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 Post-Op Admission Orders

Date: _____ **Time**: _____

Admitting Physician: _____

Admit to: □ Regular Pediatrics □ PICU

Diagnosis: _____
_____
_____
_____

Procedure: _____
_____
_____
_____

Surgeon: _____

Condition: □ Stable □ Guarded □ Critical

Diet:
□ Regular for age
□ NPO
□ Clear liquids
□ Advance diet as tolerated to regular diet for age
□ Other: _____

Nursing Orders:
□ Discontinue all pre-op nursing orders
□ O2 saturation monitoring
□ Cardiorespiratory monitor
□ Vital signs every 15 minutes for 1 hour until stable, then every 30mins for 2 hours, then every 2 hours
□ Vital signs every 2 hours
□ Vital signs every 4 hours
□ Strict intake and output
□ Bed rest
□ Bed rest with bathroom privileges
□ Out of bed

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 IVF rate: _____
□ Including continuous infusions
□ Including intermittent medications
Maintenance Fluids:
□ D10W + ¼ NS (< 3 months old)
□ D5 ¼ NS (3 months to 3 years old)
□ D5 ½ NS (> 3 years old) □ + 10mEq KCl/L
□ + 20mEq KCl/L
□ Other IVF: _____
□ Maintenance fluid rate: _____

Central Lines:
□ NS with Heparin 1 unit/mL at 1 mL/hr (patient < 10kg)
□ NS with Heparin 1 unit/mL at 2 mL/hr (patient ≥ 10kg)

Medications:
□ Discontinue all prior medications and IV fluids

Vasoactive Drips:
□ **Dopamine** _____ mcg/kg/min IV continuous
(recommended rate: 5-10 mcg/kg/min)
(max dosage may be up to 50mcg/kg/min)
Titrate to achieve ideal SBP minimum of ____mmHg and max of ____mmHg. (See PALS guidelines for age-specific minimum/maximum SBP)
□ **Dobutamine** _____ mcg/kg/min IV continuous
(recommended rate: 2.5 – 10 mcg/kg/min)
(max 40mcg/kg/min)
Titrate to achieve ideal SBP minimum of ____mmHg and max of ____mmHg. (See PALS guidelines for age-specific min/max SBP)
□ **Epinephrine HCl** 0.1 mcg/kg/min IV continuous
or □ _____ mcg/kg/min IV continuous
(max 1mcg/kg/min)
Titrate to achieve ideal SBP minimum of ____mmHg and max of ____mmHg. (See PALS guidelines for age-specific min/max SBP)

- ✓ 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 Post-Op Admission Orders

Guam Memorial Hospital Authority
Page 1 of 4 Approved: Peds 5/16, P&T 5/16, MEC 5/16, HIMC 3/17
Form# CPOE-013

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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: _____
_____
_____

□ Chest tube to 20cm water suction
□ Chest tube to ____ cm water suction

Radiology:
□ Chest x-ray
□ PA □ Lateral
□ Every morning while intubated
□ STAT
□ Portable
Indication: _____

Labs:
□ 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 ____
□ _____ levels, peak and trough around 3rd dose
□ Other lab orders: _____

Other Orders:
_____
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IVF and MEDICATION ORDERS ONLY
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INTRAVENOUS FLUID and MEDICATION ORDERS

ALLERGY:

□ NKDA

Vasoactive Drips continued
□ **Milrinone**
IV Loading Dose: □50 mcg/kg □75mcg/kg
over □15 minutes □ _____ min □60min max
followed immediately by continuous IV infusion
□ _____ mcg/kg/min continuous IV infusion
(recommended rate: 0.25 to 0.75 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
□ **Cefazolin** _____ mg IV □ every 6hrs □ every 8hrs
(recommended: 25mg/kg/dose, max 6,000mg/24hrs)
□ until 3 doses post-op
□ until _____ doses post-op
□ **Cefoxitin** _____ mg IV every 8hrs
(recommended: 30mg/kg/dose, max 12grams/day)
□ until 3 doses post-op
□ until _____ doses post-op
□ **Clindamycin** _____mg IV every 8hrs
(recommended: 10mg/kg/dose, max 4.8grams/day)
□ until _____ days post-op
□ **Metronidazole** _____ mg IV every 6hrs
(recommended: 7.5mg/kg/dose, max 4grams/day)
□ 14 days post-op
□ until _____ days post-op
□ **Zosyn** _____ mg IV □ every 6hrs □ every 8hrs
(recommended: 100mg/kg/dose of Piperacillin component, max 6grams/day)
□ 7 days post-op
□ until _____ days post-op
□ **Vancomycin** _____ mg IV every 6hrs
(recommended: 10mg/kg/dose, max 4grams/day)
□ 14 days post-op
□ until _____ days post-op

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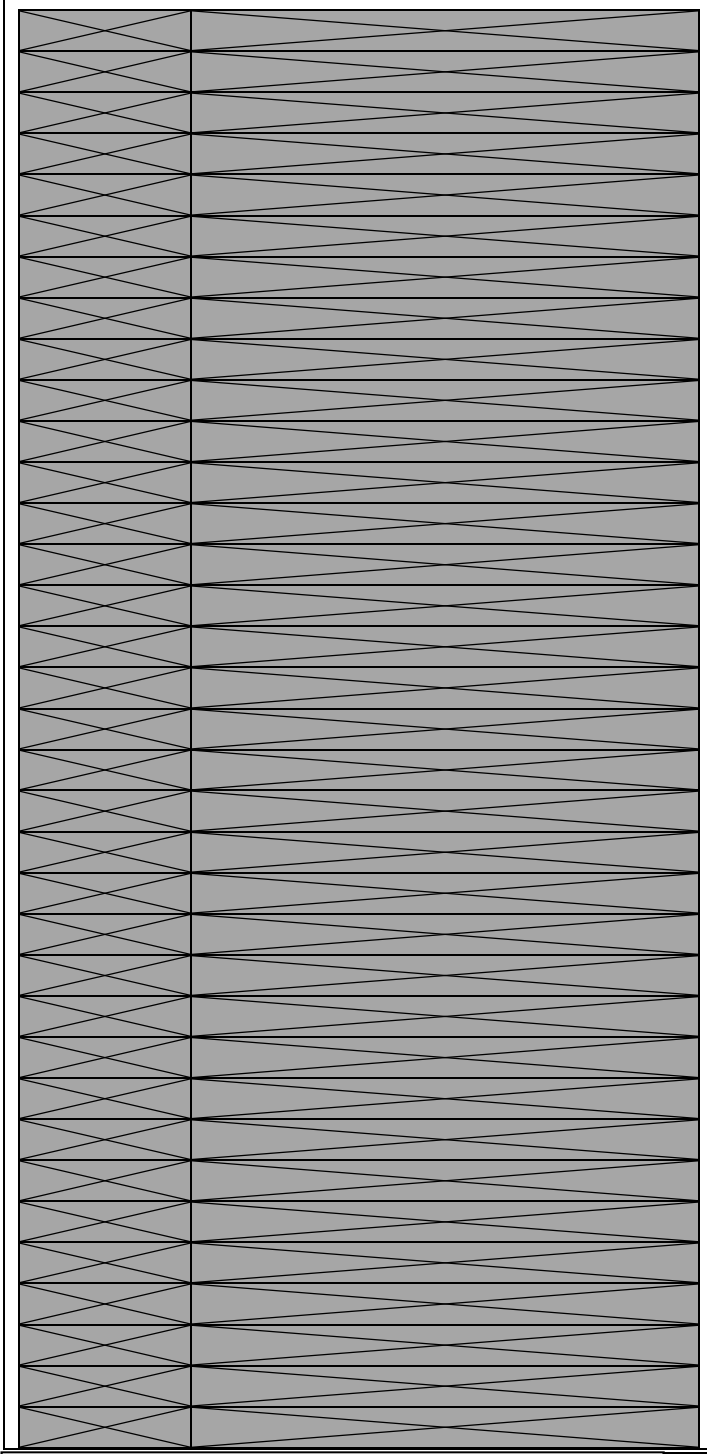

IVF and MEDICATION ORDERS ONLY

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INTRAVENOUS FLUID and MEDICATION ORDERS

ALLERGY:

□ NKDA

Analgesia and Sedatives:

Please choose one:
□ **Lorazepam IV** _____ mg/dose every 4hrs
PRN for pain scale 7-10
(recommended dose: 0.05mg/kg/dose to max of 2mg/dose)
□ **Fentanyl IV** _____ mg/dose IV every 1hr
PRN pain scale 7-10
(recommended dose: 1-2mcg/kg/dose)
□ **Morphine Sulfate IV** □ **Morphine Sulfate IM**
□ 0.05mg/kg/dose □ 0.1 mg/kg/dose □ ____ mg/dose
□ every 1hr □ every 2hrs □ every 3hrs
PRN pain scale 7-10
(Max dose per age: Infant: 2mg/dose, 1-6 years old: 4mg/dose, 7-12 years: 8mg/dose, adolescent: 10mg/dose

_____

Please choose one:
□ **Tylenol with Hydrocodone PO**
□ 0.1mg/kg/dose □ 0.2mg/kg/dose
□ every 4hrs □ every 6hrs
PRN pain scale 4-6 (max 10mg Hydrocodone/dose)
□ **Tylenol with Codeine PO** (2.5mg Codeine/mL)
□ 0.5mg/kg/dose Codeine □ 1mg/kg/dose Codeine
□ every 4hrs □ every 6hrs
PRN pain scale 4-6 (max 60mg/dose)
□ **Toradol IV** 0.5mg/kg every 6hrs x48hrs
PRN pain scale 4-6

_____

Please choose one:
□ **Ibuprofen PO** ____ mg/dose □every 6hrs □every 8hrs
PRN pain scale 1-3 (max 40mg/kg/day)
□ **Tylenol** _____ mg/dose □PO □PR every 4hrs
PRN pain scale 1-3
(recommended dose: 10-15mg/kg/dose)

_____

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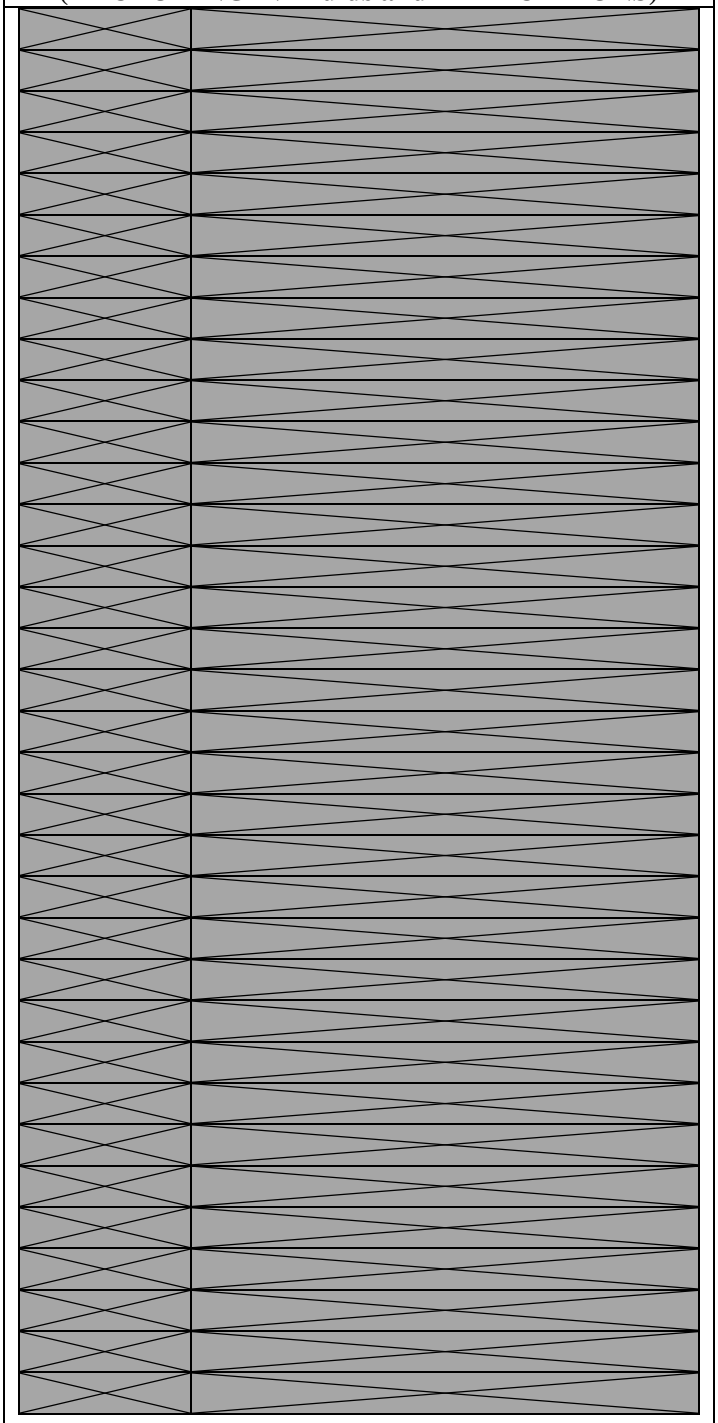

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INTRAVENOUS FLUID and MEDICATION ORDERS

ALLERGY:

□ NKDA

Anti-pyretics:
□ **Tylenol** _____ mg/dose □PO □PR every 4hrs PRN fever
(recommended dose: 10-15mg/kg/dose)
□ **Ibuprofen PO** ____ mg/dose □every 6hrs □every 8hrs PRN fever not relieved by Tylenol (max 40mg/kg/day)

Antiemetic:
□ **Zofran (Ondansetron) IV** 0.1mg/kg/dose
□ every 6hrs □ every 8hrs PRN nausea/vomiting (max 4mg/dose)

Other Medication Orders:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

□ TORB/VORB Physician _____

Date _____ Time _____

Nurse Signature _____

Physician Signature _____

Date _____ Time _____

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