**Physician Orders - Pediatric**  
**PED Pneumonia Admit Plan**

**[R]** = will be ordered  
**[ X ]** = will be ordered unless marked out  
T = Today; N = Now (date and time ordered)

<table>
<thead>
<tr>
<th>Height: ___________cm</th>
<th>Weight: __________kg</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Allergies:</strong></td>
<td>[ ] No known allergies</td>
</tr>
<tr>
<td>[ ] Medication allergy(s):</td>
<td>____________________________</td>
</tr>
<tr>
<td>[ ] Latex allergy</td>
<td>[ ] Other:</td>
</tr>
</tbody>
</table>

**Uncategorized**

**[ X ]** Initiate Powerplan Phase  
T;N, Phase: PED Pneumonia Admit Phase

**Admission/Transfer/Discharge**

<table>
<thead>
<tr>
<th>[ ]</th>
<th>Patient Status Initial</th>
<th>Inpatient</th>
<th>Attending Physician: ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>Bed Type: [ ] Med Surg [ ] Critical Care [ ] Stepdown [ ] Obstetrics [ ] Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>[ ]</th>
<th>Patient Status Initial</th>
<th>Outpatient</th>
<th>Attending Physician: ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>Outpatient Status/Service: [ ] OP-Ambulatory [ ] OP-Diagnostic Procedure [ ] OP-Observation Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>[ ]</th>
<th>Vital Signs</th>
<th>T;N, Routine Monitor and Record T,P,R,BP</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>Vital Signs</td>
<td>T;N, Monitor and Record T,P,R,BP, q4h(std)</td>
</tr>
</tbody>
</table>

**Activity**

<table>
<thead>
<tr>
<th>[ ]</th>
<th>Activity As Tolerated</th>
<th>T;N, Up Ad Lib</th>
</tr>
</thead>
</table>

**Food/Nutrition**

<table>
<thead>
<tr>
<th>[ ]</th>
<th>NPO</th>
<th>Start at: T;N</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>Breastfeed</td>
<td>T;N</td>
</tr>
<tr>
<td>[ ]</td>
<td>Formula Per Home Routine</td>
<td>T;N</td>
</tr>
<tr>
<td>[ ]</td>
<td>Regular Pediatric Diet</td>
<td>Start at: T;N, <strong>Age Group:</strong> ________________</td>
</tr>
<tr>
<td>[ ]</td>
<td>Clear Liquid Diet</td>
<td>Start at: T;N, <strong>Age Group:</strong> ________________</td>
</tr>
</tbody>
</table>
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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, Comment: 2100
- [ ] 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
- [ ] acetaminophen  
  80 mg, chew tab, PO, q4h, PRN Pain or Fever, T;N, Max Dose=90 mg/kg/day up to 4 g/day
- [ ] acetaminophen  
  325mg, tab, PO, q4h, PRN Pain or Fever, T;N, Max Dose=90 mg/kg/day up to 4 g/day

### Antibiotics
- [ ] cefTRIAXone  
  _____mg (50mg/kg), Injection, IV Piggyback, q24h, (14 day) Routine, T;N, Max dose = 2 grams
- [ ] clindamycin  
  _____mg (15mg/kg), Injection, IV Piggyback, q8h, (14 day), Routine, T;N, Max dose = 4.8 grams/day
- [ ] vancomycin  
  _____mg (10mg/kg) Ped Injectable, IV Piggyback, q6h, (14 day), Routine, T;N, Max dose = 4 grams/day
- [ ] azithromycin  
  _____mg (10mg/kg), Oral Susp, PO, once, T;N, Max dose = 500 mg
- [ ] azithromycin  
  _____mg (5mg/kg), Oral Susp, PO, QDay, (4 day), Routine, T+1;N, Max dose = 250 mg
- [ ] azithromycin  
  500mg, Tab, PO, once, T;N
- [ ] azithromycin  
  250mg, Tab, PO, QDay, (4 day), Routine, T+1;N

### Laboratory
- [ ] Bordetella pertussis by PCR  
  Routine, T;N, once, Type: Nasopharyngeal(N-P)
- [ ] Viral Culture Respiratory  
  Routine, T;N, Specimen Source: Sputum, Nurse Collect
- [ ] RSV Antigen Screen  
  Routine, T;N, once, Type: NP, Nurse Collect
- [ ] Influenza A&B Screen  
  Routine, T;N, once, Type: Nasopharyngeal(N-P), Nurse Collect
- [ ] Atypical Pneumo by PCR  
  Routine, T;N, once, Type: Nasopharyngeal(N-P), Nurse Collect

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PED Pneumonia Admit 24033-PP-QM 0811-Rev.121112
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### Diagnostic Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>T;N, routine, Reason:</th>
<th>Transport</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest 2VW Frontal &amp; Lat</td>
<td></td>
<td>Wheelchair</td>
</tr>
</tbody>
</table>

### Consults/Notifications

<table>
<thead>
<tr>
<th>Consult</th>
<th>T;N, Who: Reason:</th>
<th>For:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notify Physician Once</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notify Physician - Continuing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician Group Consult</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician Consult</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Date          Time          Physician's Signature                   MD Number

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PED Pneumonia Admit 24033-PP-QM1111-Rev.121112