

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/ Time last page

Diagnosis: _____

Allergies with reaction type: _____

Pediatric Code Blue Standing Order

Version 1 Approved 08/29/13

- This pediatric order set is intended for use in patients 1 month through 17 years of age AND less than 50 kilograms

Patient Weight: _____

Response to full arrest

- If patient is found in actual or impending cardiac arrest (ventricular fibrillation/pulseless ventricular tachycardia/pulseless electrical activity asystole) and/or respiratory arrest AND there is not a code status order to the contrary:
 - Activate Code Blue
 - Initiate Basic Life Support (BLS) measures
 - Initiate Pediatric Advanced Life Support (PALS) protocols
 - Notify provider as soon as feasible

Provider Signature: _____ Date: _____ Time: _____