



2500



PHYSICIAN'S ORDER RECORD

PSVMC - Providence St. Vincent Medical Center

PATIENT IMPRINT

PEDIATRIC PNEUMONIA 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: []

Diagnosis: RESPIRATORY DISTRESS MOST LIKELY DUE TO PNEUMONIA

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 [] elevate HOB [] degrees [] out of bed with assistance [] ad lib [] Preferred position [] 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 [] chest tube [] to water seal [] suction [] cm H2O

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 [] 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); specifics _____
[] PEP/mask CPAP; specifics _____
[] Incentive spirometry; specifics _____
[] Chest physio-therapy; 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 _____
[] Albuterol MDI ____ puffs (with spacer) inhaled every ____ hours as necessary
[] Ipratropium nebs ([] 250 [] 500) micrograms inhaled every ____ hours as necessary

Initial Labs: [] Complete blood count ([] with differential) [] ESR [] C-reactive protein
[] Blood culture (one ; two) times [] basic metabolic panel [] renal panel [] complete metabolic panel
[] Blood gas ([] venous [] capillary [] arterial) [] save serum for possible titers
[] Other blood _____
[] Sputum Gram stain/culture [] sputum for Mycobacterium stain and culture
[] PPD [] a.m. gastric aspirate for Mycobacterium stain and 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 _____

Physician Signature: _____ Date: _____ Time: _____



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[] U/A ([] bagged; [] cathed; [] clean catch); culture if indicated

[] Other initial labs _____

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

Consultants: All consultants to evaluate and treat

[] Respiratory therapy [] Acute Care Management [] Child Life

[] Physician consultants (MD to call):

[] Allergist/pulmonologist _____ 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 _____ 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.

[] Azithromycin _____ mg (equal to _____ mg/kg) times 1; then _____ mg (equal to _____ mg/kg/dose) IV or by mouth every day times 4 days

[] Ceftriaxone _____ mg (equal to _____ mg/kg/dose) IV every _____ hours

[] Cefotaxime _____ mg (equal to _____ mg/kg/dose) IV every _____ hours

[] Ampicillin _____ mg (equal to _____ mg/kg/dose) IV or by mouth every _____ hours

[] Gentamicin _____ mg (equal to _____ mg/kg/dose) IV every _____ hours

Physician Signature: _____ Date: _____ Time: _____