

**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. _____	
<input type="checkbox"/>	Return Patient to Room	T;N
<input type="checkbox"/>	Transfer Patient	T;N
<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"/>	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, q15min x4 occurrences, then q30min x 2 occurrences, then q4hr
<b>Activity</b>		
<input type="checkbox"/>	Bedrest	T;N, until AM then Activity as Tolerated, ad lib
<b>Food/Nutrition</b>		
<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"/>	Nursing Communication	T;N, Please save a sample of each urine overnight for visual inspection
<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=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
<b>Laboratory</b>		
<input type="checkbox"/>	Hematocrit & Hemoglobin	T;+240, routine, blood, once
<b>Consults/Notifications</b>		
<input type="checkbox"/>	Notify Resident-Continuing	T;N, For: hematuria or flank pain Who: _____
<input type="checkbox"/>	Notify Resident-Once	T;N, Who: _____, Reason: _____

Date

Time

Physician's Signature

MD Number

