

**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, Monitor and Record T,P,R,BP, q4h(std)
<b>Activity</b>		
<input type="checkbox"/>	Out Of Bed	T;N, Up Ad Lib
<b>Food/Nutrition</b>		
<input type="checkbox"/>	NPO	Start at: T;N
<b>Patient Care</b>		
<input type="checkbox"/>	Isolation Precautions	T;N
<input type="checkbox"/>	Strict I/O	T;N, Routine, q2h(std)
<input type="checkbox"/>	Hepwell Insert/Site Care LEB	T;N, q2h(std)
<input type="checkbox"/>	Daily Weights	T;N, Routine, qam
<input type="checkbox"/>	Consent Signed For	T;N, Procedure: Renal Biopsy
<input type="checkbox"/>	Request CSR Item	T;N, Renal Biopsy Tray
<input type="checkbox"/>	Request CSR Item	T;N, 16 gauge Achieva needle
<input type="checkbox"/>	Nursing Communication	T;N, Have the following sent with patient to Ultrasound: 2 pathology slips, 2 tongue depressors
<input type="checkbox"/>	O2 Sat Spot Check-NSG	T;N, with vital signs
<input type="checkbox"/>	Cardiopulmonary Monitor	T;N Routine, Monitor Type: CP Monitor
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N
<b>Respiratory Care</b>		
<input type="checkbox"/>	Oxygen Delivery	T; N, _____ L/min, Titrate to keep O2 sat equal to or greater than 92%. Wean to room air.
<b>Continuous Infusions</b>		
<input type="checkbox"/>	D5 1/2NS	1000mL, IV, Routine, T;N, at _____ mL/hr
<b>Medications</b>		
<input type="checkbox"/>	Heparin 10 unit/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=90mg/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



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Medications continued		
<input type="checkbox"/>	Buffered Lidocaine 1% Inj 20 ml	_____ mL, Injection, ID, once, Routine, T;N, Vial to Ultrasound Dept with chart
<input type="checkbox"/>	ondansetron	_____mg (0.15mg/kg), injection, IVPush, once, T;N, To be given at 12:30pm, Max dose = 4 mg
Laboratory		
<input type="checkbox"/>	CMP	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	CBC	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Prothrombin Time ( PT )	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Partial Thromboplastin Time ( PTT )	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Platelet Function Test	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Protein Urine Random	STAT, T;N, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Creatinine Urine Random	STAT, T;N, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Pregnancy Screen Serum	STAT, T;N, once, Type: Blood
Diagnostic Tests		
<input type="checkbox"/>	US Retroperitoneal B Scan/Real Time Comp ( Renal Ultrasound )	T;N, Reason for Exam: Renal Biopsy, Wheelchair, Comment:
Consults/Notifications		
<input type="checkbox"/>	Notify Resident-Continuing	T;N, For: _____, Who: _____
<input type="checkbox"/>	Notify Resident-Once	T;N, For: _____, Who: _____

Date	Time	Physician's Signature	MD Number
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