

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

**Pediatric-Croup**

**Version 1 5/2/2013**

- This pediatric order set is suggested for use in patients 1 month through 17 years of age and less than 50 kilograms
- This order set should be used in conjunction with the pediatric admission or pediatric critical care admission order set if patient not already admitted

Patient Weight: \_\_\_\_\_

**Nursing Orders**

Patient isolation

- contact
- droplet
- enteric

**Medications**

Bronchodilators: Inhaled Adrenergic

racepinephrine 2.25% neb solution (RACEMIC EPINEPHERINE)

- 0.05 milliliter/kilogram (\_\_\_\_ milliliter) by nebulizer every 2 hours as needed for respiratory distress (maximum dose 0.5 milliliter)

Corticosteroids: Inhaled

budesonide (PULMICORT RESPULE)

- 0.25 milligram by nebulizer every 12 hours maximum 4 doses

Corticosteroids: Systemic

dexamethasone 4 mg/mL injection (DECADRON)

- 0.6 milligram/kilogram (\_\_\_\_ milligram) intravenously once (maximum dose = 16 milligram)
- 0.6 milligram/kilogram (\_\_\_\_ milligram) orally once (maximum dose = 16 milligram)

prednisoLONE sodium phosphate 15 mg/5 mL oral soln (ORAPRED)

- 1 milligram/kilogram(\_\_\_\_ milligram) orally once

**Laboratory**

- Respiratory Viral Panel by PCR (RT to collect) now

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