



2500



**PHYSICIAN'S
ORDER
RECORD**

PATIENT IMPRINT

PEDIATRIC SEIZURE 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: **SEIZURE**

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 out of bed with assistance 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 _____

Precautions: seizure aspiration fall 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 _____;
- Recurrent seizures or decreasing LOC
- Na⁺ less than _____ or greater 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 increase)

[] Ad lib oral intake when IV is saline locked

Respiratory: [] Oxygen as needed via: ([] NC [] mask [] NRB mask [] blow-by) to keep oxygen saturation 100% in the event of recurrent seizures

[] Suction prn

[] Other _____

Initial Labs: [] Complete blood count ([] with differential) [] complete metabolic panel
[] Blood gas ([] venous [] capillary [] arterial)
[] Blood culture ([] one ; [] two) times: specifics _____
[] Anticonvulsant level(s): _____
[] Other blood _____
[] U/A ([] bagged; [] cathed; [] clean catch); culture if indicated. [] urine tox screen [] urine for metabolic screen
[] Sputum Gram stain/culture [] other sputum _____
CSF: [] Gram stain/culture [] glucose [] protein [] cell count with differential
[] viral PCRs _____ [] viral culture [] other _____
[] Other initial labs _____
[] Stool studies _____

Other Studies: [] Chest X-ray ([] 1 view; [] 2 views); obtain ([] now [] ASAP [] in AM); evaluate for _____
[] Head CT ([] with contrast; [] without contrast); obtain ([] now [] ASAP [] in AM); evaluate for _____
[] Other imaging _____
[] EEG: specifics _____
[] MRI: specifics _____

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 [] other [] Anticonvulsant level(s) [] Other

- Consultants: All consultants to evaluate and treat [] CARES [] Acute Care Management [] Child Life [] Physical therapy [] occupational therapy [] speech [] respiratory therapy [] Physician consultants (MD to call): [] Pediatric neurology [] Name: [] Phone: [] Notified?: [] Yes [] Other

- Medications: [] See Medication Reconciliation form [] Acetaminophen [] mg (equal to [] mg/kg/dose) by mouth 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 or fever greater than [] [] May alternate acetaminophen and ibuprofen if both ordered for pain or fever [] Midazolam [] mg (equal to [] mg/kg/dose) IV or [] mg (equal to [] mg/kg/dose) IM prn acute seizure; NOTIFY MD OF SEIZURES [] Lorazepam [] mg (equal to [] mg/kg/dose) IV prn acute seizure; NOTIFY MD OF SEIZURES [] Fosphenytoin [] mg (equal to [] mg/kg/dose) IV every [] hours [] Phenobarbital [] mg (equal to [] mg/kg/dose) IV or by mouth every 12 hours

Four horizontal lines for additional notes or orders.

Discharge Planning: Nursing staff to begin family education in seizure management, including first aid for seizures, indications for 911 call, emergency use of rectal anticonvulsants, and consistent adherence to chronic anticonvulsant regimen.

Physician Signature: [] Date: [] Time: []