



<p><b>PHYSICIAN'S ORDER</b> <b>(EXCLUDING IV Fluids and MEDICATIONS)</b></p> <p><b>Isolation Orders:</b>  <input type="checkbox"/> Droplet Precautions  <input type="checkbox"/> Contact Precautions  <input type="checkbox"/> Respiratory/Airborne Isolation  <input type="checkbox"/> Special Contact Precautions  <input type="checkbox"/> Reverse Isolation</p> <p><b>Nursing Orders:</b>  <u>Assessments</u>                  Measure height and weight on admission  <input type="checkbox"/> Measure weight daily                  Measure head circumference <input type="checkbox"/> on admission <input type="checkbox"/> daily  <input type="checkbox"/> Routine intake and output  <input type="checkbox"/> Strict intake and output                  Insert <input type="checkbox"/> OGT <input type="checkbox"/> NGT  <input type="checkbox"/> Insert indwelling catheter                  Start phototherapy <input type="checkbox"/> single <input type="checkbox"/> double <input type="checkbox"/> triple <input type="checkbox"/> quadruple</p> <p><u>Contingency</u>  <input type="checkbox"/> Notify physician if oxygen initiated and document room air SpO2.  <input type="checkbox"/> Supplemental oxygen titration to keep SpO2 greater than or equal to 92% when asleep and greater than or equal to 95% when awake.  <input type="checkbox"/> Nurse or RT may select O2 device best tolerated by patient.  <input type="checkbox"/> 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.  <input type="checkbox"/> Notify physician if temperature is &gt; 101F.  <input type="checkbox"/> Notify physician if urine output is &lt; 1 mL/kg/hr or no urine output for &gt; 6 hours.  <input type="checkbox"/> Notify physician if no BM &gt; 2 days.  <input type="checkbox"/> Notify physician if loose BM &gt; 10x in infants.  <input type="checkbox"/> Education on smoking cessation. Nurse to provide information to caregiver/patient.</p> <p><b>Labs:</b>  <u>Hematology</u>  <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"/> Reticulocyte count  <input type="checkbox"/> PT/INR  <input type="checkbox"/> PTT  <input type="checkbox"/> Blood type</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><b>INTRAVENOUS FLUID and MEDICATION ORDERS</b></p> <p><b>ALLERGY (describe allergic reaction):</b>  <input type="checkbox"/> NKDA</p> <p><b>Other PRN Medications:</b>                  _____ mg/kg/day ___ route, divided every _____ hours ( _____ per dose)</p> <p><input type="checkbox"/> See Respiratory Order Sheet for respiratory medications.  <input type="checkbox"/> See IV Sedation Medication Order Set for mechanical ventilation                  See Cardiac IV Medication Order Set for:  <input type="checkbox"/> CHF <input type="checkbox"/> Hypotension <input type="checkbox"/> Hypertension</p> <p><b>IV Medications:</b>  <input type="checkbox"/> Ampicillin IV <input type="checkbox"/> Ampicillin IM</p> <ul style="list-style-type: none"> <li>• Term Newborns (&lt; 1 month)                         <ul style="list-style-type: none"> <li>&lt; 7 days:                                 <ul style="list-style-type: none"> <li><input type="checkbox"/> &lt; 2 kg: 100mg/kg/24hrs ÷ q12hrs</li> <li><input type="checkbox"/> ≥ 2 kg: 100mg/kg/24hrs ÷ q8hrs</li> <li><input type="checkbox"/> GBS Meningitis: 200mg/kg/24hrs ÷ q8hrs</li> </ul> </li> <li>≥ 7 days:                                 <ul style="list-style-type: none"> <li><input type="checkbox"/> &lt; 2 kg: 100mg/kg/24hrs ÷ q8hrs</li> <li><input type="checkbox"/> ≥ 2 kg: 100mg/kg/24hrs ÷ q6hrs</li> <li><input type="checkbox"/> GBS Meningitis: 300mg/kg/24hrs ÷ q8hrs</li> </ul> </li> </ul> </li> <li>• Infant/Child                         <ul style="list-style-type: none"> <li><input type="checkbox"/> Mild/Moderate infection: 100-200mg/kg/24hrs ÷ q6hrs _____mg/dose</li> <li><input type="checkbox"/> Severe infection: 200-400mg/kg/24hrs ÷ q6hrs _____mg/dose (Max dose IV/IM: 12grams/24hrs)</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>✓ Summary/Blanket orders are unacceptable.</li> <li>✓ Medication orders must be complete.</li> <li>✓ PRN medication orders must include an indication.</li> <li>✓ Write legibly.</li> <li>✓ Rewrite orders upon transfer and/or post-operatively.</li> <li>✓ Date, time, and sign verbal &amp; telephone orders within 48 hours.</li> </ul>	<p><b>DO NOT USE:</b>                  U MS                  IU MSO<sub>4</sub>                  Q.D. MgSO<sub>4</sub>                  Q.O.D. Trailing zero                  Lack of leading zero</p>	<div style="border: 1px solid black; width: 100px; height: 40px; margin-bottom: 5px;"></div> Physician's Initials

**Physician's Order Form**  
**Pediatrics/PICU General Admission Orders**

Patient ID Label

<b>PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)</b>		<b>INTRAVENOUS FLUID and MEDICATION ORDERS</b>												
<p><b>Labs Continued:</b>  <u>Blood Gas</u>  <input type="checkbox"/> ABG   <input type="checkbox"/> CBG or VBG                      Goals: pH <math>\geq</math> 7.25 to 7.4, pCO2 45 to 60 mmHg,                      PaO2 (if arterial) <math>\geq</math> 55 to 100 mmHg, Base excess <math>&lt;</math> -5,                      see above SpO2 goals.  <input type="checkbox"/> Specify other goals: _____  <input type="checkbox"/> Repeat after _____ hour(s).</p> <p><u>Chemistry Panels</u>  <input type="checkbox"/> Chem7  <input type="checkbox"/> Chem20  <input type="checkbox"/> BNP  <input type="checkbox"/> LFT  <input type="checkbox"/> Magnesium  <input type="checkbox"/> Phosphorus  <input type="checkbox"/> Calcium</p> <p><u>Microbiology</u>  <input type="checkbox"/> Blood culture  <input type="checkbox"/> Urine culture, clean catch  <input type="checkbox"/> Urine culture, straight catheterization                      NP Swab:  <input type="checkbox"/> Flu (Influenza antigen test)  <input type="checkbox"/> RSV (RNA PCR)  <input type="checkbox"/> Pertussis PCR                      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</p> <p><u>Urinalysis</u>   <input type="checkbox"/> Urinalysis (UA) with microscopy</p> <p><input type="checkbox"/> <b>Other Lab Orders:</b>                      _____                      _____                      _____</p> <p><input type="checkbox"/> <b>Labs in AM:</b>                      _____                      _____                      _____</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 style="color: red;"><b>ALLERGY (describe allergic reaction):</b></p> <p><input type="checkbox"/> NKDA</p> <p><b>IV Medications Continued:</b></p> <p><input type="checkbox"/> <b>Ampicillin/Sulbactam IV</b>                      (Compute based on Ampicillin component)</p> <ul style="list-style-type: none"> <li>• Term Newborns (<math>&lt;</math> 1 month old):                         <ul style="list-style-type: none"> <li><input type="checkbox"/> 100mg/kg/24hrs <math>\div</math> q8hrs</li> <li><input type="checkbox"/> Meningitis/severe infection: 200mg/kg/24hrs <math>\div</math> q8hrs</li> </ul> </li> <li>• <math>\geq</math> 7 days:                         <ul style="list-style-type: none"> <li><input type="checkbox"/> <math>&lt;</math> 2kg: 100mg/kg/24hrs <math>\div</math> q8hrs</li> <li><input type="checkbox"/> <math>\geq</math> 2kg: 100mg/kg/24hrs <math>\div</math> q6hrs</li> <li><input type="checkbox"/> Meningitis/Severe infection: 300mg/kg/24hrs <math>\div</math> q8hrs</li> </ul> </li> <li>• <math>&gt;</math> 1 month old:                         <ul style="list-style-type: none"> <li><input type="checkbox"/> 100-150mg/kg/24hrs <math>\div</math> q6hrs _____ mg/dose</li> <li><input type="checkbox"/> Meningitis/severe infection: 200-300mg/kg/24hrs <math>\div</math> q6hrs _____ mg/dose</li> </ul> </li> <li>• Child:                         <ul style="list-style-type: none"> <li><input type="checkbox"/> 100-200mg/kg/24hrs <math>\div</math> q6hrs _____ mg/dose</li> <li><input type="checkbox"/> Meningitis/severe infection: 200-400mg/kg/24hrs <math>\div</math> q6hrs _____ mg/dose</li> </ul> </li> </ul> <p><input type="checkbox"/> <b>Cefotaxime IV</b>   <input type="checkbox"/> <b>Cefotaxime IM</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <math>&lt;</math> 7 days: 150mg/kg/24hrs <math>\div</math> q12hrs</li> <li><input type="checkbox"/> <math>\geq</math> 7 days: 150mg/kg/24hrs <math>\div</math> q8hrs</li> <li><input type="checkbox"/> 1-2 months: 150mg/kg/24hrs <math>\div</math> q6hrs</li> <li><input type="checkbox"/> 2 months to 18 yrs old: 150mg/kg/24hrs <math>\div</math> q6hrs</li> </ul> <p><input type="checkbox"/> <b>Clindamycin IV</b>   <input type="checkbox"/> <b>Clindamycin IM</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <math>&lt;</math> 7 days: 5mg/kg/dose q8hrs</li> <li><input type="checkbox"/> <math>\geq</math> 7 days 5mg/kg/dose q8hrs</li> <li><input type="checkbox"/> <math>&gt;</math> 1 month: 25-40mg/kg/24hrs <math>\div</math> <input type="checkbox"/> q6hrs   <input type="checkbox"/> q8hrs                      _____ mg/dose</li> </ul> <p><input type="checkbox"/> <b>Gentamicin IV</b>   <input type="checkbox"/> <b>Gentamicin IM</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <math>&lt;</math> 7 days: 4mg/kg/dose q24hrs</li> <li><input type="checkbox"/> <math>\geq</math> 7 days: 4mg/kg/dose q12hrs</li> <li><input type="checkbox"/> 1-2 months: 7.5mg/kg/24hrs <math>\div</math> q8hrs</li> </ul>												
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<div style="display: flex; justify-content: space-between;"> <span style="writing-mode: vertical-rl; transform: rotate(180deg);">IVF and MEDICATION ORDERS ONLY</span> <span style="writing-mode: vertical-rl; transform: rotate(180deg);">IVF and MEDICATION ORDERS ONLY</span> <span style="writing-mode: vertical-rl; transform: rotate(180deg);">IVF and MEDICATION ORDERS ONLY</span> <span style="writing-mode: vertical-rl; transform: rotate(180deg);">IVF and MEDICATION ORDERS ONLY</span> <span style="writing-mode: vertical-rl; transform: rotate(180deg);">IVF and MEDICATION ORDERS ONLY</span> </div>	<div style="display: flex; justify-content: space-between;"> <span style="writing-mode: vertical-rl; transform: rotate(180deg);">IVF and MEDICATION ORDERS ONLY</span> <span style="writing-mode: vertical-rl; transform: rotate(180deg);">IVF and MEDICATION ORDERS ONLY</span> <span style="writing-mode: vertical-rl; transform: rotate(180deg);">IVF and MEDICATION ORDERS ONLY</span> <span style="writing-mode: vertical-rl; transform: rotate(180deg);">IVF and MEDICATION ORDERS ONLY</span> <span style="writing-mode: vertical-rl; transform: rotate(180deg);">IVF and MEDICATION ORDERS ONLY</span> </div>	<p><b>ALLERGY (describe allergic reaction):</b></p> <p><input type="checkbox"/> NKDA</p> <p><b>IV Medications Continued:</b></p> <p><input type="checkbox"/> <b>Acyclovir IV</b>                  Birth to 3 months:                  &lt; 35 weeks postconceptional age:  <input type="checkbox"/> 40mg/kg/24hrs ÷ q12hrs   <input type="checkbox"/> x14days   <input type="checkbox"/> x21days                  35 weeks postconceptional age:  <input type="checkbox"/> 60mg/kg/24hrs ÷ q8hrs   <input type="checkbox"/> x14days   <input type="checkbox"/> x21days                  3 months to 12 yrs old:  <input type="checkbox"/> 60mg/kg/24hrs ÷ q8hrs                  &gt; 12 yrs old:  <input type="checkbox"/> 30mg/kg/24hrs ÷ q8hrs</p> <p><b>Others Medication Orders:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Physician (Print): _____</p> <p>Physician (Signature): _____</p> <p>Date: _____ Time: _____</p>

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