

PEDIATRIC

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

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

Allergies:		<input type="checkbox"/> No known allergies
Admission/Transfer/Discharge		
<input type="checkbox"/>	Admit Patient	T;N
<input type="checkbox"/>	Admit Patient to Dr. _____	
Admit Status: <input type="checkbox"/> Inpatient <input type="checkbox"/> Routine Post Procedure <24hrs <input type="checkbox"/> 23 hour OBS		
Bed Type: <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: _____		
Food/Nutrition		
<input type="checkbox"/>	NPO After	T;N, See Special Instructions, NPO exception: for 0830 study, no solids or thickened feedings after 0030, no formula after 0230, no breastmilk after 0430, no clear liquids after 0630
<input type="checkbox"/>	NPO After	T;N, See Special Instructions, NPO exception: for 1230 study, no solids or thickened feedings after 0430, no formula after 0630, no breastmilk after 0830, no clear liquids after 1030
Patient Care		
<input type="checkbox"/>	Consent Signed For	T;N, Procedure: Infant PFT
<input type="checkbox"/>	Nursing Communication	T;N, Awake patient at _____ and keep awake until time for test
Respiratory Care		
NOTE: Patient must be less than 100cm in length and greater than 5 kilograms.		
<input type="checkbox"/>	Infant PFT	T;N Routine
Medications		
<input type="checkbox"/>	chloral hydrate	_____mg(75 mg/kg), Syrup, PO,N/A, routine,T;N, Max Total Dose = 100 mg/kg, Only to be given in PFT lab
<input type="checkbox"/>	chloral hydrate	_____mg(75 mg/kg), Syrup, PR, N/A, routine,T;N, Max Total Dose = 100 mg/kg, Only to be given in PFT lab
<input type="checkbox"/>	chloral hydrate	_____mg(75 mg/kg), Syrup, NG, N/A, routine,T;N, Max Total Dose = 100 mg/kg, Only to be given in PFT lab
<input type="checkbox"/>	chloral hydrate	_____mg(75 mg/kg), Syrup, GT, N/A, routine,T;N, Max Total Dose = 100 mg/kg, Only to be given in PFT lab
<input type="checkbox"/>	chloral hydrate	_____mg(25 mg/kg), Syrup PO, N/A, routine,T;N, Max Total Dose = 100 mg/kg, Only to be given in PFT lab
<input type="checkbox"/>	chloral hydrate	_____mg(25 mg/kg), Syrup, PR, N/A, routine,T;N, Max Total Dose = 100 mg/kg, Only to be given in PFT lab
<input type="checkbox"/>	chloral hydrate	_____mg(25 mg/kg), Syrup, NG, N/A, routine,T;N, Max Total Dose = 100 mg/kg, Only to be given in PFT lab
<input type="checkbox"/>	chloral hydrate	_____mg(25 mg/kg), Syrup, GT, N/A, routine,T;N, Max Total Dose = 100 mg/kg, Only to be given in PFT lab
<input checked="" type="checkbox"/>	Hold medication x1 dose	T;N, Med To Hold: albuterol MDI, When To Hold: AM dose

Date _____

Time _____

Physician's Signature _____

MD Number _____

