Physician Orders: PEDIATRIC

Title: PED Neonatal Sepsis Admit Plan

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Height: _____**cm**   **Weight:** _____**kg**

Allergies:	[ ] No known allergies
[ ] Medication allergy(s):_____	
[ ] Latex allergy [ ]Other:_____	

	Uncategorized	
[X]	Initiate Powerplan Phase	T;N, Phase: PED Neonate Sepsis Admit Phase

	Admission/Transfer/Discharge	
[ ]	Patient Status Initial **Inpatient**	**Attending Physician:** _____
	Bed Type: [ ] Med Surg [ ] Telemetry [ ]Critical Care [ ] Stepdown [ ] Obstetrics [ ] Other	
[ ]	Patient Status Initial **Outpatient**	**Attending Physician:** _____
	Outpatient Status/Service: [ ] OP-Ambulatory [ ] OP-Diagnostic Procedure [ ] OP-Observation Services	
	NOTE to MD:	
	Initial status – inpatient --- For a condition/dx with severity of illness or co-morbid conditions indicating a hospital stay greater than 24 hours is required.	
	Initial Status Outpatient – Ambulatory surgery – 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.	
	Initial status Outpatient -Observation Services – 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.	
[ ]	Notify physician once	T;N, of room number on arrival to unit
Primary Diagnosis:		
Secondary Diagnosis:		

	Vital Signs	
[ ]	Vital Signs	T;N, Routine Monitor and Record T,P,R,BP
[ ]	Vital Signs	T;N, Monitor and Record T,P,R,BP, q4h(std)
[ ]	Vital Signs w/Neuro Checks	T;N, Routine Monitor and Record T,P,R,BP, q4h(std)

	Activity	
[ ]	Activity As Tolerated	T;N, Up Ad Lib

	Food/Nutrition	
[ ]	NPO	Start at: T;N
[ ]	Breastfeed	T;N
[ ]	Formula Per Home Routine	T;N
[ ]	Regular Pediatric Diet	Start at: T;N, **Age Group:**_____
[ ]	Clear Liquid Diet	Start at: T;N, **Age Group:**_____

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Patient Care		
[ ]	Advance Diet As Tolerated	T;N, start clear liquids and advance to regular diet as tolerated.
[ ]	Isolation Precautions	T;N, Isolation Type: Contact Precautions
[ ]	Isolation Precautions	T;N, Isolation Type: Airborne Precautions
[ ]	Isolation Precautions	T;N, Isolation Type: Droplet Precautions
[ ]	Isolation Precautions	T;N, Isolation Type: Contact Precautions, Droplet Precautions
[ ]	Strict I/O	T;N, Routine, q2h(std)
[ ]	Daily Weights	T;N, Routine, qEve
[ ]	O2 Sat Spot Check-NSG	T;N, with vital signs
[ ]	O2 Sat Monitoring NSG	T;N,
[ ]	Cardiopulmonary Monitor	T;N Routine, Monitor Type: CP Monitor
Respiratory Care		
[ ]	Oxygen Delivery PEDS	T; N, _____L/min, Titrate to keep O2 sat =/> 92%. Wean to room air.
Continuous Infusions		
[ ]	Sodium Chloride 0.9%	1000mL,IV,Routine,T:N, at____mL/hr
[ ]	D5 1/2NS	1000mL,IV,Routine,T:N, at____mL/hr
[ ]	D5 1/4 NS	1000mL,IV,Routine,T:N, at____mL/hr
[ ]	D5 1/2 NS KCl 20 mEq/L	1000mL,IV,Routine,T:N, at____mL/hr
[ ]	D5 1/4 NS KCl 20 mEq/L	1000mL,IV,Routine,T:N, at____mL/hr
Medications		
[ ]	acetaminophen	_____mg(10 mg/kg), Liq, PO, q4h, PRN, Pain or Fever, T;N,Max Dose = 90mg/kg/day up to 4 g/day
[ ]	acetaminophen	_____mg(10 mg/kg), Supp, PR, q4h, PRN, Pain or Fever, T;N,Max Dose = 90mg/kg/day up to 4 g/day
Antibiotics- Sepsis		
[ ]	ampicillin	_____mg (50mg/kg), Injection, IV Piggyback, q6h, (14 day),Routine, T;N
[ ]	cefotaxime	_____mg (100mg/kg), Injection, IV Piggyback, q8h, (14 day),Routine, T;N
[ ]	gentamicin	_____mg (2.5mg/kg), Injection, IV Piggyback, q8h, (14 day),Routine, T;N
[ ]	vancomycin	_____mg (10mg/kg), Ped Injectable, IV Piggyback, q6h, (14 day),Routine, T;N
[ ]	clindamycin	_____mg (10mg/kg), Injection, IV Piggyback, q8h, (14 day),Routine, T;N
[ ]	acyclovir	_____mg (20mg/kg), Injection, IV Piggyback, q8h, (14 day),Routine, T;N
Antibiotics- Meningitis/Encephalitis		
[ ]	ampicillin	_____mg (75mg/kg), Injection, IV Piggyback, q6h, (14 day),Routine, T;N
[ ]	cefotaxime	_____mg (100mg/kg), Injection, IV Piggyback, q8h, (14 day),Routine, T;N
[ ]	vancomycin	_____mg (15mg/kg), Ped Injectable, IV Piggyback, q6h, (14 day),Routine, T;N
[ ]	acyclovir	_____mg (20mg/kg), Injection, IV Piggyback, q8h, (14 day),Routine, T;N
Laboratory		
[ ]	CBC	Routine, T;N, once, Type: Blood
[ ]	CMP	Routine, T;N, once, Type: Blood
[ ]	C-Reactive Protein (CRP)	Routine, T;N, once, Type: Blood
[ ]	CRP High Sensitivity	Routine, T;N, once, Type: Blood
[ ]	Blood Culture	Routine, T;N, once, Specimen Source: Peripheral Blood
[ ]	Urinalysis	Routine, T;N, once, Type: Urine, Nurse Collect
[ ]	Urinalysis w/Reflex Microscopic Exam	Routine, T;N, once, Type: Urine, Nurse Collect

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Rev.121112

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Laboratory (continued)		
[ ]	Stool Culture	Routine, T;N, Specimen Source: Stool, Nurse Collect
[ ]	CSF Culture and Gram Stain	Routine, T;N, Specimen Source: Cerebrospinal Fluid(CSF), Nurse Collect
[ ]	CSF Cell Count & Diff	Routine, T;N, once, Type: CSF, Nurse Collect, Tube #____4____
[ ]	CSF Profile	Routine, T;N, once, Type: CSF, Nurse Collect, Tube #____4____
[ ]	Glucose CSF	Routine, T;N, once, Type: CSF, Nurse Collect, Tube #____3____
[ ]	Protein CSF	Routine, T;N, once, Type: CSF, Nurse Collect, Tube #____3____
[ ]	Enterovirus by RT-PCR CSF	Routine, T;N, once, Type: CSF, Nurse Collect, Tube #____4____
[ ]	Herpes Simplex Virus CSF by PCR (HSV CSF by PCR)	Routine, T;N, once, Type: CSF, Nurse Collect, Tube #____4____
[ ]	HSV Antigen, DFA	Routine, T;N, once, Type: Lesion, Nurse Collect
[ ]	Herpes Simplex Culture Viral (HSV Culture Viral)	Routine, T;N, once, Specimen Source: Lesion, Nurse Collect
[ ]	Herpes Simplex Culture Viral (HSV Culture Viral)	Routine, T;N, once, Specimen Source: Conjunctiva Eye, symptomatic, Nurse Collect
[ ]	Herpes Simplex Culture Viral (HSV Culture Viral)	Routine, T;N, once, Specimen Source: Stool Anus, Nurse Collect
[ ]	Herpes Simplex Culture Viral (HSV Culture Viral)	Routine, T;N, once, Specimen Source: Nasopharyngeal(N-P) Nasopharynx, Nurse Collect
Laboratory continued		
[ ]	Respiratory Culture, Viral	Routine, T;N, Specimen Source: Nasopharyngeal(N-P) Nasopharynx, Nurse Collect
[ ]	Varicella Zoster Antigen DFA	Routine, T;N, once, Type: Slide, Nurse Collect
[ ]	Varicella Zoster Culture Viral	Routine, T;N, once, Specimen Source: Lesion, Nurse Collect
[ ]	Chlamydia Culture	Routine, T;N, once, Specimen Source: Conjunctiva Eye, symptomatic, Nurse Collect
[ ]	Chlamydia Culture	Routine, T;N, once, Body Site: Nasopharynx
[ ]	GC Culture	Routine, T;N, once, Specimen Source: Discharge Eye, symptomatic, Nurse Collect
[ ]	Stool Culture, Viral	Routine, T;N, Specimen Source: Stool, Nurse Collect
[ ]	Blood Culture, Viral	Routine, T;N, once, Specimen Source: Peripheral Blood, Nurse Collect
[ ]	CSF Culture, Viral	Routine, T;N, Specimen Source: Cerebrospinal Fluid(CSF), Nurse Collect
Diagnostic Tests		
[ ]	CT Brain/Head W Cont Plan	T;N, routine, Transport: Wheelchair
[ ]	EEG	T;N, Routine, Wheelchair
[ ]	Chest 2 VW	T;N, Routine, Wheelchair
Consults/Notifications		
[ ]	Consult MD Group	T;N, Consult Who:_____,Reason:_____
[ ]	Consult MD	T;N, Consult Who:_____,Reason:_____

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