(place patient label here)

Patient Name:

Order Set Directions:

(v/)- Check orders to activate; Orders with pre-checked box arnothing 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 Community Acquired Pneumonia

- 11/16/15 • This pediatric order set is intended for use in patients 1 month through 17 years of age and less than 50 kilograms **Nursing Orders**
 - ☑ Vital signs per unit standard
 - ☑ Measure weight
 - ☑ Notify provider If room air oxygen saturation < 90% NOW
 - Patient isolation 🗹 contact 🗹 droplet

Respiratory

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

IV/Line Placement

□ 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

Medications

Antibacterial Agents

Age < 5 years

- If discharging home order amoxicillin 50 mg/kg per dose 2 times daily
 - If Admitting SELECT:
 - ampicillin
 - □ 100 milligram/kilogram intravenously once (MAX 3 grams)

Age >/= 5 years:

If discharging home order amoxicillin 50 mg/kg per dose 2 times daily PLUS azithromycin 10/mg/kg/dose for first dose and 5 mg/kg/ days 2-5

If Admitting SELECT ampicillin and one azithromycin

- ampicillin
 - □ 100 milligram/kilogram intravenously once (MAX 3 grams)
- **AND** Chose one azithromycin
- azithromycin (ZITHROMAX)
 - □ 10 milligram/kilogram intravenously once (MAX 500 mg)
 - □ 10 milligram/kilogram orally once (MAX 500 mg)

Severe Pneumonia requiring ICU admission (age > 1 month) SELECT ALL

vancomycin

- 15 milligram/kilogram intravenously once
- **AND**
- cefTRIAXone (ROCEPHIN)
 - □ 50 milligram/kilogram intravenously once
- **AND** Chose one azithromycin
 - azithromycin (ZITHROMAX)
 - □ 10 milligram/kilogram intravenously once (MAX 500 mg)
 - □ 10 milligram/kilogram orally once (MAX 500 mg)

Bronchodilators : Nebulized

Initials

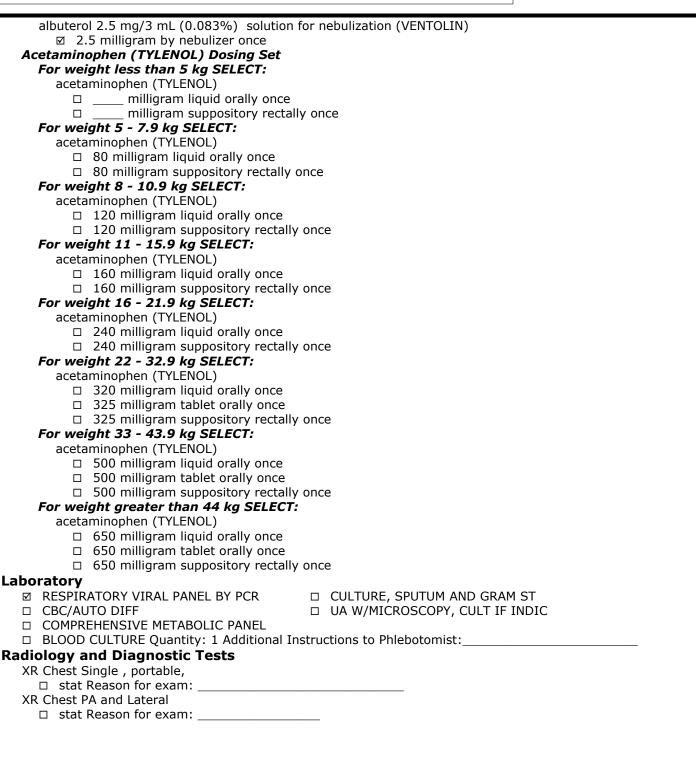
Version 2

(place patient label here)

Patient Name: ____

Order Set Directions:

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Date: Time:

ENEFIS HEALTH SYSTEM

enet

PROVIDER ORDERS