### Physician’s Order Form

#### Pediatrics/PICU Sepsis, Pneumonia, Infectious Disease Admission Orders

<table>
<thead>
<tr>
<th>Date: ___________________</th>
<th>Time: ___________________</th>
</tr>
</thead>
</table>

- **Admitting physician:** _______________________

- **Admit to:**
  - [ ] Regular Pediatrics
  - [ ] PICU

- **Diagnosis:**
  - [ ] Fever
  - [ ] Sepsis
  - [ ] Rule out sepsis
  - [ ] Acute UTI/Pyelonephritis
  - [ ] Rule out UTI/Pyelonephritis
  - [ ] Acute Meningitis
  - [ ] Rule out Meningitis
  - [ ] Acute Pneumonia
  - [ ] Rule out pneumonia
  - [ ] Other: __________

- **Condition:**
  - [ ] Stable
  - [ ] Guarded
  - [ ] Critical

- **Resuscitation Status:**
  - [ ] Full Code
  - [ ] Do not intubate
  - [ ] DNR
  - [ ] Other: __________

- **Diet:**
  - [ ] NPO
  - [ ] Clear liquid
  - [ ] Soft diet
  - [ ] Regular diet for age
  - [ ] Low salt diet
  - [ ] Diabetic diet
  - [ ] Breastfeeding tray for mom
  - [ ] Other: __________

- **Activity:**
  - [ ] Bed rest
  - [ ] Bed rest with bathroom/toilet privileges
  - [ ] Out of bed
  - [ ] Other: __________

- **Code**
  - [ ] NS bolus (10 to 20 mL/kg) ______ mL over _____ min
  - [ ] D5-1/2NS + 10mEq KCl/L at ______ mL/hr
  - [ ] D5-1/2NS + 20mEq KCl/L at ______ mL/hr
  - [ ] Other IVF: __________ at ______ mL/hr

### INTRAVENOUS FLUID and MEDICATION ORDERS

#### Allergy:
- [ ] NKDA

#### Weight ______ kg
- [ ] If obese, dose weight ______ (IBW)

#### Oral Medications:
- [ ] Acetaminophen PO
- [ ] Acetaminophen PR
  - ______ mg/dose [ ] every 4hrs √ [ ] every 6hrs (<28days old)
  - PRN for temp: ___ F (recommended: 10-15 mg/kg/dose)
- [ ] Ibuprofen PO ______ mg/dose
  - [ ] every 6hrs √ [ ] every 8hrs PRN for temp: _____ F
  - (recommended: 10 mg/kg/dose, max 40 mg/kg/day)
- [ ] Amoxicillin PO
  - (standard) 50mg/kg/24hrs ÷ [ ] every 8hrs [ ] every 12hrs
  - (high dose) 90mg/kg/24hrs ÷ [ ] every 12hrs (max 2-3g/24hrs)
- [ ] Augmentin PO (based on Amoxicillin component)
  - 1-3mos: 30mg/kg/24hrs ÷ [ ] every 12hrs
  - >3mos: standard dose 45mg/kg/24hrs ÷ [ ] every 12hrs
  - >3mos: high dose 90mg/kg/24hrs ÷ [ ] every 12hrs
- [ ] Cephalexin PO ______ mg/dose
  - [ ] every 6hrs √ [ ] every 8hrs
  - (recommended: 25-100mg/kg/24hrs)
- [ ] Clindamycin PO ______ mg/dose
  - [ ] every 6hrs √ [ ] every 8hrs
  - (recommended: 10-30mg/kg/24hrs, max 1.8g/day)
- [ ] Cefdinir PO
  - 6mos-12yrs: 14mg/kg/24hrs
  - ÷ [ ] every 12hrs √ [ ] every 24hrs (max 600mg/24hrs)
  - ≥13yrs: 600mg/24hrs ÷ [ ] every 12hrs
- [ ] Azithromycin PO

Pneumonia:
- [ ] 10mg/kg Day 1 (max 500mg)
- [ ] 5mg/kg once a day Days 2-5

pertussis:
- [ ] <6mos: 10mg/kg/dose daily x5days
- [ ] >6mos: 10mg/kg/dose Day 1,
  - then 5mg/kg/dose Days 2-5

<table>
<thead>
<tr>
<th>DO NOT USE:</th>
<th>U</th>
<th>MS</th>
</tr>
</thead>
<tbody>
<tr>
<td>IU</td>
<td>Mso4</td>
<td></td>
</tr>
<tr>
<td>Q.D.</td>
<td>Mgso4</td>
<td></td>
</tr>
<tr>
<td>Q.O.D.</td>
<td>TRAILING ZERO</td>
<td></td>
</tr>
<tr>
<td>Lack of leading zero</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Physician’s Initials**

**Patient ID Label**

---

**Physician’s Order Form**

**Pediatrics/PICU Sepsis, Pneumonia, Infectious Disease Admission Orders**

Guam Memorial Hospital Authority

Page 1 of 4 Approved: Peds 5/16, P&T 5/16, MEC 5/16, HIMC 3/17

Form# CPOE-010
**Physician’s Order Form**

**Pediatrics/PICU Sepsis, Pneumonia, Infectious Disease Admission Orders**

Guam Memorial Hospital Authority

Page 2 of 4 Approved: Peds 5/16, P&T 5/16, MEC 5/16, HIMC 3/17

Form# CPOE-010

---

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

**VITAL SIGNS**  
(see PALS card for guideline):
- [ ] Vital signs every 1 hour
- [ ] Vital signs every 4 hours
- [ ] Heart rate: Inform physician if ________
- [ ] Respiratory rate: Inform physician if ________
- [ ] Blood pressure: Inform physician if ________
- [ ] Pulse Ox: Inform physician if ≤ 92% while asleep and/or ≤ 95% when awake
- [ ] Temperature: Inform physician if ________
- [ ] Neuro Check: Inform physician if:
  - [ ] GCS < 12  
  - [ ] GCS below baseline of _____

**ISOLATION PRECAUTIONS**:
- [ ] Droplet  
- [ ] Contact  
- [ ] Respiratory/Airborne
- [ ] Special Contact  
- [ ] Reverse Isolation

**NURSING ORDERS**:
- [ ] Daily weight
- [ ] Routine intake and output
- [ ] Strict intake and output
- [ ] Daily head circumference

**LABS**:
- [ ] CBC with automated WBC differential
- [ ] CBC with manual WBC differential
- [ ] C-reactive protein (CRP)
- [ ] Erythrocyte sedimentation rate (ESR)
- [ ] Chem7
- [ ] Chem20
- [ ] LFTs
- [ ] Urinalysis
- [ ] Urine Culture
- [ ] Blood Culture
- [ ] Nasopharyngeal swab
  - [ ] Flu (Influenza antigen test)
  - [ ] RSV (RNA PCR)
  - [ ] Pertussis PCR
- [ ] Chlamydia: [ ] PCR
  - [ ] Culture in Chlamydia transport media
- [ ] Stool WBC
- [ ] Stool Hemoccult
- [ ] Stool Culture

**INTRAVENTOUS FLUID and MEDICATION ORDERS**

**ALLERGY**:
- [ ] NKDA

**IV Medications**:
- [ ] Ampicillin IV  
- [ ] Ampicillin IM

Term Newborns (< 1 month)

< 7 days
- [ ] < 2 kg: 100mg/kg/24hrs / 12hrs
- [ ] ≥ 2 kg: 100mg/kg/24hrs / 8hrs
- [ ] GBS Meningitis: 200mg/kg/24hrs / 8hrs

≥ 7 days
- [ ] < 2 kg: 100mg/kg/24hrs / 8hrs
- [ ] ≥ 2 kg: 100mg/kg/24hrs / 6hrs
- [ ] GBS Meningitis: 300mg/kg/24hrs / 6hrs

1-2 months old: 100mg/kg/24hrs / 6hrs

**Ampicillin/Sublactam**  
[ ] IV  
[ ] IM

(Compute based on Ampicillin component)

Term Newborns (< 1 month old)

- [ ] 100 mg/kg/24hrs / every 8hrs
- [ ] Meningitis/severe infection:
  - [ ] 200mg/kg/24hrs / every 8hrs

≥ 7 days
- [ ] < 2 kg: 100 mg/kg/24hrs / every 8hrs
- [ ] ≥ 2 kg: 100mg/kg/24hrs / every 6hrs
- [ ] GBS Meningitis: 300mg/kg/24hrs / every 6hrs

1 month old (recommended: 100-150 mg/kg/24hrs)

- [ ] _____ mg/dose every 6hrs
- [ ] Meningitis/severe infection (200-300 mg/kg/24hrs)

Child (recommended: 100-200 mg/kg/24hrs)

- [ ] _____ mg/dose every 6hrs
- [ ] Meningitis/severe infection (200-400 mg/kg/24hrs)

- [ ] every 6hrs _____ mg/dose
  (max 8grams Ampicillin/24hrs)

**Cefotaxime IV**  
[ ] Cefotaxime IM

- [ ] ≤ 7 days: 100 mg/kg/24hrs / every 12hrs
- [ ] > 7 days: 150mg/kg/24hrs / every 8hrs

1 month to 12 y.o. < 50kg:

- [ ] _____ mg/dose
  - [ ] every 6hrs
  - [ ] every 8hrs

(recommended: 100-200mg/kg/24hrs)

---

**DO NOT USE**:
- [ ] U  
- [ ] MS
- [ ] IU  
- [ ] MSO₄
- [ ] Q.D.  
- [ ] MgSO₄
- [ ] Q.O.D.  
- [ ] Trailling zero
- [ ] Lack of leading zero

Physician’s Initials

PATIENT ID LABEL

---

✓ 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/PICU Sepsis, Pneumonia, Infectious Disease Admission Orders

Guam Memorial Hospital Authority

Page 3 of 4  Approved: Peds 5/16, P&T 5/16, MEC 5/16, HIMC 3/17

Form# CPOE-010

#### Laboratories

**Labs continued:**
- CSF analysis
  - CSF Tube 1:
    - Gram stain
    - Bacterial culture and sensitivity
    - Viral culture
    - Directigen
    - Enteroviral PCR
  - CSF Tube 2: Glucose and Protein
  - CSF Tube 3: Cell count and differential
  - Vancomycin peak level after 3rd dose
  - Vancomycin trough level before 4th dose
  - Gentamicin peak level after 3rd dose
  - Gentamicin trough level before 4th dose

#### Imaging

**Location of Imaging:**
- Head
- Chest
- Abdomen
- Spine
- Other: ____________________________

#### Procedures

**Procedures:**
- Lumbar puncture
- Urine catheterization

#### Radiology/Other Procedures

- Portable
- Chest X-ray, AP/Lateral
- Chest X-ray, AP only
- Abdominal X-ray series
- KUB per routine
- KUB upright only
- Renal ultrasound
- Abdominal ultrasound
- Echocardiogram
- EKG
- Head Ultrasound
- CT scan without contrast (location, see below)
- CT scan with contrast (location, see below)
- MRI without contrast (location, see below)
- MRI with contrast (location, see below)
- Indication for any chosen above ________________

#### Intravenous Fluid and Medication Orders

**Allergy:**
- □ NKDA

**IV Medications Continued:**
- □ Cefotaxime IV  □ Cefotaxime IM (continued)
  - □ >12 y.o. or >50kg: ____ gram(s)/dose
    - □ every 6hrs □ every 8hrs
    - (recommended: 1-2 grams/dose)
  - □ Severe Infection: 2grams/dose
    - □ every 4hrs □ every 6hrs (max 12grams/24hrs)
  - □ Meningitis: ______ mg/dose every 6hrs
    - (recommended dose: 200mg/kg/day)
    - (max 12grams/24hrs)
- □ Clindamycin IV  □ Clindamycin IM
  - □ ≤7 days: 5mg/kg/dose every 8hrs
  - □ >7 days: 5mg/kg/dose every 8hrs
  - □ >1 month: ______ mg/dose □ every 6hrs □ every 8hrs
    - (recommended dose: 25-40 mg/kg/24hrs)
- □ Gentamicin IV  □ Gentamicin IM
  - □ < 7 days: 4mg/kg/dose every 24hrs
  - □ ≥7 days: 4mg/kg/dose every 12hrs
  - 1-2 months: 7.5mg/kg/24hrs + every 8hrs
- □ Ceftriaxone IV  □ Ceftriaxone IM
  - 1-2 months, mild to moderate infections:
    - □ 50mg/kg/dose every 24hrs
    - □ 75mg/kg/dose every 24hrs (max 2grams/24hrs)
  - 1-2 months, Meningitic dose:
    - □ 100mg/kg/24hrs ÷ every 12hrs
    - (max 2g/dose, 4g/24hrs)
  - 2 months to 18 years old:
    - □ 50mg/kg/dose every 24hrs
    - □ 75mg/kg/dose every 24hrs (max 2grams/dose)
- □ Vancomycin IV
  - <1 month Bacteremia:
    - □ 0-7 days: 10mg/kg/dose every 12hrs
    - □ >7 days: 10mg/kg/dose every 8hrs
  - <1 month Meningitis:
    - □ 0-7 days: 15mg/kg/dose every 12hrs
    - □ >7 days: 15mg/kg/dose every 8hrs
  - >1 month (mild to moderate infection):
    - □ 15mg/kg/dose □ every 6hrs □ every 8hrs
  - >1 month severe infections – Meningitis, Pneumonia, MRSA, Bacteremia:
    - □ 20mg/kg/dose □ every 6hrs □ every 8hrs

**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.**

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

**Physician’s Initials**

**Patient ID Label**

---

---
PHYSICIAN’S ORDER
(EXCLUDING IV Fluids and MEDICATIONS)

Other Orders:

INTRAVENOUS FLUID and MEDICATION ORDERS

ALLERGY:

☐ NKDA

IV Medications Continued:

☐ Ceftazidime IV > 1 month and child:
  _______ mg/dose every 8hrs
  (recommended dose: 100-150mg/kg/24hrs
  (max 6grams/24hrs)
☐ Piperacillin/Tazobactam (Zosyn) IV
  ☐ < 2 months: 300mg/kg/24hrs ÷ every 6hrs
  ☐ 2-9 months: 240mg/kg/24hrs ÷ every 8hrs
  ☐ > 9 months: 300mg/kg/24hrs ÷ every 8hrs
  (max 16grams/day)
  ☐ Adolescent >40kg: 3grams every 6hrs
☐ Tobramycin IV 7.5mg/kg/24hrs ÷ every 8hrs
☐ Acyclovir IV
  Birth to 3 months
  < 35 weeks postconceptional age:
  ☐ 40mg/kg/24hrs ÷ every 12hrs ☐ x14days ☐ x21days
  > 35 weeks postconceptional age:
  ☐ 60mg/kg/24hrs ÷ every 8hrs ☐ x14days ☐ x21days
  3 months to 12 years old
  ☐ 60mg/kg/24hrs ÷ every 8hrs
  > 12 years old
  ☐ 30mg/kg/24hrs ÷ every 8hrs

Other medication orders:

☐ TORB/VORB Physician _______________________

Date _________________  Time ___________________

Nurse Signature ________________________________

Physician Signature ________________________________

Date _________________  Time ___________________

✓ 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.

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