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) **Pediatrics/PICU Congestive Heart Failure Admission ALLERGY: Orders** \square NKDA Date: _____ Time: _____ Weight kg Admitting physician: **IV Fluids: Admit to**: □ Regular Pediatrics □ PICU ☐ IV saline lock Diagnosis: CHF secondary to: $\hfill\Box$ IVF: _____ at ___ mL/hr $\hfill\Box$ IVF: _____ at TKVO **Condition**: □ Stable □ Guarded □ Critical **Medications: Disposition**: □ Crib/Bed with no bathroom privileges Preload Reduction: ☐ With bathroom privileges □ **Furosemide** _____ mg/dose □PO □IV \square BID \square TID \square QID □ CP/BP monitor with oximetry (PICU) (recommended: 0.5-1 mg/kg/dose, max 6mg/kg/dose) □ Oxygen Supplementation at _____ ☐ **Hydrochlorothiazide** 2mg/kg/day PO ÷ BID \Box To keep SpO2 at baseline or ≥ 92% or □ ____ mg/kg/day PO ÷ BID \Box To keep SpO2 ≥ 92% while asleep □ Spironolactone 1mg/kg/dose PO □BID □TID □QID \Box To keep SpO2 ≥ 94% while awake or □ mg/kg/dose PO □BID □TID □QID (max 100mg/24hrs, 3.3mg/kg/day) **Vital Signs**: □ every 1hr □ every 4hrs □ Other: _____ □ **Metolazone** 0.2 mg/kg/dose PO □daily □BID Diet: Inotropic: □ NPO if RR _____ or altered mental status □ **Digoxin** – Preterm Infants ☐ Clear liquids if RR _____ \square 0.005 mg/kg/day PO \div BID or \square 75% of this dose IV □ Regular diet for age □ **Digoxin** – Age ≥ 10 years old □ Low salt \square 0.005 mg/kg/day PO daily or \square 75% of this dose IV ☐ Limit oral fluids to: □ **Dopamine** _____ mcg/kg/min IV continuous (recommended rate: 5-10 mcg/kg/min) □ 2/3 maintenance: _____ per 24hrs □ 1 maintenance: _____ per 24hrs (max 50mcg/kg/min) **Nursing Orders:** Titrate to achieve ideal SBP minimum of ____mmHg and ☐ Keep head elevated. HOB ____ degrees. max of ____mmHg. (See PALS guidelines for age-□ Daily weight specific minimum/maximum SBP) □ Strict intake and output. Catheterize if necessary. □ **Dobutamine** _____ mcg/kg/min IV continuous ☐ Nasopharyngeal/oral suctioning PRN nasal congestion (recommended rate: 2.5 – 10 mcg/kg/min) ☐ Insert indwelling catheter (max 40mcg/kg/min) Titrate to achieve ideal SBP minimum of ____mmHg and Monitor patient according to the following parameters: max of ____mmHg. (See PALS guidelines for age-Heart failure scores for infants with congestive heart specific min/max SBP) failure: Frequent (2) Occasional (1) None (0) □ **Epinephrine HCl** 0.1 mcg/kg/min IV continuous ☐ Breathing Difficulty: or □ ____ mcg/kg/min IV continuous ☐ Interrupted Feeds: □ Vomiting: (max 1mcg/kg/min) Titrate to achieve ideal SBP □ Sweating: minimum of ____mmHg and max of ____ mmHg. (See □ Poor Activity: PALS guidelines for age-specific min/max SBP) ☐ Irritability: □ Edema: Summary/Blanket orders are unacceptable. DO NOT USE: Medication orders must be complete. IU MSO_4 PRN medication orders must include an indication. O.D. MgSO₄ Q.D. MgSO₄ Q.O.D. Trailing zero Rewrite orders upon transfer and/or post-operatively. Physician's Date, time, and sign verbal & telephone orders within 48 hours. Lack of leading zero

Physician's Order Form

Pediatrics/PICU CHF Admission Orders

Guam Memorial Hospital Authority

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PATIENT ID LABEL

Initials

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:** Labs: □ STAT CBC with diff, Chem 7, LFT, BNP □ STAT blood levels for □ NKDA ☐ If patient had a fever at Emergency Department, **Medications Continued:** obtain CRP and Blood Culture ☐ For patient on Nitroprusside, obtain CBG, serum **■** Milrinone electrolytes and serum lactate □ daily □ every ____ days IV loading dose: \Box 50 mcg/kg \Box 75 mcg/kg □ Other lab orders: _____ over □15min □ ____ min □60min max followed immediately by □ ____ mcg/kg/min continuous IV infusion Radiology: (recommended rate: 0.25 to 0.75 mcg/kg/min) □ Chest X-ray 2 views □ STAT Titrate to achieve ideal SBP minimum of mmHg Indication: □ Echocardiogram □ STAT and max of ____mmHg. (See PALS guidelines for age-Indication: Assess heart function or valvular disease specific minimum/maximum SBP) **Consults:** Afterload Reduction: □ Cardiology Consultation □ **Captopril** 0.3mg/kg/day PO □ Nutrition Consultation ÷ □ every 8hrs □ every 12hrs (max dose for infants 2.5mg/kg/day; max dose for Other Orders: children/adolescent 6mg/kg/day or 150mg/day) □ **Enalapril** 0.1 mg/kg/day PO □ daily □ ÷ BID (max 0.5 mg/kg/day) For Hypertensive Cardiomyopathy with Pulmonary Edema □ Nitroprusside Start at 0.3mcg/kg/min IV continuous (range 0.3 - 0.5mcg/kg/min) (max 8-10mcg/kg/min)Titrate to achieve ideal SBP minimum of ____mmHg and max of ____mmHg. (See PALS guidelines for agespecific minimum/maximum SBP) ☐ Thiocyanate level 1 hour after start of Nitroprusside infusion □ For Nitroprusside infusion > 10mcg/kg/min, Thiocyanate level every _____ hour(s) □ Nitroglycerin Start at 0.25mcg/kg/min IV continuous (range 0.25-0.5mcg/kg/min) (max 20mcg/kg/min) Titrate to achieve ideal SBP minimum of ____mmHg and max of ____mmHg. (See PALS guidelines for agespecific minimum/maximum SBP) DO NOT USE: Summary/Blanket orders are unacceptable. Medication orders must be complete. PRN medication orders must include an indication. IU MSO_4 Write legibly. O.D. MgSO₄ Rewrite orders upon transfer and/or post-operatively. Q.O.D. Trailing zero Physician's Date, time, and sign verbal & telephone orders within 48 hours. Lack of leading zero Initials

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