

(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 Croup

Version 1 8/18/15

General

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

Nursing Orders

- Vital signs per unit standard
- Pulse oximetry continuous
- Measure (NOT STATED) weight in KG
- Oxygen Delivery RN/RT to Determine Titrate to maintain Oxygen saturation greater than 90%

Patient isolation

- contact
- droplet
- enteric

Medications

Bronchodilators: Inhaled Adrenergic

racepinephrine 2.25 % solution for nebulization (RACEMIC EPINEPHERINE)

- 0.05 milliliter/kilogram by nebulizer every 2 hours as needed for respiratory distress (maximum dose 0.5 milliliter)

Corticosteroids: Systemic

dexamethasone 4 mg/mL injection (DECADRON)

- 0.6 milligram/kilogram intravenously once (maximum dose = 16 milligram)

dexamethasone 10 mg/mL (DECADRON)

- 0.6 milligram/kilogram orally once (maximum dose = 16 milligram)

prednisoLONE sodium phosphate 15 mg/5 mL oral soln (ORAPRED)

- 1 milligram/kilogram orally once

Laboratory

- Respiratory Viral Panel by PCR STAT

Provider Signature: _____ Date: _____ Time: _____