



Physician Orders: PEDIATRIC

Title: PED Bronchiolitis Admit Plan

attach patient label here

[R] = will be ordered [X] will be ordered unless unchecked

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

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

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
<b>Uncategorized</b>		
<input checked="" type="checkbox"/>	Initiate Powerplan Phase	T;N, Phase: PED Bronchiolitis Admit Phase
<b>Admission/Transfer/Discharge</b>		
<input type="checkbox"/>	Patient Status Initial <b>Inpatient</b>	Attending Physician: _____
Bed Type: <input type="checkbox"/> Med Surg <input type="checkbox"/> Telemetry <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Obstetrics <input type="checkbox"/> Other		
<input type="checkbox"/>	Patient Status Initial <b>Outpatient</b>	Attending Physician: _____
Outpatient Status/Service: <input type="checkbox"/> OP-Ambulatory <input type="checkbox"/> OP-Diagnostic Procedure <input type="checkbox"/> OP-Observation Services		
<b>NOTE to MD:</b>		
<u>Initial status – inpatient</u> --- For a condition/dx with severity of illness or co-morbid conditions indicating a hospital stay greater than 24 hours is required.		
<u>Initial Status Outpatient – Ambulatory surgery</u> – Outpatient surgery/procedure with discharge anticipated after a routine or, in some cases, extended recovery. • Routine recovery after outpatient surgery is estimated at 6-8 hours. • “Extended” routine recovery may be required for a patient to stay longer (could be overnight) to recover from anticipated sequela of surgery including effects of anesthesia, nausea, pain. • For unanticipated sequela of surgery or a complicated post operative course, the patient may require a status change to inpatient. Please consult with a case manager before making this choice of “status change”. • Examples: Initial status outpatient is generally selected for patients undergoing PCI, diagnostic caths, EP studies, ablations, pacemaker implantations, other routine surgeries.		
<u>Initial status Outpatient -Observation Services</u> – Short term treatment, assessment and reassessment - estimate discharge within 24 hours • In some cases (for Medicare patients), this can be extended to 48 hours. • Observation Services can also be utilized when it is unclear (without additional assessment) whether the patient will require an inpatient stay.		
<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)
<input type="checkbox"/>	Vital Signs	T;N, Routine Monitor and Record T,P,R,BP
<b>Activity</b>		
<input type="checkbox"/>	Bedrest	T;N
<input type="checkbox"/>	Out Of Bed	T;N, Up Ad Lib
<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, Frequency: _____
<input type="checkbox"/>	Formula Per Home Routine	T;N
<input type="checkbox"/>	Regular Pediatric Diet	Start at: T;N, Age Group: _____
<input type="checkbox"/>	Clear Liquid Diet	Start at: T;N, Age Group: _____





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Patient Care		
	<b>NOTE: RSV: American Academy of Pediatrics clinical practice guidelines recommends respiratory isolation for RSV bronchiolitis (reference info).</b>	
<input type="checkbox"/>	Isolation Precautions	T;N, Isolation Type: Contact Precautions, Droplet Precautions
<input type="checkbox"/>	Isolation Precautions	T;N, Isolation Type: Contact Precautions
<input type="checkbox"/>	Advance Diet As Tolerated	T;N, start clear liquids and advance to regular diet as tolerated
<input type="checkbox"/>	Intake and Output	T;N, Routine, q2h(std)
<input type="checkbox"/>	Daily Weights	T;N, Routine, qEve
<input type="checkbox"/>	INT Insert/Site Care	T;N, Routine, q2h(std)
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N
<input type="checkbox"/>	Suction Patient	T;N, prn, PRN, Suctioning Type: Nasal, bulb suction or tube suction PRN nasal congestion
<input type="checkbox"/>	Cardiopulmonary Monitor	T;N Routine, Monitor Type: CP Monitor
Respiratory Care		
<input type="checkbox"/>	Oxygen Delivery PEDS	T;N, Special Instructions: Titrate to keep O2 sat $\geq$ 92%, Wean to room air
<input type="checkbox"/>	ISTAT Blood Gases (RT Collect)	T;N Routine once, Test Select Arterial Blood Gas
Continuous Infusions		
<input type="checkbox"/>	D5 1/2 NS	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"/>	D5 1/2 NS KCL 20mEq/L	1000mL, IV, Routine, T;N, at ____ mL/hr
<input type="checkbox"/>	D5 1/4 NS KCL 20mEq/L	1000mL, IV, Routine, T;N, at ____ mL/hr
Medications		
<input type="checkbox"/>	racpinephrine 2.25% inh solution	0.25 mL, Inh Soln, NEB, once, STAT, T;N
<input type="checkbox"/>	albuterol	1.25 mg, Inh Soln, NEB, once, STAT, T;N
<input type="checkbox"/>	acetaminophen	____mg(10 mg/kg), Liq, PO, q4h, PRN Pain or Fever, routine, 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, routine, T;N, Max Dose=90mg/kg/day up to 4 g/day
Laboratory		
<input type="checkbox"/>	CBC	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	Basic Metabolic Panel ( BMP )	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	CMP	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	BUN	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	Viral Culture Respiratory	Routine, T;N, Specimen Source: Nasopharyngeal(N-P)
<input type="checkbox"/>	RSV Antigen Screen	Routine, T;N, once, Type: Nasopharyngeal(N-P), Nurse collect
<input type="checkbox"/>	Influenza A&B Screen	Routine, T;N, once, Type: Nasopharyngeal(N-P), Nurse collect
<input type="checkbox"/>	Urinalysis	Routine, T;N, once, Type: Urine, Nurse Collect, Nurse Collect
<input type="checkbox"/>	Urinalysis w/Reflex Microscopic Exam	Routine, T;N, once, Type: Urine, Nurse Collect, Nurse Collect



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Diagnostic Tests		
	<b>NOTE: American Academy of Pediatrics clinical practice guidelines does not recommend the routine use of chest radiography for non- complicated bronchiolitis (reference info).</b>	
[ ]	Chest 1VW Frontal ( Chest 1 VW )	T;N, Reason for Exam: Respiratory Distress, Portable, Comment: and localized crackles
[ ]	Chest PA & Lateral	T;N, Reason for Exam: Respiratory Distress, Stretcher, Comment: and localized crackles
[ ]	Neck Soft Tissue	T;N, Reason for Exam: Other, Enter in Comments, Stretcher, Comment: respiratory distress and stridor
Consults/Notifications		
[ ]	Notify Physician- Continuing	T;N, Who: _____, For: increasing respiratory distress, decreased O2 sats <90%, respiratory rate > 65, apnea, temperature >38.5 degrees Celsius, cardiac arrhythmia
[ ]	Consult MD Group	T;N, Consult Who: _____, Reason: _____, Infectious Disease
[ ]	Consult MD Group	T;N, Consult Who: _____, Reason: _____, Pulmonary
[ ]	Consult MD Group	T;N, Consult Who: _____, Reason: _____
[ ]	Consult MD	T;N, Consult Who: _____, Reason: _____
[ ]	Medical Social Work Consult	T;N, Routine, Reason: Assistance at Discharge
[ ]	Dietitian Consult	T;N, Type of Consult: Nutrition Management
[ ]	Lactation Consult	T;N
[ ]	Speech Therapy Ped Eval & Tx	T;N, Routine, for: Speech Therapy Evaluate and Treat

Date	Time	Physician's Signature	MD Number
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