

PEDIATRIC

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

Height: _____ **cm** **Weight:** _____ **kg**
Allergies: _____ No known allergies

Admission/Transfer/Discharge
 Admit Patient to Dr. _____

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

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

 Admit Patient T;N

 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

Activity
 Out Of Bed T;N, Up Ad Lib

Food/Nutrition
 NPO Start at: T;N

 Breastfeed T;N

 Formula Per Home Routine T;N

 Formula _____

 Regular Pediatric Diet Start at: T;N

 Clear Liquid Diet Start at: T;N

Patient Care
 Advance Diet As Tolerated T;N, start clear liquids and advance to regular diet as tolerated.

 Seizure Precautions T;N

 Strict I/O T;N, Routine, q2h(std)

 Daily Weights T;N, Routine, qEve

 Lumbar Puncture Setup To Bedside T;N, Routine

 Hepwell Insert/Site Care LEB T;N, Routine, q2h(std)

 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

 Request Supply to Bedside T;N, 1 inch needle, 23G, and 1mL syringe

 Request Supply to Bedside T;N, 5/8 inch needle, 23G, and 1 mL syringe

 Instruct Parents T;N, Instruct: Parents, Topic: How to administer IM injections

 Instruct/Educate T;N, Instruct patient and family on use of dextrostix.

 Nursing Communication T;N, Order dextrostix to bedside for patient and family education

Respiratory Care
 Oxygen Delivery T; N, _____ L/min, Titrate to keep O2 sat =/> 92%, Wean to room air

Continuous Infusions
 Sodium Chloride 0.9% 1,000mL,IV,Routine,T;N, at _____ mL/hr

 D5 1/2NS 1,000mL,IV,Routine,T;N, at _____ mL/hr

 D5 1/4 NS 1,000mL,IV,Routine,T;N, at _____ mL/hr

 D5 1/2 NS KCl 20 mEq/L 1,000mL,IV,Routine,T;N, at _____ mL/hr

 D5 1/4 NS KCl 20 mEq/L 1,000mL,IV,Routine,T;N, at _____ mL/hr


Physician Orders

LEB Neurology Infantile Spasms Admit Plan

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Medications		
<input type="checkbox"/>	Heparin 10 unit/mL flush	5 mL (10units/mL), Ped Injectable, IVPush, prn, PRN, Cath Clearance, routine, T;N, peripheral or central line per nursing policy
<input type="checkbox"/>	lidocaine-prilocaine topical 2.5%-2.5% cream	1 application, Cream, TOP, N/A, (1 dose), routine, T;N, for lumbar puncture procedure, apply to lower lumbar area 1 hour prior to procedure
<input type="checkbox"/>	corticotropin H.P. gel	_____ units, (75 units/m2), Injection, IM, bid, routine, T;N, To be given every morning and at 4 PM
<input type="checkbox"/>	corticotropin H.P. gel	_____ units, Injection, IM, qam, routine, T;N
<input type="checkbox"/>	pyridoxine	100mg, Tab, PO, tid, routine, T;N
<input type="checkbox"/>	pyridoxine	100mg, Injection, IV Piggyback, q10min,(5 doses), routine, T;N, To be given during EEG
<input type="checkbox"/>	template non-formulary medication (Vigabatrin)	Vigabatrin _____mg(50mg/kg), Tab, PO, bid, q am and q pm for 2 days, Routine, T;N, Not approved by FDA, may take home medication supply
<input type="checkbox"/>	template non-formulary medication (Vigabatrin)	Vigabatrin _____mg(75mg/kg), Tab, PO, bid, Routine, T+2;N, q am and q pm, Not approved by FDA, may take home medication supply
<input type="checkbox"/>	LEB Antiepileptic Medication Orders	See separate sheet
Laboratory		
<input type="checkbox"/>	CBC	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	Platelet Count	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	Basic Metabolic Panel (BMP)	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	Hepatic Panel	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	LEB Anticonvulsant Lab Orders	see separate sheet
<input type="checkbox"/>	Lactic Acid Level (Lactate Level)	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	Pyruvate	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	Ammonia Level	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	Glucose CSF	Routine, T;N, once, Type: CSF, Nurse Collect
<input type="checkbox"/>	Protein CSF	Routine, T;N, once, Type: CSF, Nurse Collect
<input type="checkbox"/>	Cell Count & Diff CSF	Routine, T;N, once, Type: CSF, Nurse Collect
<input type="checkbox"/>	CSF Culture and Gram Stain (Culture, CSF and Gram Stain)	Routine, T;N, Specimen Source: Cerebrospinal Fluid(CSF), Nurse Collect
<input type="checkbox"/>	Amino Acid Quant CSF	Routine, T;N, once, Type: CSF, Nurse Collect
<input type="checkbox"/>	Lactic Acid, CSF	Routine, T;N, once, Type: CSF, Nurse Collect
NOTE: Neuro Chemistry 7 Profile is the most common profile to order. If another profile is necessary see additional profile orders below. Click on reference text for components of each profile.		
<input type="checkbox"/>	Neuro Chemistry 7 Profile	Routine, T;N, once, Type: Cerebrospinal Fluid(CSF), Nurse Collect
<input type="checkbox"/>	Neuro Chemistry 6 Profile	Routine, T;N, once, Type: Cerebrospinal Fluid(CSF), Nurse Collect
<input type="checkbox"/>	Neuro Chemistry 4 Profile	Routine, T;N, once, Type: Cerebrospinal Fluid(CSF), Nurse Collect
<input type="checkbox"/>	Neuro Chemistry 3 Profile	Routine, T;N, once, Type: Cerebrospinal Fluid(CSF), Nurse Collect
<input type="checkbox"/>	Neuro Chemistry 8 Profile	Routine, T;N, once, Type: Cerebrospinal Fluid(CSF), Nurse Collect
Reference Lab		
<input type="checkbox"/>	Amino Acids Quantitative Blood	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	Amino Acid Quantitative Urine	Routine, T;N, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Organic Acid By GC/MS Urine	Routine, T;N, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	ARX DNA Sequencing	Routine, T;N, once, Type: Blood, Comment: Send to Athena Labs
<input type="checkbox"/>	TSC1 DNA Sequencing	Routine, T;N, once, Type: Blood, Comment: Send to Athena Labs
<input type="checkbox"/>	TSC2 DNA Sequencing	Routine, T;N, once, Type: Blood, Comment: Send to Athena Labs
<input type="checkbox"/>	Copper Serum	Routine, T;N, once, Type: Blood



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Reference Lab continued		
<input type="checkbox"/>	Ceruloplasmin	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	Biotinidase	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	Carnitine Free & Total	Routine, T;N, once, Type: Blood, Comment: send to Baylor University, Dallas TX
<input type="checkbox"/>	Acylcarnitine	Routine, T;N, once, Type: Blood, Comment: send to Baylor University, Dallas TX
<input type="checkbox"/>	Carbohydrate Deficient Transferrin	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	Peroxisomal Panel	T;N, routine, blood,once, send to Athena Labs, nurse collects
<input type="checkbox"/>	High Resolution Chromosome	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	Chromosome Microarray (CMA)	Routine, T;N, once, Type: Blood, Comment: send to Baylor Medical Genetics, Houston TX
Diagnostic Tests		
<input type="checkbox"/>	MRI Brain & Stem WO Cont	T;N, Reason for Exam: Seizure, Routine, Wheelchair, Comment: epilepsy protocol
<input type="checkbox"/>	EEG	T;N, EEG Type: Extended EEG with Video, Comment: 2 hours
<input type="checkbox"/>	EEG	T;N, EEG Type: EEG at Bedside Wake/Sleep 45min, Reason: Seizures, Routine
<input type="checkbox"/>	EEG	T;N, EEG Type: EEG in Lab Wake/Sleep 45min, Reason: Seizures, Routine
<input type="checkbox"/>	CT Brain/ Head W/WO	T;N, Reason: _____, Routine, Wheelchair
<input type="checkbox"/>	CT Brain/Head WO Cont	T;N, Reason: _____, Routine, Wheelchair
Consults/Notifications		
<input type="checkbox"/>	Notify Resident-Continuing	T;N, For: positive urine glucose results, Who: _____
<input type="checkbox"/>	Notify Resident-Once	T;N, For: _____, Who: _____
<input type="checkbox"/>	Consult MD Group	T;N, Consult Who: _____, Reason: _____, Genetics
<input type="checkbox"/>	Consult MD Group	T;N, Consult Who: _____, Reason: _____, Ophthalmology
<input type="checkbox"/>	Consult MD Group	T;N, Consult Who: _____, Reason: _____
<input type="checkbox"/>	Consult MD	T;N, Consult Who: _____, Reason: _____
<input type="checkbox"/>	Consult Medical Social Work	T;N, routine, Reason: _____
<input type="checkbox"/>	Consult Clinical Dietitian	T;N, routine, Reason: _____
<input type="checkbox"/>	Lactation Consult	T;N, routine, Reason: _____
<input type="checkbox"/>	Consult Child Life	T;N, routine, Reason: _____
<input type="checkbox"/>	Physical Therapy Ped Eval & Tx	T;N, routine, Reason: _____
<input type="checkbox"/>	Occupational Therapy Ped Eval & Tx	T;N, routine, Reason: _____
<input type="checkbox"/>	Speech Therapy Ped Eval & Tx	T;N, routine, Reason: _____

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