

(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: _____

EDPED Acetaminophen Toxicity

Version 1 8/18/15

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

Medications

N-acetylcysteine Dosing

Weight \geq 40 kg

acetylcysteine (MUCOMYST)

- 150 milligram/kilogram in 200 mL D5W intravenously once OVER 60 minutes, bag 1 of 3 (MAX dose 15 gram)
- 50 milligram/kilogram in 500 mL D5W intravenously once OVER 4 hours, bag 2 of 3 (MAX dose 5 gram)
- 100 milligram/kilogram in 1000 mL D5W intravenously once OVER 16 hours, bag 3 of 3 (MAX dose 10 gram)

Weight < 40 kg OR for fluid restricted patient

acetylcysteine (MUCOMYST)

- 150 milligram/kilogram in 100 mL D5W intravenously once OVER 60 minutes, bag 1 of 3
- 50 milligram/kilogram in 250 mL D5W intravenously once OVER 4 hours, bag 2 of 3
- 100 milligram/kilogram in 500 mL D5W intravenously once OVER 16 hours, bag 3 of 3

Laboratory

Stat labs:

- COMPREHENSIVE METABOLIC PANEL
- HEPATIC FUNCTION PANEL
- ACETAMINOPHEN LEVEL
- PT (PROTIME AND INR)
- PTT

Radiology and Diagnostic Tests

- EEG (Electroencephalogram); Reason for exam: _____
- CT Head without Contrast; Reason for exam: _____

Consult Provider

- Provider to provider notification preferred.
- Consult other provider _____ regarding _____
Does nursing need to contact consulted provider? [] Yes [] No

Provider Signature: _____ Date: _____ Time: _____