

(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-Cystic Fibrosis

Version 2 11/16/15

- 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

- Peripherally inserted central catheter (PICC) insertion/management
- Central venous catheter management
- Port-a-cath access/management

Respiratory

- High-frequency chest compression vest physiotherapy
- 4 times a day (coordinate with respiratory treatments if applicable)

Medications

Antibacterial Agents: Aminoglycosides

- tobramycin
- 10 milligram/kilogram (____ milligram) intravenously every 24 hours, pharmacy to dose

Antibacterial Agents: Beta-Lactam/Beta-Lactamase Inhibitors

- piperacillin-tazobactam (ZOSYN)
- 100 milligram/kilogram (____ milligram) intravenously every 8 hours based on the piperacillin component (max = 4 grams piperacillin/dose)

Antibacterial Agents: Cephalosporins

- cefTAZidime (FORTAZ)
- 50 milligram/kilogram (____ milligram) intravenously every 8 hours (max = 2 grams/dose)
- cefepime (MAXIPIME)
- 50 milligram/kilogram (____ milligram) intravenously every 8 hours (max = 2 grams/dose)

Antibacterial Agents: Quinolones

- ciprofloxacin (CIPRO)
- 10 milligram/kilogram (____ milligram) intravenously every 8 hours maximum 400 milligrams/dose
 - 20 milligram/kilogram (____ milligram) orally every 12 hours maximum 1000 milligrams/dose

Antibacterial Prophylactic Agents: Macrolides

- azithromycin (ZITHROMAX)
- 250 milligram orally Monday, Wednesday, and Friday; weight 25 to 39 kilograms
 - 500 milligram orally Monday, Wednesday, and Friday; weight greater than or equal to 40 kilograms

Anti-ulcer Agents: Histamine-2 Receptor Antagonists

- famotidine (PEPCID)
- 0.5 milligram/kilogram (____ milligram) orally once a day (max = 40 mg/day)
- pantoprazole (PROTONIX)
- 20 milligram tablet orally once a day (15-40 kg)
 - 40 milligram tablet orally once a day (40 kg and greater)

Initials _____

(place patient label here)

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Inhaled Agents

albuterol 2.5 mg/3 mL (0.083 %) solution for nebulization (VENTOLIN)

- 2.5 milligram by nebulizer every 4 hours, while awake
- 2.5 milligram by nebulizer every 4 hours as needed for shortness of breath or wheezing

albuterol 90 microgram/inhalation aerosol (VENTOLIN HFA)

- 2 puff inhaled, with spacer every 4 hours, while awake
- 2 puff inhaled, with spacer every 4 hours as needed for shortness of breath or wheezing

dornase alfa (PULMOZYME)

- 2.5 milligram by nebulizer once a day

Antibacterial Agents: Nebulized Agents

tobramycin 300 mg/5 mL neb solution (TOBI)

- 300 milligram by nebulizer 2 times a day for 28 day cycle; followed by 28 days off cycle; age greater than or equal to 6 years

Pancreatic Enzymes

CREON 6,000-19,000-30,000 UNIT CAP

- 5 capsule orally 3 times a day, with meals
- 3 capsule orally as needed with snacks

CREON 12,000-38,000-60,000 UNIT CAP

- 5 capsule orally 3 times a day, with meals
- 3 capsule orally as needed with snacks

CREON 24,000-76,000-120,000 UNIT CAP

- 5 capsule orally 3 times a day, with meals
- 3 capsule orally as needed with snacks

Saline Expectorants

sodium chloride 7% for nebulization

- 4 milliliter by nebulizer 2 times a day age greater than or equal to 6 years

Vitamins

AquADEKs 100 MCG-5 MG CHEWABLE TAB (May use own medication)

- 2 tablet orally once a day

vitamin E

- 400 international unit orally once a day

Provider Signature: _____ Date: _____ Time: _____