

(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 Gastroenteritis

Version 3

6/1/2016

General

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

Nursing Orders

- Communication order : Provide patients and their visitors with education about the recognition of viral gastroenteritis symptoms, modes of transmission, and infection prevention during a norovirus gastroenteritis outbreak
- Glucose, blood, point-of-care measurement
 - as needed for hypoglycemia symptoms
- Patient isolation
 - contact
 - droplet
 - enteric
- Nasogastric/orogastric tube insertion/management
- Other: _____

Oral Rehydration Solutions

- Pedialyte
 - orally or by nasogastric tube ad lib
 - 30 milliliter/hour orally or by nasogastric tube

Medications

Antiemetics

Ondansetron injectable

- ondansetron HCl (PF) 4 mg/2 mL injection solution (ZOFRAN)
 - 0.1 milligram/kilogram intravenously every 6 hours as needed for nausea/vomiting (maximum 4 milligrams/dose)

Ondansetron Oral; weight 8-15 kilograms

- ondansetron 4 mg/5 mL oral solution (ZOFRAN)
 - 2 milligram liquid orally every 6 hours as needed for nausea/vomiting

Ondansetron Oral; weight greater than 15 kilograms; PICK ONE:

- ondansetron 4 mg/5 mL oral solution (ZOFRAN)
 - 4 milligram liquid orally every 6 hours as needed for nausea/vomiting
- ondansetron 4 mg disintegrating tablet (ZOFRAN)
 - 4 milligram tablet, disintegrating orally every 6 hours as needed for nausea/vomiting

Topical Agents

- zinc oxide topical ointment (DESITIN)
 - applied topically as needed for diaper rash
- vitamin A and D topical ointment
 - applied topically as needed for diaper rash

Initials _____

(place patient label here)

Patient Name: _____

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



PROVIDER ORDERS

Laboratory

Admission labs or labs to be obtained now:

- Enteric Panel by PCR
- C DIFF ALGORITHM (WITH REFLEX)
- Lactoferrin, stool
- Occult blood, stool, guaiac

Provider Signature: _____ Date: _____ Time: _____