

(place patient label here)

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



PROVIDER ORDERS

**Order Set Directions:**

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

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

**EDPED General Orders**

**Version 2 1/21/16**

- 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
- Vital signs non unit standard \_\_\_\_\_
- Measure (NOT STATED) Weight in KG
- Cardiac-Respiratory Monitor
- Assess neurologic status every \_\_\_\_ hours
- Notify provider if patient is requiring oxygen flow greater than \_\_\_\_ Lpm
- Other: \_\_\_\_\_

**Respiratory**

- Pulse oximetry continuous
- Oxygen Delivery RT/RN to determine : Titrate to keep oxygen saturation greater or equal to 90%
- Oxygen via nasal cannula \_\_\_\_ Lpm; (Maximum flow \_\_\_\_ Lpm) Titrate FiO2 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

**IV Fluids - Maintenance**

- Sodium Chloride 0.9% IV
  - \_\_\_\_ milliliter/hour continuous intravenous infusion
- Dextrose 5% and 0.45% Sodium Chloride IV
  - \_\_\_\_ milliliter/hour continuous intravenous infusion

**Medications**

**Analgesics**

**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

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**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

**Ibuprofen (MOTRIN) Dosing Set (Recommended for age > 6 months)**

**Unable to swallow tablet**

ibuprofen (MOTRIN) elixir

- 10 milligram/kilogram liquid orally once

**20-39 kg and able to swallow tablet**

ibuprofen (MOTRIN) tablet

- 200 milligram tablet orally once

**> 40 kg and able to swallow tablet**

ibuprofen (MOTRIN) tablet

- 400 milligram tablet orally once

**Antiemetics**

**Ondansetron (ZOFRAN) Weight < 40 kg**

ondansetron 4 mg/5 mL oral soln (ZOFRAN)

- 0.1 milligram/kilogram liquid orally once (MAX 4 mg)
- ondansetron HCl (PF) 4 mg/2 mL injection solution (ZOFRAN)
- 0.1 milligram/kilogram intravenously once (MAX 4 mg)

**Ondansetron (ZOFRAN); Weight > / = 40 kg; PICK ONE:**

ondansetron 4 mg/5 mL oral soln (ZOFRAN)

- 4 milligram liquid orally once
- ondansetron 4 mg disintegrating tablet (ZOFRAN)
- 4 milligram tablet, disintegrating orally once
- ondansetron HCl (PF) 4 mg/2 mL injection solution (ZOFRAN)
- 4 milligram intravenously once

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**Laboratory**

- CBC/AUTO DIFF
- BASIC METABOLIC PANEL
- COMPREHENSIVE METABOLIC PANEL
- C REACTIVE PROTEIN
- UA W/MICROSCOPY, CULT IF INDIC
- BLOOD CULTURE Quantity: 1; Additional Instructions to Phlebotomist: \_\_\_\_\_
- RESPIRATORY VIRAL PANEL BY PCR
- INFLUENZA A/B BY PCR
- RESPIRATORY SYNCTIAL VIR by PCR
- RAPID GROUP A STREP

**Radiology and Diagnostic Tests**

- XR Chest Single, portable,
  - stat Reason for exam: \_\_\_\_\_
- XR Chest PA and Lateral
  - stat Reason for exam: \_\_\_\_\_
- XR Abdomen 1 View
  - stat Reason for exam: \_\_\_\_\_
  - Other \_\_\_\_\_

**Consults**

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

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_