

(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-Pyloric Stenosis**

**Version 2 6/18/14**

- 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**

- Nasogastric/orogastric tube insertion/management 8 or 10 french; place as needed for vomiting or if barium was given
- Nasogastric/orogastric tube to intermittent suction -if barium is too thick may instill 10-20 milliliter normal saline via nasogastric tube to facilitate suction
- IF signs/symptoms of opioid induced respiratory depression: STOP PCA or IV Opiate infusions (if applicable) AND Initiate Respiratory Depression Protocol AND Notify Provider

**Diet**

- NPO

**Medications**

- IV Fluids and acetaminophen options are available on the admission order set
- Analgesics: Opioids  
morphine
  - 0.05 milligram/kilogram intravenously every 4 hours as needed for severe pain (max = 4 milligrams/dose)

**Laboratory**

- Admission Labs or Labs to be obtained now
- Basic metabolic panel

**Consults**

- Provider to provider notification preferred.
  - Consult to general surgery regarding \_\_\_\_\_
  - Consult (provider) \_\_\_\_\_ regarding \_\_\_\_\_

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