	ive been cl	hanged (additions, deletions, or strike outs) must be initialed by the ordering MD for the order to be valid.
PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)		INTRAVENOUS FLUID and MEDICATION ORDERS
Pediatrics/PICU General Admission Orders		ALLERGY (describe allergic reaction):
Date: Time:	ALNO	□ NKDA
Admitting Physician:	IVF and MEDICATION ORDERS ONLY	Weightkg
Admit to : □ Regular Pediatrics □ PICU	ICATIO	□ If obese, dose weight(IBW)
Diagnosis:	and MED	IV Fluids: IV Fluid Bolus
Condition : Stable Guarded Critical		$\Box \text{ NS Bolus 10 to 20 mL/kg} mL \text{ over} min.$ $\Box \text{ BP goal } >70 + (\text{age in yrs X2}) \text{ mmHg or} mmHg$
Code Resuscitation Status: □ Full Code □ Do not intubate □ DNR □ Other: Vital Signs: (TPR, BP, SpO2) □ Every 1 hour □ Every 4 hours □ Inform physician if vital signs are abnormal (see PALS guidelines for abnormal vital signs) Pulse oximetry: □ routine with vital signs □ Cardiorespiratory monitor □ Neuro checks every hour(s) □ Inform physician if abnormal: □ GCS < 12	NLY IVF and]	IV Maintenance □ 1.25x Maintenance □ 000000000000000000000000000000000000
 NPO NPO except medications Clear liquids when fully awake and advance as tolerated Breastfeed ad lib Breastfeeding tray for mom Other: Activity: As tolerated Bed rest Bed rest with Bathroom/Toilet Privilege 	IVF and MEDICATION ORDERS O	$\Box \text{ Acetaminophen with Codeine} *Age over 3years mg Codeine PO □q4hrs □q6hrs PRN pain > 5/10 (0.5-1mg codeine/kg/dose) Max dose: 360mg/24hrs \Box \text{ Ibuprofen} *Age \ge 6 \text{ months} mg PO □q6hrs □q8hrs PRN fever/pain 1-5/10(5-10mg/kg/dose) Max dose: 40mg/kg/day$
 Medication orders must be complete. PRN medication orders must include an indication. Write legibly. Rewrite orders upon transfer and/or post-operatively. 	U U Q.D. Q.O.D.	T USE: MS MSO ₄ MgSO ₄ Trailing zero leading zero Initials

Physician's Order Form Pediatrics/PICU General Admission Orders

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TTEMS WITH BOXES/PARENTHASES MUST BE CHECKED TO BE ORDERED. Orders that ha	ave been c	cnang	ed (additions, deletions, or strike outs) must be initiated by the ordering MD for the order to be valid.
PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)			INTRAVENOUS FLUID and MEDICATION ORDERS
Isolation Orders:		ľ	ALLERGY (describe allergic reaction):
□ Droplet Precautions			······································
Contact Precautions		X	
Respiratory/Airborne Isolation		ONL	
		ERS	
□ Reverse Isolation		RDI	
□ Special Contact Precautions	n D	IVF and MEDICATION ORDERS ONLY	Other PRN Medications: mg/kg/dayroute, divided every hours (per dose) □ see Respiratory Order Sheet for respiratory medications. see IV Sedation Medication Order Set for mechanical ventilation See Cardiac IV Medication Order Set for: characterization □ CHF Hypotension □ CHF Hypotension □ Medications: Hypotension □ Ampicillin IV Ampicillin IM • Term Newborns (< 1 month)
□ Reticulocyte count			
□ PT/INR			
\Box PTT			
Blood type			
✓ Summary/Blanket orders are unacceptable.		TON	USE:
 Medication orders must be complete. PRN medication orders must include an indication. 	U III		MS MSO
 PRN medication orders must include an indication. Write legibly. 	IU Q.D.		MSO ₄ MgSO ₄
✓ Rewrite orders upon transfer and/or post-operatively.	Q.O.I		Trailing zero Physician's
✓ Date, time, and sign verbal & telephone orders within 48 hours.	Lack	of le	ading zero Initials
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ITEMS WITH BOXES/PARENTHASES MUST BE CHECKED TO BE ORDERED. Orders that ha	e been chai	nged (additions, deletions, or st	rike outs) must be ir	itialed by the ordering MD for the order to be valid.
PHYSICIAN'S ORDER		INTRAVEN	OUS FLUID	and MEDICATION ORDERS
(EXCLUDING IV Fluids and MEDICATIONS)				
		ALLERGY (describe a	allergic reaction):
Labs Continued: <u>Blood Gas</u>	ERS ONLY	🗆 NKDA		
□ ABG □ CBG or VBG Goals: $pH \ge 7.25$ to 7.4, pCO2 45 to 60 mmHg, PaO2 (if arterial) ≥ 55 to 100 mmHg, Base excess < -	UF and MEDICATION ORDERS ONLY	IV Medication	ıs Continu	ed:
see above SpO2 goals.	DICA	□ Ampicillin/S	Sulhactam	IV
□ Specify other goals:	MEI			picillin component)
□ Repeat after hour(s).	and	· •		< 1 month old):
	IVF		· · · · · · · · · · · · · · · · · · ·	,
Chemistry Panels				hrs \div q8hrs
\Box Chem7	ALY		•	vere infection:
\Box Chem20	IVF and MEDICATION ORDERS ONLY			hrs÷ q8hrs
\Box BNP	DER	• \geq 7 day	·	
\Box LFT	OR	$\Box < 2$	2kg: 100mg	/kg/24hrs ÷ q8hrs
Magnesium	NOL	$\Box \ge 2$	2kg: 100mg	/kg/24hrs ÷ q6hrs
Phosphorus	CAT	\Box M	eningitis/Se	evere infection:
Calcium	EDI	30	0 mg/kg/24	hrs÷ q8hrs
	W Pu	• > 1 mo		*
<u>Microbiology</u>	VF aı			÷q6hrs mg/dose
□ Blood culture	5	□ Meningit		
□ Urine culture, clean catch	X			s ÷ q6hrs mg/dose
□ Urine culture, straight catheterization	INO		111g/ Kg/ 2-4111	
NP Swab:	SRS	• Child:	/1 /0 /1	. (1 / 1
Flu (Influenza antigen test)	and MEDICATION ORDERS ONLY			s ÷ q6hrs mg/dose
\square RSV (RNA PCR)	O NO		tis/severe ir	
Pertussis PCR	VII VII	200-400	mg/kg/24hr	s ÷ q6hrs mg/dose
Chlamydia 🗆 PCR	DIC			
□ Culture in Chlamydia transport media	ME	Cefotaxime		
□ Stool WBC	and	$\Box < 7 da$	ys: 150mg	/kg/24hrs ÷ q12hrs
□ Stool Hemoccult	IVF			$\frac{1}{2}$ g/24hrs ÷ q8hrs
□ Stool Culture				$g/kg/24hrs \div q6hrs$
	ONLY			s old: $150 \text{mg/kg}/24 \text{hrs} \div q6 \text{hrs}$
<u>Urinalysis</u> \Box Urinalysis (UA) with microscopy				4
	EDEI	☐ Clindamyci	n IV □ Cl	indamycin IM
□ Other Lab Orders:	IO N		s: $5 mg/kg/c$	
	TIO		s 5mg/kg/d	
	OICA			$ng/kg/24hrs \div \Box q6hrs \Box q8hrs$
	ME			g/dose
			111	<i>B</i> /4030
□ Labs in AM:	IVF	🗆 Gentamicin		Gentamicin IM
	_			/dose q24hrs
	_			
	_			dose q12hrs
		□ 1-2 m	ionths: 7.5n	ng/kg/24hrs ÷ q8hrs
✓ Summary/Blanket orders are unacceptable.	DO NO	T USE:		
✓ Medication orders must be complete.	U	MS		
 ✓ PRN medication orders must include an indication. ✓ Write legibly. 	IU O D	MSO ₄ MgSO		
 Write legibly. Rewrite orders upon transfer and/or post-operatively. 	Q.D. Q.O.D.	MgSO ₄ Trailing zero	Physician's	
 ✓ Date, time, and sign verbal & telephone orders within 48 hours. 	~	leading zero	Initials	
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	have been	n chan	ged (additions, deletions, or strike outs) must be initialed by the ordering MD for the order to be valid.
PHYSICIAN'S ORDER			INTRAVENOUS FLUID and MEDICATION ORDERS
(EXCLUDING IV Fluids and MEDICATIONS))		
Radiology: □ Chest xray, 2 views (AP/Lateral) □ Chest xray, 1 view □ Portable		ERS ONLY	ALLERGY:
 Other Imaging Tests: Indications for any chosen above: 		ION ORDI	IV Medications Continued:
		and MEDICATION ORDERS ONLY	 Ceftriaxone IV Ceftriaxone IM 1-2 months mild to moderate infections:
Consults: □ Specialist Physician (specify):		IVF	 50mg/kg/24hrs q24hrs 75mg/kg/24hrs q24hrs (max 2grams/24hrs) 1-2 months Meningitic dose:
Social Services		and MEDICATION ORDERS ONLY	\Box 100mg/kg/24hrs ÷ q12hrs
 Registered Dietician Speech Pathologist 		DERS	(max 2grams/dose, 4grams/24hrs)
□ Occupational Therapist		V ORI	 2 months to 18 yrs old: □ 50mg/kg/24hrs q24hrs
Physical Therapy		VIIO	\Box 75mg/kg/24hrs q24hrs (max 4grams/24hrs)
□ Indications for any chosen above:		EDIC	
<u></u>	—	IM bu	□ Vancomycin IV
		IVF a	• < 1 month Bacteremia:
Other Orders:			\Box 0-7 days: 10mg/kg/dose q12hrs \Box > 7 days: 10mg/kg/dose q8hrs
		and MEDICATION ORDERS ONLY	 < 1 month Meningitis:
\		ERS (\square 0-7 days: 15mg/kg/dose q12hrs
		ORD	$\Box > 7$ days: 15mg/kg/dose q8hrs
		ION	• > 1 month mild to moderate infection:
		ICAT	15 mg/kg/dose \Box q6hrs \Box q8hrs
		MED	• > 1 month severe infections – Meningitis,
		F and	Pneumonia, MRSA, Bacteremia:
		IVF	$20 \text{mg/kg/dose} \square \text{q6hrs} \square \text{q8hrs}$
		NLY	□ Ceftazidime IV
			• >1 month: $100 \text{mg/kg/}24 \text{hrs} \div q8 \text{hrs}$
		IVF and MEDICATION ORDERS O	(max 6grams/24hrs)
		IO NO	
		CATI	□ Piperacillin/Tazobactam (Zosyn) IV □ < 2 months: 300mg/kg/24hrs ÷ q6hrs
		IEDI	$\square > 2$ months: 300mg/kg/24hrs \div q6hrs $\square 2-9$ months: 240mg/kg/24hrs \div q8hrs
		and N	$\square > 9$ months: 300mg/kg/24hrs ÷ q8hrs
		IVF	(max 16grams/day)
			□ Tobramycin IV
	—		• $7.5 \text{mg/kg/} 24 \text{hrs} \div q8 \text{hrs}$
		NO	
 Summary/Blanket orders are unacceptable. Medication orders must be complete. 	U DO	NU]	T USE: MS
 PRN medication orders must include an indication. 		、	MSO ₄
 ✓ Write legibly. ✓ Rewrite orders upon transfer and/or post-operatively. 	Q.D Q.O		MgSO ₄ Trailing zero Physician's
✓ Date, time, and sign verbal & telephone orders within 48 hours.	1 2		leading zero Initials
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ITEMS WITH BOXES/PARENTHASES MUST BE CHECKED TO BE ORDERED. Orders that P PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)			OUS FLUID and MEDICATION ORDERS
		ALLERGY (describe allergic reaction):
	IVF and MEDICATION ORDERS ONLY	🗆 NKDA	
	DERS		
	V ORI	IV Medication	s Continued:
	TIO		
	EDIC	□ Acyclovir IV	
	IW Pu	Birth to 3 mc ≤ 25 meals a	
	IVF a		oostconceptional age: √24hrs ÷ q12hrs □ x14days □ x21days
			stconceptional age:
	ALING		$g/24hrs \div q8hrs \Box x14days \Box x21days$
	ERS (3 months to	
	ORD		g/24hrs ÷ q8hrs
	and MEDICATION ORDERS ONLY	> 12 yrs old \Box 30mg/kg	: g/24hrs ÷ q8hrs
	DICA		52 ms · qoms
	d ME	Others Medica	ntion Orders:
	IVF an		
	NLY		
	RS O		
	ORDE		
	and MEDICATION ORDERS ONLY		
	ICAT		
	MED		
	IVF and		
	_ 2		
	AINO		
	RDE		
	O NO	Physician (Prin	t):
	CAT		-/
	IVF and MEDICATION ORDERS		
	Fand	Physician (Sign	ature):
	IVI		
		Date:	Time:
	DO NOT		
	U IU	MS MSO4	
✓ Write legibly.	Q.D.	$MgSO_4$	
	Q.O.D. Lack of l	Trailing zero eading zero	
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