

(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 Infant (Age < 30 Days) Fever Non-Septic**

Version 1 8/18/15

- This order set is intended for infants < /= 30 days of age with fever that are NOT SEPTIC

**Nursing Orders**

- ☒ Vital signs per unit standard
- ☒ Measure weight
- ☒ Notify provider 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 Diagnosis Undetermined: Do not order antibiotics- Notify Pediatric Hospitalist

- If discharging to home order amoxicillin 50 mg/kg per dose orally 2 times a day

If Admitting Select:

ampicillin

- ☐ 100 milligram/kilogram per dose 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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### Laboratory

- NO Lumbar Puncture unless altered mental status present or less than or equal to 3 weeks of age; please select ED PED Lumbar Puncture if needed
  - ☒ Respiratory Viral Panel by PCR STAT
  - ☐ CBC/AUTO DIFF
  - ☐ BLOOD CULTURE Quantity: 1 Additional Instructions to Phlebotomist: \_\_\_\_\_
  - ☐ C REACTIVE PROTEIN
  - ☐ 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: \_\_\_\_\_