Pulse Ox: Inform physician if $\leq 92\%$ while asleep and/or $\leq 95\%$ when awake <input type="checkbox"/> Temperature: Inform physician if _____ <input type="checkbox"/> Neuro Check: Inform physician if: <input type="checkbox"/> GCS < 12 <input type="checkbox"/> GCS below baseline of _____ <p>Isolation Precautions:</p> <input type="checkbox"/> Droplet <input type="checkbox"/> Contact <input type="checkbox"/> Respiratory/Airborne <input type="checkbox"/> Special Contact <input type="checkbox"/> Reverse Isolation <p>Nursing Orders</p> <input type="checkbox"/> Daily weight <input type="checkbox"/> Routine intake and output <input type="checkbox"/> Strict intake and output <input type="checkbox"/> Daily head circumference <p>Labs:</p> <input type="checkbox"/> CBC with automated WBC differential <input type="checkbox"/> CBC with manual WBC differential <input type="checkbox"/> C-reactive protein (CRP) <input type="checkbox"/> Erythrocyte sedimentation rate (ESR) <input type="checkbox"/> Chem7 <input type="checkbox"/> Chem20 <input type="checkbox"/> LFTs <input type="checkbox"/> Urinalysis <input type="checkbox"/> Urine Culture <input type="checkbox"/> Blood Culture <input type="checkbox"/> Nasopharyngeal swab <input type="checkbox"/> Flu (Influenza antigen test) <input type="checkbox"/> RSV (RNA PCR) <input type="checkbox"/> Pertussis PCR <input type="checkbox"/> Chlamydia: <input type="checkbox"/> PCR <input type="checkbox"/> Culture in Chlamydia transport media <input type="checkbox"/> Stool WBC <input type="checkbox"/> Stool Hemocult <input type="checkbox"/> Stool Culture	IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY	<p>ALLERGY:</p> <input type="checkbox"/> NKDA <p>IV Medications:</p> <p><input type="checkbox"/> Ampicillin IV <input type="checkbox"/> Ampicillin IM Term Newborns (< 1 month) < 7 days <input type="checkbox"/> < 2 kg: 100mg/kg/24hrs ÷ every 12hrs <input type="checkbox"/> ≥ 2 kg: 100mg/kg/24hrs ÷ every 8hrs <input type="checkbox"/> GBS Meningitis: 200mg/kg/24hrs ÷ every 8hrs ≥ 7 days <input type="checkbox"/> < 2 kg: 100mg/kg/24hrs ÷ every 8hrs <input type="checkbox"/> ≥ 2 kg: 100mg/kg/24hrs ÷ every 6hrs <input type="checkbox"/> GBS Meningitis: 300mg/kg/24hrs ÷ <input type="checkbox"/> every 4hrs <input type="checkbox"/> every 6hrs <input type="checkbox"/> 1-2 months old: 100mg/kg/24hrs ÷ every 6hrs</p> <p><input type="checkbox"/> Ampicillin/Sulbactam <input type="checkbox"/> IV <input type="checkbox"/> IM (Compute based on Ampicillin component) Term Newborns (< 1 month old) <input type="checkbox"/> 100 mg/kg/24hrs ÷ every 8hrs <input type="checkbox"/> Meningitis/severe infection: 200mg/kg/24hrs ÷ every 8hrs ≥ 7 days <input type="checkbox"/> < 2kg: 100 mg/kg/24hrs ÷ every 8hrs <input type="checkbox"/> ≥ 2kg: 100mg/kg/24hrs ÷ every 6hrs <input type="checkbox"/> Meningitis/Severe infection: 300mg/kg/24hrs ÷ every 8hrs 1 month old (recommended: 100-150 mg/kg/24hrs) <input type="checkbox"/> _____ mg/dose every 6hrs Meningitis/severe infection (200-300 mg/kg/24hrs) <input type="checkbox"/> _____ mg/dose every 6hrs Child (recommended: 100-200 mg/kg/24hrs) <input type="checkbox"/> _____ mg/dose every 6hrs Meningitis/severe infection (200-400 mg/kg/24hrs) <input type="checkbox"/> every 6hrs _____ mg/dose (max 8grams Ampicillin/24hrs)</p> <p><input type="checkbox"/> Cefotaxime IV <input type="checkbox"/> Cefotaxime IM <input type="checkbox"/> ≤ 7 days: 100 mg/kg/24hrs ÷ every 12hrs <input type="checkbox"/> > 7 days: 150mg/kg/24hrs ÷ every 8hrs <input type="checkbox"/> 1month to 12 y.o. < 50kg: _____ mg/dose <input type="checkbox"/> every 6hrs <input type="checkbox"/> every 8hrs (recommended: 100-200mg/kg/24hrs)</p>
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