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 (EXCLUDING IV Fluids and MEDICATIONS)

Pediatrics/PICU Seizure Admission Orders

Date: _____ Time: _____

Admitting Physician: _____

Admit to: □ Regular Pediatrics □ PICU

Diagnosis: □ Seizure, _____
□ Status Epilepticus

Condition: □ Stable □ Guarded □ Critical

Vital Signs: (TPR, BP, SpO2)
□ every 1hr □ every 2hrs □ every 4hrs □ every 6hrs
□ Inform physician if: _____
(see PALS guidelines for abnormal vital signs)

Neuro Checks:
□ every 1hr □ every 2hrs □ every 4hrs □ every 6hrs
□ Inform physician if GCS < 12 or _____

Diet:
□ NPO
□ Clear liquids
□ Regular diet for age

Activity:
□ Bed rest
□ Bed rest with bathroom privileges
□ Out of bed

Nursing Orders:
□ Strict intake and output
□ Daily weight
□ Daily head circumference

Oxygen:
□ Maintain airway: _____ % O2 by mask
□ _____ LPM O2 per nasal cannula
□ Adjust O2 to keep SpO2 ≥ 95% when awake and ≥ 92% when asleep
□ Mechanical ventilation settings: _____
_____
_____

IVF and MEDICATION ORDERS ONLY

IVF and MEDICATION ORDERS ONLY

IVF and MEDICATION ORDERS ONLY

IVF and MEDICATION ORDERS ONLY

INTRAVENOUS FLUID and MEDICATION ORDERS

ALLERGY:

□ NKDA

Weight: _____ kg

IV FLUIDS:
□ Total IV rate: _____

□ NS Bolus □ 10mL/kg □ 20mL/kg over _____ min.

Maintenance Fluids
□ D5IP at _____mL/hr
□ D5-1/2NS + _____ mEq KCl/L at _____mL/hr
□ Other: _____ at _____ mL/hr

MEDICATIONS:
□ **Acetaminophen PO** □ **Acetaminophen PR**
____mg/dose □ every 4hrs □ every 6hrs PRN fever/pain
(recommended dose: 10-15mg/kg/dose)
(< 2 y.o. infant max dose: 60mg/kg/day)
(2 to 12 y.o. max dose: 90mg/kg/day)
□ **Ibuprofen PO** *Age ≥6 months
_____mg/dose □every 6hrs □every 8hrs PRN fever/pain
(recommended dose: 5-10mg/kg/dose)
(max 40mg/kg/day)
□ **Lorazepam (Ativan) IV** □ **Lorazepam IM**
___mg/dose (recommended dose: 0.05 to 0.1mg/kg/dose)
(max 4mg/dose, max 8mg/12hours)
□ Repeat every 10-15 min x3 PRN seizure
□ **Phenytoin (Dilantin)** □ IV □ IO
□ Loading dose: _____ mg/dose in NSS
(recommended dose: 15-20mg/kg)
Infusion rate: < 1mg/kg/minute (max 50mg/min)
(max dose 1,500 mg/24hrs)
Maintenance Dose: Start at least 12hrs after loading dose
□ 5mg/kg/day or _____ mg/dose □ PO □ IV
□every 8hrs □every 12hrs (max 300mg/day)
□ **Midazolam (Versed)** Load with 0.15mg/kg IV x1 before continuous infusion
□ **Midazolam (Versed)** Continuous IV Infusion
Initiate at 1mcg/kg/min and titrate dose upward every 5min to achieve seizure control and/or sedation.
Maximum rate of 6mcg/kg/min.

- ✓ Summary/Blanket orders are unacceptable.
- ✓ Medication orders must be complete.
- ✓ PRN medication orders must include an indication.
- ✓ Write legibly.
- ✓ Rewrite orders upon transfer and/or post-operatively.
- ✓ Date, time, and sign verbal & telephone orders within 48 hours.

DO NOT USE:

U	MS
IU	MSO_4
Q.D.	$MgSO_4$
Q.O.D.	Trailing zero
Lack of leading zero	

Physician's Initials

Physician's Order Form

PATIENT ID LABEL

Pediatrics/PICU Seizure Admission Orders

Guam Memorial Hospital Authority
 Approved: Peds 5/16, P&T 5/16, MEC 5/16, HIMC 3/17
Form# CPOE-012

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 (EXCLUDING IV Fluids and MEDICATIONS)

Labs:
□ CBC with diff
□ CRP
□ Chem 7
□ Chem 20
□ Magnesium
□ Calcium
□ Phosphorus
□ Blood culture
□ CBG or VBG □ upon admission □ every ___ hour(s)
□ Anti-seizure medication level prior to 4th dose (trough)
Specify: _____

Procedures:
□ Lumbar Puncture
CSF analysis:
□ Gram stain
□ Bacterial culture and sensitivity
□ Viral culture
□ Directigen
□ Enteroviral PCR
□ Glucose
□ Protein
□ Cell count and differential

Imaging Orders:
□ MRI of _____ □ with contrast □ without contrast
□ EEG
□ Chest X-ray
□ PA
□ Lateral
□ Portable
□ Indication for any chosen above:
_____

Consult:
□ Neurology consultation

Other Orders:
_____
_____
_____
_____
_____
_____

IVF and MEDICATION ORDERS ONLY

IVF and MEDICATION ORDERS ONLY

IVF and MEDICATION ORDERS ONLY

IVF and MEDICATION ORDERS ONLY

INTRAVENOUS FLUID and MEDICATION ORDERS

ALLERGY:

□ NKDA

MEDICATIONS continued:

□ **Carbamazepine (Tegretol) PO**
titrate at weekly intervals
< 6yrs: □ _____mg/dose PO □ BID □ TID
(recommended dose: 10-20 mg/kg/day)
(QID dosing for oral suspension) (max 35mg/kg/day)
6-12yrs: □ 100mg PO BID □ 10mg/kg/day PO ÷ BID
(QID dosing for oral suspension) (max 1g/day)
> 12yrs: □ 200 mg PO BID
Children 12-15yrs: max 1000mg/day
Children >15yrs: max 1200mg/day

□ **Depakote (Valproic Acid) PO**
Initial dose: _____ mg/dose □ once daily □ every 12hrs
(recommended dose: 10-15mg/kg/day)
Maintenance dose: _____ mg/dose
□ every 8hrs □ every12hrs
(recommended dose: 30-60mg/kg/day)

□ **Phenobarbital (Luminal)**
□ ____ mg IV loading dose
(recommended dose: 15-20 mg/kg)
Then PO/IV maintenance dose to start at least
□ 12hrs □ 24hrs <u>after</u> loading dose
□ _____mg/dose □ PO □ IV □ every 24hrs □ BID
(recommended dose: 3-5 mg/kg/day)

□ **Levetiracetam (Keppra) PO**
□ 1 to 5 month old: 7mg/kg/dose every 12hrs
□ 6 mos. to 15 y.o.: 10mg/kg/dose every 12hrs
or □ _____ mg/dose every 12hrs

□ **Lamotrigine (Lamicar) PO**
□ 0.3mg/kg/day ÷ BID □ _____ mg/dose every 12hrs

□ TORB/VORB Physician _____

Date _____ Time _____

Nurse Signature _____

Physician Signature _____

Date _____ Time _____

- ✓ Summary/Blanket orders are unacceptable.
- ✓ Medication orders must be complete.
- ✓ PRN medication orders must include an indication.
- ✓ Write legibly.
- ✓ Rewrite orders upon transfer and/or post-operatively.
- ✓ Date, time, and sign verbal & telephone orders within 48 hours.

DO NOT USE:

U	MS
IU	MSO_4
Q.D.	$MgSO_4$
Q.O.D.	Trailing zero
Lack of leading zero	

Physician's Order Form
Pediatrics/PICU Seizure Admission Orders

PATIENT ID LABEL