



2500



PHYSICIAN'S ORDER RECORD

PSVMC - Providence St. Vincent Medical Center

PATIENT IMPRINT

PEDIATRIC BRONCHIOLITIS 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: [] Observation status [] Obtain records from: [] phone number: [] and place in chart.

Diagnosis: RESPIRATORY DISTRESS PRESUMABLY DUE TO BRONCHIOLITIS

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 [] warmer [] Out of bed with assistance [] Ad lib [] Other []

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

Vital signs every: [] 4 hours [] other [] strict I and O [] daily weight

[] 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 []

Precautions: [] aspiration [] 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 [] [] increasing work of breathing [] exhaustion [] oxygen requirement greater than [] Other []

Table with 4 columns: Age, Pulse, Resp., BP (syst). Rows include NB, 6 mos, 1 year, 3 years, 6 years, 10 years.

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 via [] NC [] mask [] NRB mask [] blow-by: ____ (rate) as needed 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)
[] Suction ([] oral [] nasal; assure patent nares); specifics _____
[] Chest physio-therapy; specifics _____
[] PEP/mask CPAP; specifics _____
[] Other _____
Inhalational therapy:
[] Albuterol nebs ([] 1.25 [] 2.5 [] 5) mg inhaled every ____ hours scheduled; ____ hours PRN _____
[] Albuterol MDI ____ puffs inhaled every ____ hours scheduled; ____ hours PRN _____
[] Ipratropium nebs ([] 250 [] 500) micrograms inhaled every ____ hours as necessary
[] Racemic epi 2.25% solution ([] 0.25 [] 0.5) mL inhaled every ____ hours as necessary
[] Other _____

Initial Labs: [] Complete blood count ([] with differential) [] basic metabolic panel [] renal panel
[] Blood gas ([] venous [] capillary [] arterial)
[] Blood culture ([] one ; [] two) times: specifics _____
[] Other blood _____
[] Sputum Gram stain/culture
Nasal washings for:
[] rapid RSV (PCR)
[] RSV reflex respiratory virus panel (PCR for RSV is done first; if it is negative, additional reflex screens are done for adenovirus, influenza A, and influenza B; viral culture is also done)
[] Pertussis PCR [] Mycoplasma PCR [] Chlamydia PCR [] other _____
[] U/A ([] bagged; [] cathed; [] clean catch); culture if indicated
[] Other initial labs _____

Physician Signature: _____ Date: _____ Time: _____



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Other Labs: [] Chest X-ray ([] 1 view; [] 2 views); obtain ([] now [] ASAP [] in AM); evaluate for _____

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 _____

AM Labs: [] Complete blood count ([] with differential) [] basic metabolic panel [] renal panel
[] Chest X-ray (indication: _____) [] other _____

Consultants: All consultants to evaluate and treat

- [] Respiratory therapy per protocol [] Acute Care Management [] Child Life
[] Physician consultants (MD to call):
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 _____ hours 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.
[] Ibuprofen _____ mg (equal to _____ mg/kg/dose) by mouth every _____ hours prn mild/moderate pain and fever greater than _____.
[] May alternate acetaminophen and ibuprofen if both ordered for pain or fever.
[] Antibiotics (indication _____)

Five horizontal lines for additional notes or orders.

Physician Signature: _____ Date: _____ Time: _____