

(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 Age 1 month - 3 yrs Fever Non-Septic

Version 1 8/18/15

General

- This pediatric order set is intended for use in patients 1 month through 3 years of age with fever that are NOT SEPTIC

Nursing Orders

- Vital signs per unit standard
- Measure weight
- Notify Pediatric Hospitalist If room air oxygen saturation < 90% NOW

Patient isolation

- contact
- droplet
- Pulse oximetry continuous
- Oxygen via nasal cannula to max flow 2 Lpm) to keeps oxygen saturation greater or equal to 90%

IV/ Line Insert and/or Maintain

- Peripheral IV insert/maintain

IV Fluids Bolus

- For 10 mL/kg bolus (edit total fluid volume and rate) SELECT:
Sodium Chloride 0.9% IV
 - _____ milliliter bolus intravenously 10 mL/kg over _____ minutes
- For 20 mL/kg bolus (edit total fluid volume and rate) SELECT:
Sodium Chloride 0.9% IV
 - _____ milliliter bolus intravenously 20 mL/kg over _____ minutes

IV Fluids Maintenance

- Sodium Chloride 0.9% IV
 - _____ milliliter/hour continuous intravenous infusion

Medications

Antibacterial Agents

- If discharging to home order amoxicillin 50 mg/kg per dose orally 2 times a day
If Admitting SELECT
ampicillin
 - 50 milligram/kilogram intravenously once

Acetaminophen (TYLENOL) Dosing Set

- For weight less than 5 kg SELECT:
acetaminophen (TYLENOL)
 - _____ milligram liquid orally once
 - _____ milligram suppository rectally once

- For weight 5 - 7.9 kg SELECT:
acetaminophen (TYLENOL)
 - 80 milligram liquid orally once
 - 80 milligram suppository rectally once

Initials _____

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For weight 8 - 10.9 kg SELECT:
 acetaminophen (TYLENOL)
 120 milligram liquid orally once
 120 milligram suppository rectally once

For weight 11 - 15.9 kg SELECT:
 acetaminophen (TYLENOL)
 160 milligram liquid orally once
 160 milligram suppository rectally once

For weight 16 - 21.9 kg SELECT:
 acetaminophen (TYLENOL)
 240 milligram liquid orally once
 240 milligram suppository rectally once

For weight 22 - 32.9 kg SELECT:
 acetaminophen (TYLENOL)
 320 milligram liquid orally once
 325 milligram suppository rectally once

Ibuprofen (MOTRIN) Dosing Set (Recommended for age > 6 months)
 ibuprofen (MOTRIN) elixir
 10 milligram/kilogram liquid orally once

Laboratory

Blood Studies

- Respiratory Viral Panel by PCR STAT
- CBC/AUTO DIFF
- BLOOD CULTURE Quantity: 1 Additional Instructions to Phlebotomist: _____
- C REACTIVE PROTEIN
- PROCALCITONIN
- BASIC METABOLIC PANEL
- COMPREHENSIVE METABOLIC PANEL
- UA WITH MICROSCOPY
- CULTURE, URINE

Radiology and Diagnostic Tests

- XR Chest Single , portable,
 stat Reason for exam: _____
- XR Chest PA and Lateral
 stat Reason for exam: _____

Provider Signature: _____ Date: _____ Time: _____