

Physician Orders

Care Set: PED ED Gastroenteritis Orders
 [X or R] = will be ordered unless marked out.

attach patient label here

Height: _____ cm Weight: _____ kg

Allergies: ☐ No known allergies

☐ Medication allergy(s): _____

☐ Latex allergy ☐ Other: _____

Admission/Transfer/Discharge

☐ Admit Patient to Dr. _____

Admit Status: ☐ Inpatient ☐ Routine Post Procedure <24hrs ☐ 23 hour OBS

NOTE to MD: Admit as Inpatient: POST PCI (PTCA) care to cardiac monitored bed (Medicare requirement); severity of signs and symptoms, adverse medical event, patient does not respond to treatment.

Post Procedure: routine recovery < 8 hours same day stay; extended recovery 8 -24 hours expected overnight stay, complexity of procedure or pt. condition, i.e., laparoscopy, HNP.

23 Hour Observation: additional time needed to evaluate for inpatient admission, i.e. r/o MI, syncope, abdominal pain; patient will respond rapidly to treatment, i.e. dehydration.

Bed Type: ☐ Med/Surg ☐ Critical Care ☐ Stepdown ☐ Telemetry; Specific Unit Location: _____

☐ Notify physician of room number on arrival to unit

Primary Diagnosis: _____

Secondary Diagnosis: _____

Vital Signs

☐ Vital Signs T;N, Monitor and Record T,P,R,BP, q4h(std)

Activity

Food/Nutrition

☐ NPO Start at: T;N

Patient Care

☐ Whole Blood Glucose Nsg T;N, Stat, once
 (Bedside Glucose Nsg)

☐ Telemetry (Cardiac Monitoring) T;N, Stat, once

☐ IV Insert/Site Care LEB T;N, Stat, q2h

☐ IV Insert/Site Care T;N, Stat, q4day

☐ Nursing Communication T;N, perform PO Challenge, stat

Respiratory Care

☐ ISTAT Blood Gases (RT Collect) T;N Stat once
 (ABG- RT Collect)

☐ Oxygen Saturation-Continuous T;N Stat q4h(std)
 Monitoring (O2 Sat-Continuous)

☐ Oxygen Saturation-Spot Check (RT) T;N Stat once
 (O2 Sat-Spot Check (RT))

☐ Nasal Cannula (O2-Nasal Cannula) T;N Stat, 2 L/min, Special Instructions: titrate to keep O2 sat \geq 92%

Continuous Infusions

NOTE: Dose pediatric fluid bolus and pediatric maintenance fluids using formulas listed below: Fill in volume needed (mL); volume ordered will be infused over 24 hours.

BOLUS FLUID - 10 mL/kg or 20 mL/kg over 30 min or 60 min

MAINTENANCE FLUID:

WEIGHT IN KG: VOLUME NEEDED:

< 1.5 g 150 mL/kg/day

1500 g - 2 kg 120mL/kg/day

2.1 kg - 10 kg 100mL/kg/day

11 kg - 20 kg 1000 mL +

☐ Sodium Chloride 0.9% mL, IV, STAT, (1 dose), (infuse over 30 min), bolus, volume 10 mL/kg

☐ Sodium Chloride 0.9% mL, IV, STAT, (1 dose), (infuse over 30 min), bolus, volume 20 mL/kg

☐ Sodium Chloride 0.9% mL, IV, STAT, (1 dose), (infuse over 30 min), bolus

☐ Sodium Chloride 0.9% mL, IV, STAT, (infuse over 24 hr)

☐ Sodium Chloride 0.9% mL, IV, STAT, mL/hr

☐ Dextrose 5% with 0.45% NaCl mL, IV, STAT, (infuse over 24 hr)

☐ Dextrose 5% with 0.45% NaCl mL, IV, STAT, mL/hr





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Medications		
<input type="checkbox"/>	prochlorperazine	5 mg, Supp, PR, once, STAT, T;N
<input type="checkbox"/>	prochlorperazine	2.5 mg, Supp, PR, once, STAT, T;N
<input type="checkbox"/>	promethazine	0.25 mg/kg, Injection, IV, once, STAT, T;N
<input type="checkbox"/>	promethazine	0.5 mg/kg, Injection, IV, once, STAT, T;N
<input type="checkbox"/>	promethazine	1 mg/kg, Injection, IV, once, STAT, T;N
<input type="checkbox"/>	metoclopramide	0.1 mg/kg, Injection, IV, once, STAT, T;N
<input type="checkbox"/>	ondansetron	0.15 mg/kg, Injection, IV, once, STAT, T;N
<input type="checkbox"/>	ondansetron	4 mg, Injection, IV, once, STAT, T;N
Laboratory		
<input type="checkbox"/>	CBC	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	CBC x	T;N, Stat, once, Specimen Type: Blood, Nurse Collect
<input type="checkbox"/>	CBC (G'town) x	T;N, Routine, once, Specimen Type: Blood, Nurse Collect
<input type="checkbox"/>	Basic Metabolic Panel (BMP)	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Basic Metabolic Panel x (BMP x)	T;N, Stat, once, Specimen Type: Blood, Nurse Collect
<input type="checkbox"/>	Urinalysis	T;N, STAT, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Urinalysis x	T;N, Stat, once, Nurse Collect
<input type="checkbox"/>	Urinalysis w/Reflex Microscopic Exam	T;N, STAT, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Pregnancy Screen Serum	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Pregnancy Screen Serum x	T;N, Stat, once, Specimen Type: Blood, Nurse Collect
<input type="checkbox"/>	Pregnancy Screen Urine	T;N, STAT, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Urine Pregnancy x	T;N, Stat, once, Nurse Collect
<input type="checkbox"/>	(Pregnancy Test Urine x)	
<input type="checkbox"/>	WBC Stool - Ped	T;N, Routine, once, Type: Stool, Nurse Collect
<input type="checkbox"/>	Fecal Leukocytes x (WBC Stool x)	T;N, Routine, once, Specimen Type: Stool, Nurse Collect
<input type="checkbox"/>	Ova/Parasites	T;N, Routine, Specimen Source: Stool, Nurse Collect
<input type="checkbox"/>	Ova/Parasites x	T;N, Routine, once, Specimen Type: Stool, Nurse Collect
<input type="checkbox"/>	Stool Culture	T;N, Routine, Specimen Source: Stool, Nurse Collect
<input type="checkbox"/>	Stool Culture x	T;N, Routine, once, Specimen Type: Stool, Nurse Collect
Diagnostic Tests		
<input type="checkbox"/>	Abd Comp W Decubitus/Erect VW	T;N, Reason for Exam: Nausea and Vomiting, Stat, Stretcher
Consults/Notifications		

Date _____ Time _____ Physician's Signature _____ MD Number _____