

(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: \_\_\_\_\_

**SO EDPED Dyspnea**

Version 1 8/18/15

- This pediatric order set is intended for use in patients 1 month through 17 years of age and less than 50 kilograms
- Activate this Standing Order (SO) by selecting the appropriate provider and using the "Standing Order" order source.

**For Shortness of Breath with Wheezing**

Respiratory

- Oxygen Delivery RN/RT to Determine Titrate to maintain Oxygen saturation greater than 92%

IV/ Line Insert and/or Maintain

- Peripheral IV insert/maintain, place if dyspnea persists after the first respiratory treatment and O2 saturations < 92%

Medications

albuterol (VENTOLIN)

- 2.5 milligram by nebulizer once

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