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**Diagnosis**

- Primary Diagnosis: \_\_\_\_\_
- Secondary Diagnosis: \_\_\_\_\_

**Service Designation**

- Attending: Dr. \_\_\_\_\_
- Date: \_\_\_\_\_
- Time: \_\_\_\_\_

**Patient Information**

- Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Weight: \_\_\_\_\_

**Hospital Status**

- Inpatient
- Observation
- Outpatient
- Note: Observation is for further evaluation of patient's condition due to diagnosis
- Note: Outpatient is for normal or extended recovery for IV infusions, blood transfusions and other short-term outpatient procedures or services

**Hospital Location**

- Peds
- Negative pressure room

**Allergies**

- Update Allergies with Reactions: \_\_\_\_\_

**IV Fluids**

- Dextrose 5% in Water \_\_\_\_\_ milliliter/hour intravenously
- Dextrose 5% with 1/4 normal saline \_\_\_\_\_ milliliter/hour intravenously
- Dextrose 10% in Water \_\_\_\_\_ milliliter/hour intravenously
- Lactated Ringers \_\_\_\_\_ milliliter/hour intravenously
- Sodium Chloride 0.45% \_\_\_\_\_ milliliter/hour intravenously
- Sodium Chloride 0.9% \_\_\_\_\_ milliliter/hour intravenously
- Sodium Chloride 0.9% intravenously bolus over \_\_\_\_\_ minutes

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**Medications**

**Analgesics: Non-opioids**

- acetaminophen (Tylenol) 15 milligram/kilogram orally every 4 hours as needed for pain (age less than 12 years; maximum 650 milligrams/dose and 5 doses/day)
- acetaminophen (Tylenol) 325 milligram orally every 4 hours as needed for pain (age greater than or equal to 12 years; maximum 4 grams/day)
- acetaminophen (Tylenol) 15 milligram/kilogram rectally every 4 hours as needed for pain (age less than 12 years; maximum 650 milligrams/dose and 5 doses/day)
- acetaminophen (Tylenol) 325 milligram rectally every 4 hours as needed for pain (age greater than or equal to 12 years; maximum 4 grams/day)
- ibuprofen 10 milligram/kilogram orally every 6 hours as needed for pain (age 6 months to 12 years; maximum 400 milligrams/dose and 40 milligrams/kilogram per day)
- ibuprofen 200 milligram orally every 6 hours as needed for pain (age greater than 12 years; maximum 1,200 milligrams/day)
- ketorolac (Toradol) 0.5 milligram/kilogram intravenously once as needed for pain (age greater than or equal to 2 years; maximum 30 milligrams/dose)

**Analgesics: Opioids**

- HYDROmorphone (Dilaudid) 0.015 milligram/kilogram intravenously every 6 hours as needed for pain (age less than or equal to 12 years; maximum 0.6 milligram/dose)
- HYDROmorphone (Dilaudid) 0.4 milligram intravenously every 6 hours as needed for pain (age greater than 12 years)

**Antibacterial Agents: Aminoglycosides**

- gentamicin (Garamycin) \_\_\_\_\_ milligram/kilogram intravenously every 24 hours

**Antibacterial Agents: Cephalosporins, 3rd-Generation**

- cefotaxime (Claforan) \_\_\_\_\_ milligram/kilogram intravenously every 12 hours
- cefTRIAxone (Rocephin) \_\_\_\_\_ milligram/kilogram intravenously once a day
- cefTRIAxone (Rocephin) \_\_\_\_\_ milligram/kilogram intravenously every 12 hours

**Antibacterial Agents: Glycopeptides**

- vancomycin \_\_\_\_\_ milligram/kilogram intravenously every 6 hours

**Antibacterial Agents: Penicillins**

- ampicillin \_\_\_\_\_ milligram/kilogram intravenously every 12 hours

**Antibiotic Management**

- Pharmacy Notification
  - Gentamicin dosing per pharmacy
  - Vancomycin dosing per pharmacy

**Antiviral Agents [Evidence](#)**

- acyclovir (Zovirax) \_\_\_\_\_ milligram/kilogram intravenously every 8 hours
- For asymptomatic patients born to mothers with a history of genital herpes but no active genital lesions at delivery, avoid the use of empiric acyclovir therapy [Evidence](#)

**Corticosteroids**

- methylPREDNISolone (Solumedrol) \_\_\_\_\_ milligram/kilogram orally every 6 hours
- methylPREDNISolone (Solumedrol) \_\_\_\_\_ milligram/kilogram intravenously every 6 hours
- prednisolONE (Orapred) \_\_\_\_\_ milligram/milliliter orally once a day

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**Sedatives: Benzodiazepines** [Evidence](#)

- For pediatric patients requiring prolonged continuous sedation, avoid the routine use of propofol [Evidence](#)
- For pediatric patients who are agitated, a sedative should be started only after treating reversible physiological causes and providing adequate analgesia [Evidence](#)

**Topical Agents**

- bacitracin zinc applied topically 2 times a day
- vitamin A & D ointment applied topically 3 times a day
- white petrolatum ointment applied topically 3 times a day
- white petrolatum ointment applied topically as needed for dryness
- zinc oxide ointment applied topically 3 times a day

**Vasoactive Agents: Adrenergic** [Evidence](#)

- Evidence for the use of low-dose DOPamine to improve renal function and urine volume is inconclusive [Evidence](#)

**Additional Medications**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**Reminders**

- Avoid the routine use of systemic thromboprophylaxis for CVCs [Evidence](#)
- Avoid the routine use of topical, intranasal, or systemic antibacterial agents for the prevention of intravascular catheter-related infections [Evidence](#)
- Evidence for the use of stress ulcer prophylaxis is inconclusive [Evidence](#)
- For appropriately selected pediatric patients requiring mechanical ventilation due to respiratory failure, consider the use of a surfactant to decrease mortality [Evidence](#)
- For mechanically ventilated patients, avoid the routine use of aerosolized or systemic antimicrobials to prevent ventilator-associated pneumonia [Evidence](#)
- For patients with a blocked CVC, consider tPA or recombinant urokinase to restore patency; if after at least 30 minutes following local thrombolytic instillation, CVC patency is not restored, administer a second dose; if the CVC remains blocked following 2 doses of local thrombolytic agent, initiate an investigation to rule out a CVC-related thrombosis [Evidence](#)
- For patients with delirium, consider the use of a neuroleptic agent [Evidence](#)
- For patients with peripheral arterial catheters, administer unfractionated heparin through the peripheral arterial catheters in situ, ideally via continuous infusion (5 units/milliliter at 1 milliliter/hour) [Evidence](#)

**Activity**

- Crib Siderails Up
- Bed rest strict
- Bed rest w bathroom privileges
- Up w assistance
- Up to chair
- Up ad lib

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**Vital Signs**

- Vital signs Q4H
- Vital signs Q6H
- Vital signs Q12H
- Vital signs Other \_\_\_\_\_

**Nursing Orders**

- This pediatric order set is intended for use in patients 1 month through 17 years of age
  - Isolation Precautions \_\_\_\_\_
- Isolation precautions include: airborne, contact, contact plus (c. difficile), droplet, modified contact (2 East only), neutropenic
  - Telemetry [Evidence](#)
  - Blood Glucose Fingerstick \_\_\_\_\_
  - Intake and Output Q\_\_\_\_\_H
  - Intake and Out w Diaper Wt
  - Elevate Head Of Bed [Evidence](#)
  - Ng Nasogastric Low Cont Suct [Evidence](#)
  - Ng Nasogastric Low Intermittnt
  - Ng Nasogastric To Gravity
  - IV Access Peripheral [Evidence](#)
  - Catheter Indwelling
- Assessment of pain level and response to analgesia should be conducted regularly and systematically documented using a scale that is appropriate to the patient population. [Evidence](#)
- Avoid the routine use of continuous lateral rotation therapy or kinetic therapy to prevent hospital-acquired pneumonia [Evidence](#)
- Avoid the routine use of restraining therapy [Evidence](#)
- Consider transcutaneous blood gas monitoring for continuous or prolonged monitoring [Evidence](#)
- For patients receiving haloperidol, ECG monitoring should be performed [Evidence](#)
- Routinely assess for delirium [Evidence](#)
- Systematically document assessments of sedation and response to therapy [Evidence](#)

**Diet**

- Nothing By Mouth
- Nothing By Mouth Except Medications
- Clear Liquid
- Regular
- \_\_\_\_\_ kcal Consistent Carbohydrate
- Bottlefeed NB
- Breastfeed NB
- Infant Formula Sensitive ad lib
- Infant Formula Soy ad lib
- Infant Formula Standard ad lib
- Infant Formula Lactose Free ad lib
- Infant Formula Other ad lib \_\_\_\_\_
- Infant Formula 24 Cal Preemie \_\_\_\_\_cc Q \_\_\_\_\_ hours PO
- Infant Formula 24 Cal Preemie \_\_\_\_\_cc Q \_\_\_\_\_ hours NG
- Infant Formula 27 Cal Preemie \_\_\_\_\_cc Q \_\_\_\_\_ hours PO
- Infant Formula 27 Cal Preemie \_\_\_\_\_cc Q \_\_\_\_\_ hours NG
- Expressed breast milk 22 Cal/Oz HMF \_\_\_\_\_ml Q \_\_\_\_\_ hours PO
- Expressed breast milk 22 Cal/Oz HMF \_\_\_\_\_ml Q \_\_\_\_\_ hours NG
- Expressed breast milk 24 Cal/Oz HMF \_\_\_\_\_ml Q \_\_\_\_\_ hours PO
- Expressed breast milk 24 Cal/Oz HMF \_\_\_\_\_ml Q \_\_\_\_\_ hours NG

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**Laboratory**

**Blood Bank**

- Crossmatch \_\_\_\_\_
- Transfuse Packed Red Blood Cells [Evidence](#)
- For patients with a hemoglobin level greater than 7 grams/deciliter, stable mean systemic arterial pressure, and no recent increase in cardiovascular treatment, avoid routine blood transfusions [Evidence](#)

**Cerebrospinal Fluid Studies**

- Csf Cell Count and Diff
- Culture, Csf
- Glucose (Csf)
- Gram Stain CSF
- Total Protein (Csf)

**Chemistry**

- Metabolic Panel (Basic)
- Metabolic Panel (Complete)
- Liver Profile
- Renal Function Panel
- Bilirubin (Direct)
- Calcium, Ionized
- C-Reactive Protein
- Glucose (Random) [Evidence](#)
- Magnesium
- Phosphorus (Inorganic)
- Avoid routine glucose screening [Evidence](#)
- Routinely screen for hyperbilirubinemia [Evidence](#)

**Hematology**

- CBC W/ Auto Differentiation [Evidence](#)
- CBC W/ Manual Differentiation
- Red Blood Cell
- Reticulocyte Count

**Microbiology**

- Culture, Blood [Evidence](#)
- Culture, Herpes (W/Typing) [Evidence](#)
- Culture, Urine
- Herpes Simplex 1/2 By PCR

**Serology**

- HIV-1 DNA (Qual) Real-Time PCR [Evidence](#)
- HIV-1 RNA Rt-PCR (Viral Load) [Evidence](#)
- HIV-1 Screen (BMH) - HIV-1 Antibody Rapid Scren [Evidence](#)
- Influenza A/B Antigen (Rapid)
- Rapid Plasma Reagin
- Respiratory Syncytial Virus
- Rotavirus Antigen Detection
- For patients born to mothers with hepatitis C infection, avoid routine testing for anti-HCV at birth [Evidence](#)

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**Therapeutic Drug Levels/Toxicology**

- Gentamicin Peak
- Gentamicin Trough
- Triage Urine Drug Screen

**Urine Studies**

- Urinalysis
- Urinalysis W/O Culture

**Other**

- Sickle Cell Screen
- Thyroid Panel
  - Free T3
  - Total T4
  - TSH (3rd Generation)

**Miscellaneous Labs**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

**Radiology**

**Xray**

- Chest Portable - Reason for exam \_\_\_\_\_
- KUB - Reason for exam \_\_\_\_\_
- KUB - Cross Table Lateral - Reason for exam \_\_\_\_\_
- Neck Soft Tissue 1 View - Reason for exam \_\_\_\_\_

**Respiratory**

- Rt Resp Therapy Eval & Manage  
Requested Tx \_\_\_\_\_  
for Dx/Hx \_\_\_\_\_
- O2 Oxygen Titration Spo2 > 95% to \_\_\_\_\_ keep SAO2 > 95% per pulse oximeter prior to notifying the MD
- O2 Oxygen Via Oxyhood
- O2 Oxygen Via Nasal Cannula \_\_\_\_\_ lpm
- Chest Physio Percussion
- Pre/Post Ductal O2 Saturation
- Pulse Oximetry Continuous [Evidence](#)
- Blood Gas Arterial
- Blood Gas Capillary
- Blood Gas Venous

**Consults**

- Dietitian Cons Evaluate/Treat \_\_\_\_\_
- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

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**Reminders**

- Consider the optimization of nonpharmacologic methods and the environment to promote sleep [Evidence](#)
- Consider total energy expenditure measurement by indirect calorimetry to aid in providing appropriate caloric intake [Evidence](#)
- Perform proper hand hygiene [Evidence](#)
- Wear gloves as part of contact precautions and when respiratory fluids, respiratory devices, and intravascular catheters are handled [Evidence](#)
- Wear gowns as part of contact precautions and when potentially infectious material is handled [Evidence](#)

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