ITEMS WITH BOXES/PARENTHASES MUST BE CHECKED TO BE ORDERED. Orders th PHYSICIAN'S ORDER	at have be	en cha	anged (additions, deletions, or strike outs) must be initialed by the ordering MD for the order to be valid.
(EXCLUDING IV Fluids and MEDICATIONS)			INTRAVENOUS FLUID and MEDICATION ORDERS
Pediatrics/PICU Post-Op Admission Orders			ALLERGY:
		ONLY	□ NKDA
Date: Time:		RDERS	Weight kg
Admitting Physician:		LION O	IV FLUIDS:
Admit to : □ Regular Pediatrics □ PICU		IVF and MEDICATION ORDERS ONLY	 Total IVF rate: Including continuous infusions
Diagnosis:		F and N	Including intermittent medications Maintenance Fluids:
		N	\Box D10W + ¹ / ₄ NS (< 3 months old)
	_	ONLY	$\Box D5 \frac{1}{4} NS (3 \text{ months to } 3 \text{ years old})$ $\Box D5 \frac{1}{2} NS (> 3 \text{ years old}) \Box + 10 \text{mEq KCl/L}$
Procedure:		RDERS	\Box + 20mEq KCl/L
		O NOLI	□ Other IVF: □ Maintenance fluid rate:
		VF and MEDICATION ORDERS ONLY	Central Lines:
Surgeon:		and M	\Box NS with Heparin 1 unit/mL at 1 mL/hr (patient < 10kg)
		IVI	\Box NS with Heparin 1 unit/mL at 2 mL/hr (patient \ge 10kg)
Condition : \Box Stable \Box Guarded \Box Critical		ONLY	Medications:
Diet:		IVF and MEDICATION ORDERS ONLY	□ Discontinue all prior medications and IV fluids
□ Regular for age □ NPO		IO NOL	Vasoactive Drips: Dopamine mcg/kg/min IV continuous
\Box Clear liquids \Box A dware dist as talenated to recurso dist for each		DICAT	(recommended rate: 5-10 mcg/kg/min)
□ Advance diet as tolerated to regular diet for age □ Other:		and ME	(max dosage may be up to 50mcg/kg/min) Titrate to achieve ideal SBP minimum ofmmHg and
Nursing Orders:		IVF :	max ofmmHg. (See PALS guidelines for age-
□ Discontinue all pre-op nursing orders		NLY	specific minimum/maximum SBP) Dobutamine mcg/kg/min IV continuous
 O2 saturation monitoring Cardiorespiratory monitor 		ERS OI	(recommended rate: $2.5 - 10 \text{ mcg/kg/min}$)
\Box Vital signs every 15 minutes for 1 hour until stable,		(ORD)	(max 40mcg/kg/min) Titrate to achieve ideal SBP minimum ofmmHg and
then every 30mins for 2 hours, then every 2 hours □ Vital signs every 2 hours		and MEDICATION ORDERS O	max ofmmHg. (See PALS guidelines for age-
□ Vital signs every 4 hours		IEDIC	specific min/max SBP)
□ Strict intake and output □ Bed rest		f and N	\Box Epinephrine HCl 0.1 mcg/kg/min IV continuous or \Box mcg/kg/min IV continuous
□ Bed rest with bathroom privileges		IVF	(max 1mcg/kg/min)
\Box Out of bed			Titrate to achieve ideal SBP minimum ofmmHg and max ofmmHg. (See PALS guidelines for age-
			specific min/max SBP)
✓ Summary/Blanket orders are unacceptable.	DOI	NOT	Г USE:
 Medication orders must be complete. PRN medication orders must include an indication. 	U IU		MS 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.	~		leading zero Initials

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	t have t	been ch	anged (additions, deletions, or	strike outs) must be	initialed by the ordering MD for the order to be valid.
			INTRAVEN	OUS FLUID	and MEDICATION ORDERS
(EXCLUDING IV Fluids and MEDICATIONS)					
PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS) Nursing Orders Continued: Incentive spirometry every 2 hours when awake If intubated, insert NGT or OGT if not already present NGT/OGT to gravity NGT/OGT to low intermittent suction Mechanical ventilation settings:	IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY		anged (additions, deletions, or strike outs) must be initiated by the ordering MD for the order to be valid. INTRAVENOUS FLUID and MEDICATION ORDERS ALLERGY: NKDA Milrinone IV Loading Dose: 50 mcg/kg over 15 minutes min 60min max followed immediately by continuous IV infusion mcg/kg/min continuous IV infusion (recommended rate: 0.25 to 0.55 to 0.75 mcg/kg/min) Titrate to achieve ideal SBP minimum of mmHg and max of mmHg. (See PALS guidelines for age-specific minimum/maximum SBP) Antibiotics mg IV every 6hrs every 8hrs (recommended: 25mg/kg/dose, max 6,000mg/24hrs) mg IV every 8hrs (h_b)		
Labs:		ΓX	\Box until	doses po	
CBC with diff: STAT tomorrow AM every Chem7: STAT tomorrow AM every Chem20: STAT tomorrow AM every CRP: STAT tomorrow AM every ESR: STAT tomorrow AM every ESR: STAT tomorrow AM every levels, peak and trough around 3 rd dose Other lab orders:		2 IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY	<pre>(recommended □ until 3 dos □ until □ Clindamycii (recommended □ until □ Metronidaz (recommended □ 14 days po □ until □ Zosyn (recommended component, ma □ 7 days pos □ until □ Vancomycin (recommended □ 14 days po □ until</pre>	added: 30mg/kg/dose, max 12grams/day) doses post-op doses post-op mg IV every 8hrs added: 10mg/kg/dose, max 4.8grams/day) days post-op dazolemg IV every 6hrs added: 7.5mg/kg/dose, max 4grams/day) //s post-op mg IV □ every 6hrs added: 100mg/kg/dose of Piperacillin , max 6grams/day) s post-op mg IV □ every 6hrs adys post-op mg IV every 6hrs adys post-op	
 Summary/Blanket orders are unacceptable. Medication orders must be complete. PRN medication orders must include an indication. 	U IU		r use: MS MSO4		
 ✓ Write legibly. ✓ Rewrite orders upon transfer and/or post-operatively. ✓ Date, time, and sign verbal & telephone orders within 48 hours. 	Q.D Q.O Lac).D.	MgSO ₄ Trailing zero eading zero	Physician's Initials	
Physician's Order Form PATIENT ID LABEL Pediatrics/PICU Post-Op Admission Orders PATIENT ID LABEL					

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PHYSICIAN'S ORDER	have been ch	anged (additions, deletions, or strike outs) must be initialed by the ordering MD for the order to be valid. INTRAVENOUS FLUID and MEDICATION ORDERS
(EXCLUDING IV Fluids and MEDICATIONS)		ALLERGY:
		ALLENGI:
	NLY	
	IVF and MEDICATION ORDERS ONLY	
	ORDI	
	LION	Analgesia and Sedatives:
	DICAT	Please choose one:
	H MEI	□ Lorazepam IV mg/dose every 4hrs
	T and	PRN for pain scale 7-10
		(recommended dose: 0.05mg/kg/dose to max of
	ЪТ	2mg/dose)
	s on	□ Fentanyl IV mg/dose IV every 1hr PRN pain scale 7-10
	RDEF	(recommended dose: 1-2mcg/kg/dose)
	and MEDICATION ORDERS ONLY	□ Morphine Sulfate IV □ Morphine Sulfate IM
	CATI	\Box 0.05mg/kg/dose \Box 0.1 mg/kg/dose \Box mg/dose
	MEDI	\Box every 1hr \Box every 2hrs \Box every 3hrs
	and	PRN pain scale 7-10
	IVF	(Max dose per age: Infant: 2mg/dose, 1-6 years old: 4mg/dose, 7-12 years: 8mg/dose, adolescent: 10mg/dose
	x	4 mg/dose, 7-12 years. Smg/dose, adolescent. Tomg/dose
	INO	Please choose one:
	IVF and MEDICATION ORDERS ONLY	Tylenol with Hydrocodone PO
	N OR	\Box 0.1mg/kg/dose \Box 0.2mg/kg/dose
	ATIO	\Box every 4hrs \Box every 6hrs
	EDIC	PRN pain scale 4-6 (max 10mg Hydrocodone/dose) Tylenol with Codeine PO (2.5mg Codeine/mL)
	M pu	\Box 0.5mg/kg/dose Codeine \Box 1mg/kg/dose Codeine
	IVF a	\square every 4hrs \square every 6hrs
		PRN pain scale 4-6 (max 60mg/dose)
	NILY	□ Toradol IV 0.5mg/kg every 6hrs x48hrs
	ERS (PRN pain scale 4-6
	IVF and MEDICATION ORDERS ONLY	Please choose one:
	LION	□ Ibuprofen PO mg/dose □every 6hrs □every 8hrs
	DICA	PRN pain scale 1-3 (max 40mg/kg/day)
	d ME	\Box Tylenol mg/dose \Box PO \Box PR every 4hrs
	VF an	PRN pain scale 1-3
		(recommended dose: 10-15mg/kg/dose)
	-	
✓ Medication orders must be complete.	DO NOT U	f USE: MS
	IU Q.D.	MSO ₄ MgSO ₄
✓ 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 l	eading zero Initials

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		been cha	nged (additions, deletions, or	strike outs) must be initialed by the ordering MD for the order to be valid.
PHYSICIAN'S ORD			INTRAVEN	OUS FLUID and MEDICATION ORDERS
(EXCLUDING IV Fluids and ME	DICATIONS)			
			ALLERGY:	
		IVF and MEDICATION ORDERS ONLY		
		o sa	□ NKDA	
		DEI		
		BON		
		IOI	Anti-pyretics:	
		ICA		$_$ mg/dose \Box PO \Box PR every 4hrs
		MED	PRN fever	
		and		l dose: 10-15mg/kg/dose)
		IVF		O mg/dose □every 6hrs □every 8hrs
				ot relieved by Tylenol (max 40mg/kg/day)
		ИI		or reneved by Tylenor (max +omg/kg/day)
		NO S	Antiemetic:	
		DER		Jongotnon) IV () 1mg/lag/
		ORI		lansetron) IV 0.1mg/kg/dose
		IVF and MEDICATION ORDERS ONLY		□ every 8hrs PRN nausea/vomiting
		CAT	(max 4mg/dose	e)
		IEDI		
		N pu		
		VF a	Other Medicat	tion Orders:
		I		
		X		
		INO	·	
		ERS		
		and MEDICATION ORDERS ONLY		
		NO		
		TAT		
		EDIO		
		M bi		
		IVF ar		
		2		
		Y	·	
		RS ONLY		
		DRD		B Physician
		NO		
		ITA	Date	Time
		3DIC		
		IVF and MEDICATION ORDE	Numa Cianat	-
		F an	Nurse Signatur	e
		N	DI	
			Physician Signa	ature
			Date	Time
✓ Summary/Blanket orders are unacceptable.	DC) NOT	USE:	
 Medication orders must be complete. DBN mediation and an anothing lade an indication 			MS	
 PRN medication orders must include an indicati Write legibly. 	on. IU Q.I		MSO ₄ MgSO ₄	
 Rewrite orders upon transfer and/or post-operation 	vely. Q.0	D. O.D.	Trailing zero	
✓ Date, time, and sign verbal & telephone orders v	vithin 48 hours. Lac		ading zero	

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