

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

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Diagnosis: _____

Allergies with reaction type: _____

Pediatric-Admission

Version 5 1/20/2015

- This pediatric order set is suggested 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.
 - Observation services (Condition can be evaluated/treated/improved within 2 midnights or additional time is needed to determine if inpatient admission is medically necessary)
 - Out Patient in a Bed
 - Attending Provider: _____

Preferred Location/Unit

- Pediatrics

Activity

- Up ad lib
- Out of bed with assistance
- Other _____
- Ambulate with assistance _____ time(s) per day
- Bed rest

Nursing Orders

- Vital signs per unit standard
- Vital signs non unit standard _____
- Intake and output per unit standard
- Intake and output STRICT
- Intake and output diaper counts
- Intake and output void count
- Notify provider for urine output less than _____ milliliters in _____ hour
- Measure weight once a day
- Cardiac-Respiratory Monitor
- Pulse oximetry continuous
- Assess neurologic status every _____ hours
- Initiate Carrier Fluid Protocol IF NO Maintenance IV currently running

Patient isolation

- contact
- droplet
- enteric
- Phototherapy - Bili Bed

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Other _____

Respiratory

- Oxygen administration: Titrate to keep oxygen saturation greater or equal to 90%
- Notify provider if patient is requiring oxygen flow greater than ____ Lpm
- Oxygen via nasal cannula ____ Lpm; (Maximum flow ____ Lpm) Titrate FiO2 to keeps oxygen saturation greater or equal to 90%
- Oxygen via heated high flow nasal cannula ____ Lpm (Maximum flow ____ Lpm) Titrate FiO2 to keep oxygen saturation greater or equal to 90%
- Other _____

Diet

- For tube feedings select pediatric enteral feeding order set
 - Advance diet as tolerated to _____
 - Diet, infant/pediatric formula, and/or breast milk: _____
 - Regular Diet
 - Controlled Carbohydrate Diet
 - Full Liquid Diet
 - Clear Liquid Diet
- NPO
 - STRICT
 - with sips
 - with ice chips
- Other: _____

IV/ Line Placement

- Peripheral venous cannula insertion/management
- Saline lock with saline flush every 12 hours

IV Fluids - BOLUS for dehydration/hypovolemia

- Sodium Chloride 0.9% IV bolus 10 milliliter/kilogram over 60 minutes NOW
- Sodium Chloride 0.9% IV bolus ____ milliliter/kilogram over ____ minutes NOW

IV Fluids - maintenance infusion

IV Fluids- without potassium

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

IV Fluids with potassium

- 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
- Dextrose 5% and 0.9% Sodium Chloride IV with Potassium Chloride ____ mEq/L
 - ____ milliliter/hour continuous intravenous infusion
- Dextrose 5% and 0.45% Sodium Chloride IV with Potassium Chloride ____ mEq/L
 - ____ milliliter/hour continuous intravenous infusion
- Sodium Chloride 0.9% IV with Potassium Chloride ____ mEq/L
 - ____ milliliter/hour continuous intravenous infusion

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Other _____

Medications

Analgesics: Non-opioids / Antipyretics

acetaminophen (TYLENOL)

SELECT for weight less than 5 kilogram

- ___ milligram orally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5 F;
- ___ 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

- 80 milligram orally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5 F;
- 80 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

- 120 milligram orally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5 F;
- 120 milligram rectally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5F;

SELECT for weight 11-15.9 kilogram

- 160 milligram orally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5 F;
- 160 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

- 240 milligram orally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5 F;
- 240 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

- 320 milligram orally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5 F;
- 325 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

- 500 milligram orally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5 F;
- 500 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

- 650 milligram orally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5 F;
- 650 milligram rectally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5 F;

- Use the following only if unable to dose using the above options

- _____ milligram orally every _____ hours

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

Laxatives/Stool Softeners

polyethylene glycol 3350 powder (MIRALAX)

- 1 gram/kilogram (_____ gram) 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

docusate 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

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- 40 milligram orally once a day; for age 6-12 years
 - 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

Topical Agents

- vitamin A and D ointment
- applied topically as needed for diaper rash or to maintain skin integrity

Miscellaneous Medications

- Other _____

Laboratory

Admission Labs or labs to be obtained now:

- Basic metabolic panel
- Comprehensive metabolic panel
- Complete blood cell count with automated white blood cell differential
- C-reactive protein (CRP), quantitative
- Urinalysis (UA) with microscopy method of specimen collection _____ (clean catch, ua bag, or catheter)
- Culture, blood x1
- Culture, urine
- Respiratory Viral Panel by PCR (RT to collect)
- Other _____

Morning Labs:

- Basic metabolic panel
- Comprehensive metabolic panel
- Complete blood cell count with automated white blood cell differential
- C-reactive protein (CRP), quantitative
- Other _____

Radiology and Diagnostic Tests

Radiograph, chest, 2 views

- now Reason for exam _____
- routine Reason for exam _____
- Other _____

Consults

- Provider to provider notification preferred.
- Consult other provider _____ regarding _____
Does nursing need to contact consulted provider? [] Yes [] No
- Consult to social services / care coordination regarding _____
- Consult to dietitian, pediatric

Provider Signature: _____ Date: _____ Time: _____