

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

**SO EDPED Abdominal Pain**

Version 1 8/18/15

- This pediatric order set is intended for use in patients 1 month through 17 years of age and less than 50 kilograms
- Activate this Standing Order (SO) by selecting the appropriate provider and using the "Standing Order" order source.

**Abdominal Pain**

Diet

- NPO

Medications

IF Weight < 40 kg SELECT:

ondansetron 4 mg/5 mL oral soln (ZOFTRAN)

- 0.1 milligram/kilogram liquid orally once (MAX 4 mg)

IF Weight > / = 40 kg SELECT:

ondansetron 4 mg disintegrating tablet (ZOFTRAN)

- 4 milligram tablet, disintegrating orally once

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