

(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
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Diagnosis: _____

Allergies with reaction type: _____

EDPED Age < 30 Days Fever Infant Non-Septic

Version 1 8/18/15

- This order set is intended for infants < /= 30 days of age with fever that are NOT SEPTIC

Nursing Orders

- Vital signs per unit standard
- Measure weight
- Notify provider If room air oxygen saturation < 90% NOW
- Patient isolation contact droplet
- Pulse oximetry continuous
- Oxygen via nasal cannula to max flow 2 Lpm) to keeps oxygen saturation greater or equal to 90%

IV/ Line Insert and/or Maintain

- Peripheral IV insert/maintain

IV Fluids Bolus

- For 10 mL/kg bolus (edit total fluid volume and rate) SELECT:
Sodium Chloride 0.9% IV
 - _____ milliliter bolus intravenously 10 mL/kg over _____ minutes
- For 20 mL/kg bolus (edit total fluid volume and rate) SELECT:
Sodium Chloride 0.9% IV
 - _____ milliliter bolus intravenously 20 mL/kg over _____ minutes

IV Fluids Maintenance

- Sodium Chloride 0.9% IV
 - _____ milliliter/hour continuous intravenous infusion

Medications

Antibacterial Agents

If Diagnosis Undetermined: Do not order antibiotics- Notify Pediatric Hospitalist

- If discharging to home order amoxicillin 50 mg/kg per dose orally 2 times a day

If Admitting Select:

ampicillin

- 100 milligram/kilogram per dose intravenously once

Acetaminophen (TYLENOL) Dosing Set

For weight less than 5 kg SELECT:

acetaminophen (TYLENOL)

- _____ milligram liquid orally once
- _____ milligram suppository rectally once

For weight 5 - 7.9 kg SELECT:

acetaminophen (TYLENOL)

- 80 milligram liquid orally once
- 80 milligram suppository rectally once

Initials _____

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Laboratory

- NO Lumbar Puncture unless altered mental status present or less than or equal to 3 weeks of age; please select ED PED Lumbar Puncture if needed
 - Respiratory Viral Panel by PCR STAT
 - CBC/AUTO DIFF
 - BLOOD CULTURE Quantity: 1Additional Instructions to Phlebotomist: _____
 - C REACTIVE PROTEIN
 - BASIC METABOLIC PANEL
 - COMPREHENSIVE METABOLIC PANEL
 - UA WITH MICROSCOPY
 - CULTURE, URINE

Radiology and Diagnostic Tests

- XR Chest Single , portable,
 - stat Reason for exam: _____
- XR Chest PA and Lateral
 - stat Reason for exam: _____

Provider Signature: _____ Date: _____ Time: _____