



# Physician Orders

## LEB Pneumonia Admit Plan

**PEDIATRIC**

T= Today; N = Now (date and time ordered)

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<b>Admission/Transfer/Discharge</b>		
<input type="checkbox"/>	Admit Patient to Dr. _____	
	<b>Admit Status:</b> <input type="checkbox"/> Inpatient <input type="checkbox"/> Routine Post Procedure <24hrs <input type="checkbox"/> 23 hour OBS	
	<b>Bed Type:</b> <input type="checkbox"/> Med/Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Telemetry; Specific Unit Location: _____	
<input type="checkbox"/>	Admit Patient	T;N
<input type="checkbox"/>	Notify Physician Once	T;N, of room number on arrival to unit
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
<b>Vital Signs</b>		
<input type="checkbox"/>	Vital Signs	T;N, Routine Monitor and Record T,P,R,BP
<input type="checkbox"/>	Vital Signs	T;N, Monitor and Record T,P,R,BP, q4h(std)
<b>Activity</b>		
<input type="checkbox"/>	Activity As Tolerated	T;N, Up Ad Lib
<b>Food/Nutrition</b>		
<input type="checkbox"/>	NPO	Start at: T;N
<input type="checkbox"/>	Breastfeed	T;N
<input type="checkbox"/>	Formula Per Home Routine	T;N
<input type="checkbox"/>	Formula	_____
<input type="checkbox"/>	Regular Pediatric Diet	Start at: T;N
<input type="checkbox"/>	Clear Liquid Diet	Start at: T;N
<b>Patient Care</b>		
<input type="checkbox"/>	Advance Diet As Tolerated	T;N, start clear liquids and advance to regular diet as tolerated
<input type="checkbox"/>	Isolation Precautions	T;N, Isolation Type: Contact Precautions
<input type="checkbox"/>	Isolation Precautions	T;N, Isolation Type: Airborne Precautions
<input type="checkbox"/>	Isolation Precautions	T;N, Isolation Type: Droplet Precautions
<input type="checkbox"/>	Isolation Precautions	T;N, Isolation Type: Contact Precautions, Droplet Precautions
<input type="checkbox"/>	Strict I/O	T;N, Routine, q2h(std)
<input type="checkbox"/>	Daily Weights	T;N, Routine, qEve, Comment: 2100
<input type="checkbox"/>	O2 Sat Spot Check-NSG	T;N, with vital signs
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N
<input type="checkbox"/>	Cardiopulmonary Monitor	T;N Routine, Monitor Type: CP Monitor
<b>Respiratory Care</b>		
<input type="checkbox"/>	Oxygen Delivery	T; N, _____ L/min, Titrate to keep O2 sat =/> 92%. Wean to room air.
<b>Continuous Infusions</b>		
<input type="checkbox"/>	Sodium Chloride 0.9%	1000mL,IV,Routine,T:N, at _____ mL/hr
<input type="checkbox"/>	D51/2NS	1000mL,IV,Routine,T:N, at _____ mL/hr
<input type="checkbox"/>	D5 1/4 NS	1000mL,IV,Routine,T:N, at _____ mL/hr
<input type="checkbox"/>	D51/2 NS KCl 20 mEq/L	1000mL,IV,Routine,T:N, at _____ mL/hr
<input type="checkbox"/>	D51/4 NS KCl 20 mEq/L	1000mL,IV,Routine,T:N, at _____ mL/hr



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Medications		
<input type="checkbox"/>	Heparin 10units/mL flush	5 mL (10units/mL), Ped Injectable, IVPush, prn, PRN Catheter Clearance, routine, T;N, peripheral or central line per nursing policy
<input type="checkbox"/>	acetaminophen	_____mg(10 mg/kg), Liq, PO, q4h, PRN Pain or Fever, T;N, Max Dose=90/kg/day up to 4 g/day
<input type="checkbox"/>	acetaminophen	_____mg(10 mg/kg), Supp, PR, q4h, PRN Pain or Fever, T;N, Max Dose=90mg/kg/day up to 4 g/day
<input type="checkbox"/>	acetaminophen	80 mg, chew tab, PO, q4h, PRN Pain or Fever, T;N, Max Dose=90 mg/kg/day up to 4 g/day
<input type="checkbox"/>	acetaminophen	325mg, tab, PO, q4h, PRN Pain or Fever, T;N, Max Dose=90 mg/kg/day up to 4 g/day
Antibiotics		
<input type="checkbox"/>	cefTRIAxone	_____mg (50mg/kg), Injection, IV Piggyback, q24h, (14 day) Routine, T;N, Max dose = 2 grams
<input type="checkbox"/>	clindamycin	_____mg (15mg/kg), Injection, IV Piggyback, q8h, (14 day), Routine, T;N, Max dose = 4.8 grams/day
<input type="checkbox"/>	vancomycin	_____mg (10mg/kg) Ped Injectable, IV Piggyback, q6h, (14 day), Routine, T;N, Max dose = 4 grams/day
<input type="checkbox"/>	azithromycin	_____mg (10mg/kg), Oral Susp, PO, once, T;N, Max dose = 500 mg
<input type="checkbox"/>	azithromycin	_____mg (5mg/kg), Oral Susp, PO, QDay, (4 day), Routine, T+1;N, Max dose = 250 mg
<input type="checkbox"/>	azithromycin	500mg, Tab, PO, once, T;N
<input type="checkbox"/>	azithromycin	250mg, Tab, PO, QDay, (4 day), Routine, T+1;N
Laboratory		
<input type="checkbox"/>	Bordetella pertussis by PCR	Routine, T;N, once, Type: Nasopharyngeal(N-P)
<input type="checkbox"/>	Viral Culture Respiratory	Routine, T;N, Specimen Source: Sputum, Nurse Collect
<input type="checkbox"/>	RSV Antigen Screen	Routine, T;N, once, Type: NP, Nurse Collect
<input type="checkbox"/>	Influenza A/B Antigen	Routine, T;N, once, Type: Nasopharyngeal(N-P), Nurse Collect
<input type="checkbox"/>	Atypical Pneumo by PCR	Routine, T;N, once, Type: Nasopharyngeal(N-P), Nurse Collect
Diagnostic Tests		
<input type="checkbox"/>	Chest 2VW Frontal & Lat	T;N, routine, Reason: _____, Transport: Wheelchair
Consults/Notifications		
<input type="checkbox"/>	Notify Resident-Continuing	T;N, Who: _____, For: _____
<input type="checkbox"/>	Notify Resident-Once	T;N, Who: _____, For: _____
<input type="checkbox"/>	Consult MD Group	T;N, Consult Who: _____, Reason: _____
<input type="checkbox"/>	Consult MD	T;N, Consult Who: _____, Reason: _____

Date

Time

Physician's Signature

MD Number