ITEMS WITH BOXES/PARENTHASES MUST BE CHECKED TO BE ORDERED. Orders that have been changed (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) **ALLERGY:** Pediatrics/PICU Sepsis, Pneumonia, Infectious **Disease Admission Orders** □ NKDA
Weight _____kg Date: _____ Time: _____ ☐ If obese, dose weight _____ (IBW) Admitting physician: _____ **IV FLUIDS**: □ NS bolus (10 to 20 mL/kg) ____ mL over ___ min **Admit to**: □ Regular Pediatrics □ PICU □ D5IP at _____ mL/hr \Box D5-1/2NS + 10mEq KCl/L at _____ mL/hr **Diagnosis:** \Box D5-1/2NS + 20mEq KCl/L at ____ mL/hr □ Fever □ Other IVF: _____ at ____ mL/hr □ Sepsis □ Rule out sepsis **Oral Medications:** ☐ Acute UTI/Pyelonephritis \square Acetaminophen PO \square Acetaminophen PR ☐ Rule out UTI/Pyelonephritis mg/dose □ every 4hrs □ every 6hrs (<28days old) □ Acute Meningitis PRN for temp: ___ F (recommended: 10-15 mg/kg/dose) □ Rule out Meningitis □ **Ibuprofen PO** _____ mg/dose ☐ Acute Pneumonia □ every 6hrs □ every 8hrs PRN for temp: _____F □ Rule out pneumonia (recommended: 10mg/kg/dose, max 40mg/kg/day) □ Other: _____ ☐ Amoxicillin PO **Condition**: □ Stable □ Guarded □ Critical □ (standard) 50mg/kg/24hrs ÷ □every 8hrs □every 12hrs \Box (high dose) 90mg/kg/24hrs ÷ every 12hrs (max 2-3g/24hrs) **Code Resuscitation Status:** □ **Augmentin PO** (based on Amoxicillin component) □ Full Code□ Do not intubate□ DNR□ Other: ______ \square 1-3mos: 30mg/kg/24hrs \div every 12hrs \square >3mos: standard dose 45mg/kg/24hrs ÷ every 12hrs \square >3mos: high dose 90mg/kg/24hrs \div every 12hrs Diet: □ Cephalexin PO _____ mg/dose □ NPO □every 6hrs □every 8hrs □ Clear liquid (recommended: 25-100mg/kg/24hrs) □ Soft diet □ Clindamycin PO _____ mg/dose □ Regular diet for age □every 6hrs □every 8hrs □ Low salt diet (recommended: 10-30mg/kg/24hrs, max 1.8g/day) □ Diabetic diet □ Cefdinir PO ☐ Breastfeeding tray for mom □ 6mos-12yrs: 14mg/kg/24hrs □ Other: _____ \Box ÷ every 12hrs \Box every 24hrs (max 600mg/24hrs) □ ≥13yrs: 600mg/24hrs ÷ every 12hrs **Activity**: □ Azithromycin PO □ Bed rest ☐ Bed rest with bathroom/toilet privileges Pneumonia: □ 10mg/kg Day 1 (max 500mg) □ Out of bed □ 5mg/kg once a day Days 2-5 □ Other: Pertussis: □ <6mos: 10mg/kg/dose daily x5days \square >6mos: 10mg/kg/dose Day1, then 5mg/kg/dose Days 2-5 DO NOT USE: Summary/Blanket orders are unacceptable. Medication orders must be complete. U MS ΙU PRN medication orders must include an indication. MSO₄ O.D. $MgSO_4$ Write legibly. Rewrite orders upon transfer and/or post-operatively. Trailing zero Physician's O.O.D. Date, time, and sign verbal & telephone orders within 48 hours. Lack of leading zero Initials

Physician's Order Form

PATIENT ID LABEL

Pediatrics/PICU Sepsis, Pneumonia, Infectious Disease Admission Orders

Guam Memorial Hospital Authority

Page 1 of 4 Approved: Peds 5/16, P&T 5/16, MEC 5/16, HIMC 3/17

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Physician's Order Form

PATIENT ID LABEL

Initials

Pediatrics/PICU Sepsis, Pneumonia, Infectious Disease Admission Orders

Guam Memorial Hospital Authority

Page 2 of 4 Approved: Peds 5/16, P&T 5/16, MEC 5/16, HIMC 3/17

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Physician's Order Form

PATIENT ID LABEL

Pediatrics/PICU Sepsis, Pneumonia, Infectious Disease Admission Orders

Guam Memorial Hospital Authority

Page 3 of 4 Approved: Peds 5/16, P&T 5/16, MEC 5/16, HIMC 3/17

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Physician's Order Form

PATIENT ID LABEL

Pediatrics/PICU Sepsis, Pneumonia, Infectious Disease Admission Orders

Guam Memorial Hospital Authority

Page 4 of 4 Approved: Peds 5/16, P&T 5/16, MEC 5/16, HIMC 3/17