

Physician Orders

LEB Cardiology Medication Plan

PEDIATRIC

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

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
Anticoagulants		
<input type="checkbox"/>	aspirin	_____ mg, (5 mg/kg), Tab, PO, Qday, Routine, T;N
<input type="checkbox"/>	aspirin	81mg, Tab, PO, QDay, Routine, T;N
<input type="checkbox"/>	aspirin	325mg, Tab, PO, QDay
<input type="checkbox"/>	aspirin	_____ mg, (25mg/kg), Tab, PO, q6h, Routine, T;N, (Kawasaki's Disease)
<input type="checkbox"/>	clopidogrel	0.2 mg/kg, Tab, PO, QDay, Routine, T;N, Max dose = 75 mg/day
<input type="checkbox"/>	clopidogrel	1 mg/kg, Tab, PO, Qday, Routine, T;N, Max dose = 75 mg/day
<input type="checkbox"/>	enoxaparin	_____ mg, (1.5 mg/kg), Subcutaneous, q12h, Routine, T;N, less than 2 months
<input type="checkbox"/>	enoxaparin	_____ mg, (1 mg/kg), Subcutaneous, q12h, Routine, T;N, greater than or equal to 2 months to 18 years
<input type="checkbox"/>	heparin	_____ units/kg, Injection, IV, Routine, T;N, (loading dose)
<input type="checkbox"/>	heparin	_____ units/kg/hr, Injection, IV, Routine, T;N, (drip)
<input type="checkbox"/>	warfarin	_____ mg, Tab, PO, hs, Routine, T;N
ACE Inhibitors		
<input type="checkbox"/>	captopril	_____ mg, (0.1 mg/kg), Liq, PO, q8h, Routine, T;N
<input type="checkbox"/>	captopril	_____ mg, (0.3 mg/kg), Liq, PO, q8h, Routine, T;N
<input type="checkbox"/>	captopril	_____ mg, (0.5 mg/kg), Liq, PO, q8h, Routine, T;N
<input type="checkbox"/>	captopril	_____ mg, (0.5 mg/kg), Tab, PO, q8h, Routine, T;N
<input type="checkbox"/>	enalapril	_____ mg, (0.05 mg/kg), Oral Susp, PO, q12h, Routine, T;N
<input type="checkbox"/>	enalapril	1.25 mg, Tab, PO, q12h, Routine, T;N
<input type="checkbox"/>	enalapril	2.5 mg, Tab, PO, q12h, Routine, T;N
<input type="checkbox"/>	lisinopril	_____ mg, (0.07mg/kg), Tab, PO, QDay, Routine, T;N
<input type="checkbox"/>	lisinopril	5 mg, Tab, PO, QDay, Routine, T;N
<input type="checkbox"/>	lisinopril	10 mg, Tab, PO, QDay, Routine, T;N
Beta Blockers		
<input type="checkbox"/>	atenolol	_____ mg, (1 mg/kg), Tab, PO, QDay, Routine, T;N, Max dose = 100 mg/day
<input type="checkbox"/>	atenolol	_____ mg, (2 mg/kg), Tab, PO, QDay, Routine, T;N, Max dose = 100 mg/day
<input type="checkbox"/>	metoprolol	_____ mg, (0.5 mg/kg), Tab, PO, q12h, Routine, T;N
<input type="checkbox"/>	metoprolol	_____ mg, (1 mg/kg), Tab, PO, q12h, Routine, T;N
<input type="checkbox"/>	propranolol	_____ mg, (0.25 mg/kg), Oral Soln, PO, q6h, Routine, T;N, Max dose = 60 mg/day
<input type="checkbox"/>	carvedilol	_____ mg, (0.05 mg/kg), Oral Soln, PO, q12h, Routine, T;N
Antiarrhythmics		
<input type="checkbox"/>	amiodarone	_____ mg, (5 mg/kg), Oral Susp, PO, bid, Routine, T;N, Loading Dose
<input type="checkbox"/>	amiodarone	_____ mg, (5mg/kg), Oral Susp, PO, QDay, Routine, T;N
<input type="checkbox"/>	amiodarone	_____ mg, (5 mg/kg), Tab, PO, bid, Routine, T;N, Loading Dose
<input type="checkbox"/>	amiodarone	_____ mg, (5mg/kg), Tab, PO, QDay, Routine, T;N
<input type="checkbox"/>	flecainide	_____ mg, (25 mg/m ²), Tab, PO, q8h, Routine, T;N
<input type="checkbox"/>	procainamide	_____ mg, (5 mg/kg), Oral Soln, PO, q6h, Routine, T;N, Max dose = 4 grams/day
<input type="checkbox"/>	procainamide	_____ mg, (10 mg/kg), Oral Soln, PO, q6h, Routine, T;N, Max dose = 4 grams/day
<input type="checkbox"/>	sotalol(Betapace)	_____ mg, (30 mg/m ²), Tab, PO, q8h, Routine, T;N



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Calcium Channel Blockers		
<input type="checkbox"/>	verapamil	40mg, Tab, PO, q8h, Routine, T;N
<input type="checkbox"/>	verapamil	80mg, Tab, PO, q8h, Routine, T;N
<input type="checkbox"/>	NIFEdipine	_____mg, (0.2 mg/kg), Cap, PO, q8h, Routine, T;N
<input type="checkbox"/>	NIFEdipine	_____mg, (0.3 mg/kg), Cap, PO, q8h, Routine, T;N
Diuretics		
<input type="checkbox"/>	furosemide	_____mg/kg, Injection, IV Piggyback, once, Routine, T;N
<input type="checkbox"/>	furosemide	_____mg/kg, Oral Soln, PO, once, Routine, T;N
<input type="checkbox"/>	furosemide	_____mg, (1mg/kg), Injection, IV Piggyback, q6h, Routine, T;N
<input type="checkbox"/>	furosemide	_____mg, (1mg/kg), Oral Soln, PO, q6h, Routine, T;N
<input type="checkbox"/>	furosemide	_____mg, (1mg/kg), Injection, IV Piggyback, q8h, Routine, T;N
<input type="checkbox"/>	furosemide	_____mg, (1mg/kg), Oral Soln, PO, q8h, Routine, T;N
<input type="checkbox"/>	furosemide	_____mg, (1mg/kg), Injection, IV Piggyback, q12h, Routine, T;N
<input type="checkbox"/>	furosemide	_____mg, (1mg/kg), Oral Soln, PO, q12h, Routine, T;N
<input type="checkbox"/>	furosemide	_____mg, (1mg/kg), Injection, IV Piggyback, q24h, Routine, T;N
<input type="checkbox"/>	furosemide	_____mg, (1mg/kg), Oral Soln, PO, q24h, Routine, T;N
<input type="checkbox"/>	furosemide	10 mg, Tab, PO, QDay, Routine, T;N
<input type="checkbox"/>	furosemide	20 mg, Tab, PO, QDay, Routine, T;N
<input type="checkbox"/>	hydrochlorothiazide	_____mg, (1mg/kg), Oral Soln, PO, q12h, Routine, T;N, Max dose = 200 mg/day
<input type="checkbox"/>	hydrochlorothiazide	_____mg, (1mg/kg), Oral Soln, PO, q24h, Routine, T;N, Max dose = 200 mg/day
<input type="checkbox"/>	spironolactone	_____mg, (0.5 mg/kg), Oral Susp, PO, q12h, Routine, T;N
<input type="checkbox"/>	spironolactone	_____mg, (1 mg/kg), Oral Susp, PO, q12h, Routine, T;N
<input type="checkbox"/>	acetaZOLAMIDE	_____mg, (5 mg/kg), Injection, IV Piggyback, q6h, Routine, T;N, Max dose = 1 gram/day
<input type="checkbox"/>	acetaZOLAMIDE	_____mg, (10 mg/kg), Injection, IV Piggyback, q6h, Routine, T;N, Max dose = 1 gram/day
Other Medications		
<input type="checkbox"/>	digoxin	_____mcg, (2.5 mcg/kg), Elixir, PO, bid, Routine, T;N, For patients less than 1 month of age
<input type="checkbox"/>	digoxin	_____mcg, (5 mcg/kg), Elixir, PO, bid, Routine, T;N, For patients greater than or equal to 1 month of age
<input type="checkbox"/>	digoxin	_____mcg, (15 mcg/kg), Elixir, PO,once, Routine, T;N, One-half of initial load
<input type="checkbox"/>	digoxin	_____mcg, (7.5 mcg/kg), Elixir, PO, q12h, (2 doses), Routine, T;N, One-quarter of initial load to be initiated 12 hours after initial load
<input type="checkbox"/>	digoxin	_____mcg, (10 mcg/kg), Elixir, PO,once, Routine, T;N, One-half of initial load
<input type="checkbox"/>	digoxin	_____mcg, (5 mcg/kg), Elixir, PO, q12h, (2 doses), Routine, T;N, One-quarter of initial load to be initiated 12 hours after initial load
<input type="checkbox"/>	hydrALAZINE	_____mg, (0.25 mg/kg), Oral Soln, PO, q6h, Routine, T;N, Max dose = 25 mg
<input type="checkbox"/>	immune globulin intravenous	_____grams, (2 grams/kg), Injection, IV Piggyback, once, Routine, T;N, (Kawasaki's Disease)
<input type="checkbox"/>	sildenafil(Revatio)	_____mg, (0.3 mg/kg), Oral Susp, PO, q8h, Routine, T;N
<input type="checkbox"/>	sildenafil(Revatio)	_____mg, (0.5 mg/kg), Oral Susp, PO, q8h, Routine, T;N
<input type="checkbox"/>	sildenafil(Revatio)	_____mg, (1 mg/kg), Oral Susp, PO, q8h, Routine, T;N
<input type="checkbox"/>	bosentan	15.6 mg, Tab, PO, QDay, Routine, T;N



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Other Medications continued		
<input type="checkbox"/>	bosentan	15.6 mg, Tab, PO, bid, Routine, T;N
<input type="checkbox"/>	bosentan	31.25 mg, Tab, PO, bid, Routine, T;N
<input type="checkbox"/>	bosentan	62.5 mg, Tab, PO, bid, Routine, T;N
<input type="checkbox"/>	bosentan	125 mg, Tab, PO, bid, Routine, T;N
<input type="checkbox"/>	epoprostenol(Flolan)	_____ng/kg/min, injection, IV, q8h, routine, T;N, Drip to be replaced every 8 hours
GI Meds		
<input type="checkbox"/>	metoclopramide	_____mg, (0.1 mg/kg), Syrup, PO, q6h, Routine, T;N
<input type="checkbox"/>	metoclopramide	_____mg, (0.2 mg/kg), Syrup, PO, q6h, Routine, T;N
<input type="checkbox"/>	ranitidine	_____mg, (5 mg/kg), Syrup, PO, q12h, Routine, T;N, Max dose = 300 mg/day
<input type="checkbox"/>	lansoprazole	_____mg, (1 mg/kg), Oral Susp, PO, QDay, Routine, T;N
<input type="checkbox"/>	lansoprazole	15 mg, Tab, PO, Qday, Routine, T;N, (Solutab)
<input type="checkbox"/>	lansoprazole	30 mg, Tab, PO, Qday, Routine, T;N, (Solutab)
<input type="checkbox"/>	lansoprazole	15 mg, EC Capsule, PO, Qday, Routine, T;N
<input type="checkbox"/>	lansoprazole	30 mg, EC Capsule, PO, Qday, Routine, T;N

Date

Time

Physician's Signature

MD Number