



2500



PHYSICIAN'S ORDER RECORD

PSVMC - Providence St. Vincent Medical Center

PATIENT IMPRINT

PEDIATRIC SEPSIS 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: [] See Medication Reconciliation form

Diagnosis: FEVER; R/O SEPSIS/BACTEREMIA

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

[] Seizure precautions

Monitors: [] pulse oximetry [] cardiorespiratory [] other

Drains: [] Foley [] NG/OG/GT: [] 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 [];
Capillary filling time greater than 2 seconds or mottling;
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: [] Fluid bolus
[] 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)
[] Other

Initial Labs: [] Complete blood count ([] with differential) [] basic metabolic panel [] nutrition panel [] PT, PTT, INR, fibrinogen
[] Complete metabolic panel [] renal panel [] blood gas ([] venous [] capillary [] arterial)
[] Blood culture ([] one ; [] two) times: specifics
[] Save serum for possible titers [] serum lactate [] other blood
[] U/A ([] bagged; [] cathed; [] clean catch); culture if indicated [] other urine
CSF: [] Gram stain/culture [] glucose [] protein [] cell count with differential
[] viral PCRs [] viral culture [] other
[] 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
[] Other initial labs
[] Stool studies

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

Physician Signature: Date: Time:



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Subsequent Labs: _____

- Antibiotic levels: _____
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
[] Complete metabolic panel [] nutrition panel [] other _____

Consultants: All consultants to evaluate and treat
[] Respiratory therapy [] Acute Care Management [] social service [] 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.
[] Cefazolin _____ mg (equal to _____ mg/kg/dose) IV every _____ hours
[] Ceftriaxone _____ mg (equal to _____ mg/kg/dose) IV every _____ hours
[] Ampicillin _____ mg (equal to _____ mg/kg/dose) IV every _____ hours
[] Gentamicin _____ mg (equal to _____ mg/kg/dose) IV every _____ hours
[] Vancomycin _____ mg (equal to _____ mg/kg/dose) IV every _____ hours
[] Acyclovir _____ mg (equal to _____ mg/kg/dose) IV every _____ hours

Physician Signature: _____ Date: _____ Time: _____