

(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 Diarrhea and/or Vomiting

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.

Diarrhea and/or Vomiting (over 2 instances in past 4 hours)

Nursing Orders

- Vital Signs Orthostatic if age ≥ 16

Diet

- NPO

Medications

IF Weight < 40 kg SELECT:

- ondansetron 4 mg/5 mL oral soln (ZOFRAN)
- 0.1 milligram/kilogram liquid orally once (MAX 4 mg)

IF Weight ≥ 40 kg SELECT:

- ondansetron 4 mg disintegrating tablet (ZOFRAN)
- 4 milligram tablet, disintegrating orally once

Provider Signature: _____ Date: _____ Time: _____