

(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- Skin Care Convenience Set

Version 1 Approved 08/29/13

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: _____

Medications

Topical Agents

zinc oxide ointment (DESITIN)

- applied topically as needed mild diaper rash

vitamin A and D ointment

- applied topically as needed mild diaper rash

aquaphor 50g/ cholestyramine 8g/ nystatin 15g/ water 30 mL (MAGIC BUTT BALM with NYSTATIN)

- applied topically as needed for severe diaper rash

aquaphor 50g/ cholestyramine 8g/ water 30 mL (MAGIC BUTT BALM without NYSTATIN)

- applied topically as needed for severe diaper rash

mintox 15 mL/ aquaphor 30g

- applied topically as needed for severe diaper rash

clotrimazole 1% topical cream (LOTRIMIN)

- applied topically 2 times a day

nystatin 100,000 unit/g ointment

- applied topically 2 times a day

Provider Signature: _____ Date: _____ Time: _____