PHYSICIAN’S ORDER
(EXCLUDING IV Fluids and MEDICATIONS)

Pediatrics/PICU Seizure Admission Orders

Date: _______________ Time: _______________

Admitting Physician: _______________________

Admit to: □ Regular Pediatrics  □ PICU

Diagnosis: □ Seizure, ________________________
□ Status Epilepticus

Condition: □ Stable  □ Guarded  □ Critical

Vital Signs: (TPR, BP, SpO2)
 □ every 1 hr  □ every 2 hrs  □ every 4 hrs  □ every 6 hrs
 □ Inform physician if: _______________________
(see PALS guidelines for abnormal vital signs)

Neuro Checks:
 □ every 1 hr  □ every 2 hrs  □ every 4 hrs  □ every 6 hrs
 □ Inform physician if GCS < 12 or ____________

Diet:
 □ NPO
 □ Clear liquids
 □ Regular diet for age

Activity:
 □ Bed rest
 □ Bed rest with bathroom privileges
 □ Out of bed

Nursing Orders:
 □ Strict intake and output
 □ Daily weight
 □ Daily head circumference

Oxygen:
 □ Maintain airway: _____ % O2 by mask
 □ _____ LPM O2 per nasal cannula
 □ Adjust O2 to keep SpO2 ≥ 95% when awake and
≥ 92% when asleep
 □ Mechanical ventilation settings: ________________

INTRAVENOUS FLUID and MEDICATION ORDERS

ALLERGY:

□ NKDA

Weight: _______ kg

IV FLUIDS:

□ Total IV rate: __________

□ NS Bolus □ 10mL/kg □ 20mL/kg over ____ min.

Maintenance Fluids
 □ D5IP at _______mL/hr
 □ D5-1/2NS + _______ mEq KCl/L at _______mL/hr
 □ Other: ________________________ at ______ mL/hr

MEDICATIONS:
 □ Acetaminophen PO □ Acetaminophen PR
____mg/dose □ every 4hrs □ every 6hrs PRN fever/pain
(recommended dose: 10-15mg/kg/dose)
(< 2 y.o. infant max dose: 60mg/kg/day)
(2 to 12 y.o. max dose: 90mg/kg/day)
 □ Ibuprofen PO *Age ≥6 months
____mg/dose □ every 6hrs □ every 8hrs PRN fever/pain
(recommended dose: 5-10mg/kg/dose)
(max 40mg/kg/day)
 □ Lorazepam (Ativan) IV  □ Lorazepam IM
____mg/dose (recommended dose: 0.05 to 0.1mg/kg/dose)
(max 4mg/dose, max 8mg/12hours)
 □ Midazolam (Versed)
 □ Phenytoin (Dilantin) □ IV □ IO
 □ Loading dose: _____ mg/dose in NSS
(recommended dose: 15-20mg/kg)
Infusion rate: < 1mg/kg/minute (max 50mg/min)
(max dose 1,500 mg/24hrs)
Maintenance Dose: Start at least 12hrs after loading dose
 □ 5mg/kg/day or ______ mg/dose □ PO □ IV
 □ every 8hrs  □ every 12hrs (max 300mg/day)
 □ Midazolam (Versed) Load with 0.15mg/kg IV x 1
before continuous infusion
 □ Midazolam (Versed) Continuous IV Infusion
Initiate at 1mg/kg/min and titrate dose upward every
5min to achieve seizure control and/or sedation.
Maximum rate of 6mcg/kg/min.

Physician’s Order Form

Pediatrics/PICU Seizure Admission Orders

Guam Memorial Hospital Authority
Page 1 of 2 Approved: Peds 5/16, P&T 5/16, MEC 5/16, HIMC 3/17
Form# CPOE-012

PATIENT ID LABEL

Physician’s Initials

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

Physician’s Initials

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PHYSICIAN’S ORDER
(EXCLUDING IV Fluids and MEDICATIONS)

Labs:
☐ CBC with diff
☐ CRP
☐ Chem 7
☐ Chem 20
☐ Magnesium
☐ Calcium
☐ Phosphorus
☐ Blood culture
☐ CBG or VBG ☐ upon admission ☐ every ___ hour(s)
☐ Anti-seizure medication level prior to 4th dose (tough)

Specify: __________________________

Procedures:
☐ Lumbar Puncture
☐ CSF analysis:
  ☐ Gram stain
  ☐ Bacterial culture and sensitivity
  ☐ Viral culture
  ☐ Directigen
  ☐ Enteroviral PCR
  ☐ Glucose
  ☐ Protein
  ☐ Cell count and differential

Imaging Orders:
☐ MRI of ________ ☐ with contrast ☐ without contrast
☐ EEG
☐ Chest X-ray
  ☐ PA
  ☐ Lateral
  ☐ Portable
☐ Indication for any chosen above:

Consult:
☐ Neurology consultation

Other Orders:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

INTRAVENOUS FLUID and MEDICATION ORDERS

ALLERGY:

☐ NKDA

MEDICATIONS continued:
☐ Carbamazepine (Teegretol) PO
  titrate at weekly intervals
  6yrs: ☐ _____mg/dose PO ☐ BID ☐ TID
  (recommended dose: 10-20 mg/kg/day)
  (QID dosing for oral suspension) (max 35 mg/kg/day)
  6-12yrs: ☐ 100 mg PO BID ☐ 10mg/kg/day PO ÷ BID
  (QID dosing for oral suspension) (max 1g/day)
  > 12yrs: ☐ 200 mg PO BID
  Children 12-15yrs: max 1000mg/day
  Children >15yrs: max 1200mg/day
☐ Depakote (Valproic Acid) PO
  Initial dose: _____ mg/dose ☐ once daily ☐ every 12hrs
  (recommended dose: 10-15mg/kg/day)
  Maintenance dose: _____ mg/dose
  ☐ every 8hrs ☐ every12hrs
  (recommended dose: 30-60mg/kg/day)
☐ Phenobarbital (Luminal)
  _____ mg IV loading dose
  (recommended dose: 15-20 mg/kg)
  Then PO/IV maintenance dose to start at least
  12hrs ☐ 24hrs after loading dose
  _____mg/dose ☐ PO ☐ IV ☐ every 24hrs ☐ BID
  (recommended dose: 3-5 mg/kg/day)
☐ Levetiracetam (Keppra) PO
  1 to 5 month old: 7mg/kg/dose every 12hrs
  5 to 15y.o.: 10mg/kg/dose every 12hrs
  ➔ or ☐ _____mg/dose every 12hrs
☐ Lamotrigine (Lamicar) PO
  0.3mg/kg/day ÷ BID ☐ _____ mg/dose every 12hrs
☐ TORB/VORB Physician _______________________

Date _________________ Time __________________

Nurse Signature __________________________

Physician Signature _______________________

Date _________________ Time __________________

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