

(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 Fever

Version 1 8/18/15

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

Pediatric Fever (Temp > 100.5 F)

Nursing Orders

- Obtain Actual Patient Weight

Medications

IF acetaminophen not given in past 4 hours OR if child was under dosed according to weight guidelines OR the last dose was vomited regardless of the time given

Acetaminophen (TYLENOL) Dosing Set

For weight less than 5 kg SELECT ONE:

acetaminophen (TYLENOL)

- ____ milligram liquid orally once
- ____ milligram suppository rectally once

For weight 5 - 7.9 kg SELECT ONE:

acetaminophen (TYLENOL)

- 80 milligram liquid orally once
- 80 milligram suppository rectally once

For weight 8 - 10.9 kg SELECT ONE:

acetaminophen (TYLENOL)

- 120 milligram liquid orally once
- 120 milligram suppository rectally once

For weight 11 - 15.9 kg SELECT ONE:

acetaminophen (TYLENOL)

- 160 milligram liquid orally once
- 160 milligram suppository rectally once

For weight 16 - 21.9 kg SELECT ONE:

acetaminophen (TYLENOL)

- 240 milligram liquid orally once
- 240 milligram suppository rectally once

For weight 22 - 32.9 kg SELECT ONE:

acetaminophen (TYLENOL)

- 320 milligram liquid orally once
- 325 milligram tablet orally once
- 325 milligram suppository rectally once

For weight 33 - 43.9 kg SELECT ONE:

acetaminophen (TYLENOL)

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

For weight greater than 44 kg SELECT ONE:

acetaminophen (TYLENOL)

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

Initials _____

(place patient label here)

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IF acetaminophen was given in past 4 hours AND Temp > 100.5 F AND age > 6 months SELECT ONE:

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

Laboratory

UA W/MICROSCOPY, CULT IF INDIC

Provider Signature: _____ Date: _____ Time: _____