

(place patient label here)

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



PROVIDER ORDERS

Order Set Directions:

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

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

**Pediatric ICU Admission**

**Version 1 5/29/14**

**General**

- This pediatric order set is intended for use in patients 1 month through 17 years of age and less than 50 kilograms
  - Patient Weight: \_\_\_\_\_

**Patient Placement**

**Patient Status**

- If the physician cannot anticipate that the duration of episode of care for the patient will cross two midnights, the patient should continue to be treated as an outpatient (observation services) and should be admitted if or when additional information suggests or the physician anticipates that the duration of the episode of care will cross a second midnight.
  - Admit to inpatient: **\*\*I certify that:**  
 Inpatient services are reasonable and necessary and ordered in accordance with Medicare regulations. Services ordered are appropriate for the inpatient setting.  
 It is anticipated that the medically necessary care of the patient will cross at least 2 midnights.  
 The diagnosis included in this order is the reason for inpatient services and is outlined further in the history and physical and subsequent progress notes.  
 The need for post hospital care will be determined based upon the patient's evolving clinical condition and needs.  
 Diagnosis: \_\_\_\_\_
  - Observation services (Condition can be evaluated/treated/improved within 2 midnights or additional time is needed to determine if inpatient admission is medically necessary)
  - Attending Provider: \_\_\_\_\_

**Preferred Location/Unit**

- ICU

**Activity**

- Ambulate with assistance
- Out of bed with assistance
- Up to chair
- Bed rest

**Nursing Orders**

Isolation

- Airborne
- Contact
- Droplet
- Enteric
- Neutropenic
- Vital signs per unit standard
- Vital signs non unit standard \_\_\_\_\_
- Assess neurologic status every 1 hour
- Intake and output per unit standard
- Intake and output STRICT
- Intake and output diaper counts
- Intake and output void count

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- Foley Catheter
- Daily Weight in AM
- Initiate Carrier Fluid Protocol IF NO Maintenance IV currently running
- Notify provider : \_\_\_\_\_
- Notify provider for urine output less than \_\_\_\_ milliliter in \_\_\_\_ hour
- IF signs/symptoms of opioid induced respiratory depression: STOP PCA or IV Opiate infusions if applicable AND Initiate Respiratory Depression Protocol AND Notify Provider
- Other \_\_\_\_\_

**Respiratory**

- For ventilator orders select pediatric ventilator order set
  - Oxygen administration : Titrate to keeps oxygen saturation greater or equal to 90%
  - Notify provider if patient is requiring oxygen flow greater than \_\_\_\_ Lpm
  - Oxygen via heated highflow nasal cannula \_\_\_\_ Lpm (Maximum flow \_\_\_\_ Lpm) Titrate FiO2 to keeps oxygen saturation greater or equal to 90%
  - Continuous positive airway pressure (CPAP) \_\_\_\_ cmH2O; Titrate FiO2 to keeps oxygen saturation greater or equal to 90%
  - Other \_\_\_\_\_

**Diet**

- For tube feedings select pediatric enteral feeding order set
  - Infant Feeding PEDS Type of feeding: \_\_\_\_\_
    - Feeding Frequency: \_\_\_\_\_
    - Calories Per Ounce: \_\_\_\_\_
    - Volume (mil): \_\_\_\_\_
    - Route: \_\_\_\_\_
    - Additional Instructions: \_\_\_\_\_
  - Regular Diet
  - Controlled Carbohydrate Diet
  - Full Liquid Diet
  - Clear Liquid Diet
  - NPO Diet
  - Advance diet as tolerated Goal diet: \_\_\_\_\_
    - Additional Instructions: \_\_\_\_\_
- NPO at
  - Time to Start NPO: \_\_\_\_\_
  - Except Meds
  - Strict
  - With Ice Chips
  - With Sips
  - Other: \_\_\_\_\_

**IV/Line Insert and/or Maintain**

- IV insert/maintain
- Arterial IV insert/maintain
- Central venous catheter management
- Saline lock PED with saline flush every 8 hours

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**IV Fluids - Generic Volume Bolus**

IV Fluid-Bolus

- Fluid: Sodium Chloride 0.9%  
Additive: \_\_\_\_\_  
Volume to Infuse: 10 mL/kg = \_\_\_\_\_ mL  
Rate: \_\_\_\_\_  
Duration (If rate not entered): over 60 minutes

IV Fluid-Bolus

- Fluid: \_\_\_\_\_  
Additive: \_\_\_\_\_  
Volume to Infuse: \_\_\_\_\_  
Rate: \_\_\_\_\_  
Duration (If rate not entered): \_\_\_\_\_

**IV Fluids - Maintenance Specific Fluid**

Dextrose 5% and 0.45% Sodium Chloride IV

- \_\_\_\_\_ milliliter/hour continuous intravenous infusion

Sodium Chloride 0.9% IV

- \_\_\_\_\_ milliliter/hour continuous intravenous infusion

Dextrose 5% and 0.9% Sodium Chloride IV

- \_\_\_\_\_ milliliter/hour continuous intravenous infusion

D5-0.45% Sodium Chloride with Potassium Chloride 20 mEq/L IV (PREMIX)

- \_\_\_\_\_ milliliter/hour continuous intravenous infusion

sodium chloride 0.9% with potassium chloride 20 mEq/L IV (PREMIX)

- \_\_\_\_\_ milliliter/hour continuous intravenous infusion

**IV Fluids - Maintenance Generic Fluid**

- Select this fluid for IV solution not listed above

IV Fluid-Maintenance

- Fluid: \_\_\_\_\_  
Additive: \_\_\_\_\_  
Rate: \_\_\_\_\_  
Duration (If rate not selected): \_\_\_\_\_

**Medications**

**Analgesics: Non-opioids / Antipyretics**

acetaminophen (TYLENOL)

- 80 milligram orally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5 F; SELECT for weight 5-7.9 kilogram
- 80 milligram rectally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5 F; SELECT for weight 5-7.9 kilogram
- 120 milligram orally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5 F; SELECT for weight 8-10.9 kilogram
- 120 milligram rectally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5 F; SELECT for weight 8-10.9 kilogram
- 160 milligram orally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5 F; SELECT for weight 11-15.9 kilogram

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- 160 milligram rectally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5 F; SELECT for weight 11-15.9 kilogram
- acetaminophen (TYLENOL)
- 240 milligram orally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5 F; SELECT for weight 16-21.9 kilogram
  - 240 milligram rectally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5 F; SELECT for weight 16-21.9 kilogram
  - 320 milligram orally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5 F; SELECT for weight 22-32.9 kilogram
  - 325 milligram rectally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5 F; SELECT for weight 22-32.9 kilogram
  - 500 milligram orally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5 F; SELECT for weight 33-43.9 kilogram
  - 500 milligram rectally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5 F; SELECT for weight 33-43.9 kilogram
  - 650 milligram orally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5 F; SELECT for weight greater than or equal to 44 kilogram
  - 650 milligram rectally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5 F; SELECT for weight greater than or equal to 44 kilogram
- ibuprofen (MOTRIN)
- 10 milligram/kilogram orally every 6 hours as needed for moderate-to-severe pain or fever greater than 100.5 F; age greater than or equal to 6 months; maximum 40 milligrams/kilogram per day
  - 200 milligram orally every 6 hours as needed for moderate-to-severe pain or fever greater than 100.5 F; age greater than or equal to 6 months; maximum 40 milligrams/kilogram per day
  - 400 milligram orally every 6 hours as needed for moderate-to-severe pain or fever greater than 100.5 F; age greater than or equal to 6 months; maximum 40 milligrams/kilogram per day
- ketorolac (TORADOL)
- 30 milligram intravenously every 6 hours as needed for moderate pain if age is greater than 16 years and weight greater than 50 kilograms; maximum 72 hours

**Analgesics: Opioids**

fentaNYL (SUBLIMAZE)

- 1 microgram/kilogram intravenously every 2 hours as needed for severe pain (max = 50 micrograms/dose)

HYDROmorphine (DILAUDID)

- 0.01 milligram/kilogram intravenously every 4 hours as needed for severe pain (max = 0.4 milligram/dose)

morphine

- 0.1 milligram/kilogram intravenously every 2 hours as needed for severe pain (max = 4 milligrams/dose)

**Laxatives/Stool Softeners**

polyethylene glycol 3350 powder (MIRALAX)

- 1 gram/kilogram orally or by feeding tube once a day age greater than 6 months (maximum = 17 grams/day)

glycerin (pediatric) 1.2 gram rectal suppository

- 1 suppository rectally once

docosate sodium (COLACE)

- 10 milligram orally once a day ; for age less than 3 years
- 20 milligram orally once a day ; for age 3-6 years
- 40 milligram orally once a day ; for age 6-12 years

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- 100 milligram orally once a day ; for age greater than 12 years

bisacodyl (DULCOLAX SUPPOSITORY)

- 5 milligram rectally once a day as needed for constipation ; for age less than 2 years
- 5-10 milligram rectally once a day as needed for constipation ; for age 2-11 years
- 10 milligram rectally once a day as needed for constipation ; for age greater than or equal to 12 years

**Sedatives: Benzodiazepines**

LORazepam (ATIVAN)

- 0.05 milligram/kilogram intravenously every 6 hours as needed for sedation (max = 2 milligrams/dose)
- 0.05 milligram/kilogram orally every 6 hours as needed for sedation (max = 2 milligrams/dose)

**Laboratory**

**Admission labs or labs to be obtained now:**

- MRSA/MSSA by PCR
- CBC/AUTO DIFF
- BASIC METABOLIC PANEL
- COMPREHENSIVE METABOLIC PANEL
- MAGNESIUM LEVEL, PLASMA
- PHOSPHORUS LEVEL, PLASMA

Blood gas study

- Arterial
- Venous
- Capillary
- Central Line Venous

DIC SCREEN

C REACTIVE PROTEIN

UA W/MICROSCOPY, CULT IF INDIC Method of specimen collection \_\_\_\_\_(clean catch, ua bag, or catheter)

BLOOD CULTURE Quantity: 1;

Additional Instructions to Phlebotomist:

RESPIRATORY VIRAL PANEL BY PCR (RT to collect)

**Morning Labs:**

- CBC/AUTO DIFF
- BASIC METABOLIC PANEL
- COMPREHENSIVE METABOLIC PANEL
- MAGNESIUM LEVEL, PLASMA
- PHOSPHORUS LEVEL, PLASMA
- C REACTIVE PROTEIN

Blood gas study

- Arterial
- Venous
- Capillary
- Central Line Venous

**Blood Bank**

- For transfusion orders please select the Pediatric Transfusion Order Set
- CLOT TO HOLD

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- Type and screen

**Radiology**

XR Chest Single , portable,

- routine Reason for exam: \_\_\_\_\_

**Consult Provider**

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

**Consult Department**

- Consult Care Coordination Reason for consult: \_\_\_\_\_
- Consult Dietitian Reason for consult: \_\_\_\_\_
- PT Physical Therapy Eval & Treat Reason for consult: \_\_\_\_\_

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