

(place patient label here)

Patient Name: \_\_\_\_\_

**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



**PROVIDER ORDERS**

Diagnosis: \_\_\_\_\_

Allergies with reaction type: \_\_\_\_\_

## EDPED Community Acquired Pneumonia

**Version 2 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 \_\_\_\_\_

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**PROVIDER ORDERS**

albuterol 2.5 mg/3 mL (0.083%) solution for nebulization (VENTOLIN)

- ☒ 2.5 milligram by nebulizer 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

**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 tablet orally once  
☐ 325 milligram suppository rectally once

**For weight 33 - 43.9 kg SELECT:**

acetaminophen (TYLENOL)

- ☐ 500 milligram liquid orally once  
☐ 500 milligram tablet orally once  
☐ 500 milligram suppository rectally once

**For weight greater than 44 kg SELECT:**

acetaminophen (TYLENOL)

- ☐ 650 milligram liquid orally once  
☐ 650 milligram tablet orally once  
☐ 650 milligram suppository rectally once

**Laboratory**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> RESPIRATORY VIRAL PANEL BY PCR                                | <input type="checkbox"/> CULTURE, SPUTUM AND GRAM ST    |
| <input type="checkbox"/> CBC/AUTO DIFF  | <input type="checkbox"/> UA W/MICROSCOPY, CULT IF INDIC |
| <input type="checkbox"/> COMPREHENSIVE METABOLIC PANEL  |   |
| <input type="checkbox"/> BLOOD CULTURE Quantity: 1 Additional Instructions to Phlebotomist: _____ |   |

**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: \_\_\_\_\_