



2500



# PHYSICIAN'S ORDER RECORD

PATIENT IMPRINT

## PEDIATRIC ANEMIA ADMISSION ORDERS

Note: Bulleted orders are implemented unless crossed out. Orders preceded by a box  receive a (✓) to initiate and blanks indicate additional information is needed.

**Admit:**      PSVMC Pediatric Hospitalist Service      Other physician \_\_\_\_\_  
 Primary care physician: \_\_\_\_\_ phone number: \_\_\_\_\_  
 Observation status      Obtain records from: \_\_\_\_\_ and place in chart.

**Diagnosis:**     **ANEMIA**

**Condition:**     Fair / Stable / Guarded (circle)

**Weight** \_\_\_\_\_ kg     **Height** \_\_\_\_\_ cm     **Head circumference (<2 years)** \_\_\_\_\_ cm

**Allergies:**      No known drug allergies      Drug allergies \_\_\_\_\_      Latex allergy  
 Food allergies \_\_\_\_\_      See Medication Reconciliation form

**Activity:**      Bed rest      bathroom privileges      out of bed with assistance      up to chair \_\_\_\_\_  
 Ad lib      Other \_\_\_\_\_

**Nursing:**     **Emergency drug list and bag-valve-mask at bedside**

Vital signs every:  4 hours      other \_\_\_\_\_      neuro checks every \_\_\_\_\_ hours

Strict intake and output      daily weight      head circumference every \_\_\_\_\_ days

Maintain IV access at all times      Topical anesthetic (EMLA, LMX, or vapocoolant spray) for all blood draws and line placements

Infection precautions:  airborne      droplet      contact

Monitors:      pulse oximetry      cardiorespiratory      other \_\_\_\_\_

**Notifications:** call MD for:

Temp greater than \_\_\_\_\_ or less than \_\_\_\_\_;

Heart rate greater than \_\_\_\_\_ or less than \_\_\_\_\_;

R greater than \_\_\_\_\_ or less than \_\_\_\_\_;

SBP greater than \_\_\_\_\_ or less than \_\_\_\_\_;

Urine output less than \_\_\_\_\_

Other \_\_\_\_\_

Age	Pulse	Resp.	BP (syst)
NB	100-160	30-60	60-100
6 mos	110-170	24-38	70-110
1 year	90-150	22-30	75-110
3 years	80-135	22-30	80-120
6 years	65-130	20-24	80-125
10 years	60-125	16-22	80-130

**Diet:**      Regular for age      clear liquids      advance as tolerated      NPO      NPO except for meds  
 Other \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



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Intravenous: [ ] Saline lock [ ] NS [ ] D5 NS [ ] D 5 \_\_\_\_\_ NS [ ] D 5 LR
Potassium orders: [ ] KCl \_\_\_\_\_ mEq/liter [ ] K acetate \_\_\_\_\_ mEq/liter
[ ] Other: \_\_\_\_\_

Total fluid rate (IV plus oral): \_\_\_\_\_ mL/hour = \_\_\_\_\_ mL every 4 hours (decrease IV rate as oral increases)

[ ] Ad lib oral intake when IV is saline locked

Respiratory: [ ] Oxygen at highest concentration possible until Hct is greater than 20%; thereafter, oxygen as needed
via [ ] NC [ ] mask [ ] NRB mask [ ] blow-by: \_\_\_\_\_ (rate) to keep oxygen saturation greater than
\_\_\_\_\_ %; notify MD if greater than \_\_\_\_\_ is required. (May change route of oxygen to meet patient oxygen
saturation needs and/or patient's tolerance of route)
[ ] Other \_\_\_\_\_

Initial Labs: [ ] Complete blood count ([ ] with differential) [ ] send smear for hematology review [ ] reticulocyte count
[ ] Blood culture ([ ] one ; [ ] two) times: specifics \_\_\_\_\_
[ ] Basic metabolic panel [ ] complete metabolic panel [ ] renal panel
[ ] Blood gas ([ ] venous [ ] capillary [ ] arterial) [ ] serum for titers \_\_\_\_\_
[ ] Serum Fe, ferritin, TIBC [ ] Hgb electrophoresis [ ] osmotic fragility [ ] PT, PTT, INR, fibrinogen
[ ] Serum haptoglobin [ ] serum free Hgb [ ] Coombs' test (direct and indirect)
[ ] Type and cross: specifics \_\_\_\_\_
[ ] Other blood \_\_\_\_\_
[ ] U/A ([ ] bagged; [ ] cathed; [ ] clean catch); culture if indicated [ ] other urine \_\_\_\_\_
[ ] Sputum Gram stain/culture Sputum for: [ ] Mycoplasma PCR [ ] other \_\_\_\_\_
[ ] Other initial labs \_\_\_\_\_
[ ] Stool studies \_\_\_\_\_

Other Studies: [ ] Chest X-ray ([ ] 1 view; [ ] 2 views); [ ] now [ ] in a.m.; evaluate for \_\_\_\_\_
[ ] Other imaging \_\_\_\_\_

Subsequent Labs: \_\_\_\_\_
[ ] If T greater than \_\_\_\_\_, send (up to once daily): [ ] CBC with differential [ ] blood culture
[ ] Sputum Gram stain/culture [ ] Urinalysis; culture if indicated [ ] other \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



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AM Labs: [ ] Complete blood count ([ ] with differential) [ ] basic metabolic panel [ ] renal panel [ ] Complete metabolic panel [ ] nutrition panel [ ] other \_\_\_\_\_

Consultants: All consultants to evaluate and treat [ ] Respiratory therapy [ ] Acute Care Management [ ] Child Life [ ] Physician consultants (MD to call): Hematology/oncology \_\_\_\_\_ Phone: \_\_\_\_\_ Notified?: [ ] Yes Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Notified?: [ ] Yes Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Notified?: [ ] Yes [ ] Other \_\_\_\_\_

Medications: [ ] See Medication Reconciliation form [ ] Acetaminophen \_\_\_\_\_ mg (equal to \_\_\_\_\_ mg/kg/dose) by mouth every \_\_\_\_\_ hours scheduled or every \_\_\_\_\_ prn mild/moderate pain or fever greater than \_\_\_\_\_; may give rectally if orals not tolerated. Maximum daily dose not to exceed 75 mg/kg/day. [ ] Ferrous sulfate \_\_\_\_\_ mg (equal to \_\_\_\_\_ mg/kg/dose) by mouth every \_\_\_\_\_ hours; usual is 15-30 mg/kg per day of ferrous sulfate equals 3-6 mg/kg per day of elemental iron, divided 1-3 times/day

Transfusion: Be sure that consent has been obtained for transfusion Pre-treatment (optional) [ ] Diphenhydramine \_\_\_\_\_ mg (equal to 1.25 mg/kg) IV times 1 [ ] Acetaminophen \_\_\_\_\_ mg (equal to 15 mg/kg) by mouth or rectal times 1 [ ] Other \_\_\_\_\_ Transfuse with \_\_\_\_\_ mL (equal \_\_\_\_\_ mL/kg) of \_\_\_\_\_ over \_\_\_\_\_ hours VS at onset of transfusion, every 15 minutes times 2; then every 30 minutes times 1; then every 1 hour times 3 during transfusion as well as times 1 at the end of the transfusion Follow-up Hct \_\_\_\_\_ hours after transfusion complete.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_