



Physician Orders: PEDIATRIC

Title: PED Bronchiolitis Admit Plan

[R] = will be ordered [X] will be ordered unless unchecked

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

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
Uncategorized		
<input checked="" type="checkbox"/>	Initiate Powerplan Phase	T;N, Phase: PED Bronchiolitis Admit Phase
Admission/Transfer/Discharge		
<input type="checkbox"/>	Patient Status Initial Inpatient	Attending Physician: _____
Bed Type: <input type="checkbox"/> Med Surg <input type="checkbox"/> Telemetry <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Obstetrics <input type="checkbox"/> Other		
<input type="checkbox"/>	Patient Status Initial Outpatient	Attending Physician: _____
Outpatient Status/Service: <input type="checkbox"/> OP-Ambulatory <input type="checkbox"/> OP-Diagnostic Procedure <input type="checkbox"/> 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.		
<ul style="list-style-type: none"> • 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		
<ul style="list-style-type: none"> • 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. 		
<input type="checkbox"/>	Notify physician once	T;N, of room number on arrival to unit
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
Vital Signs		
<input type="checkbox"/>	Vital Signs	T;N, Monitor and Record T,P,R,BP, q4h(std)
<input type="checkbox"/>	Vital Signs	T;N, Routine Monitor and Record T,P,R,BP
Activity		
<input type="checkbox"/>	Bedrest	T;N
<input type="checkbox"/>	Out Of Bed	T;N, Up Ad Lib
<input type="checkbox"/>	Activity As Tolerated	T;N, Up Ad Lib
Food/Nutrition		
<input type="checkbox"/>	NPO	Start at: T;N
<input type="checkbox"/>	Breastfeed	T;N, Frequency: _____
<input type="checkbox"/>	Formula Per Home Routine	T;N
<input type="checkbox"/>	Regular Pediatric Diet	Start at: T;N, Age Group: _____
<input type="checkbox"/>	Clear Liquid Diet	Start at: T;N, Age Group: _____





Physician Orders: PEDIATRIC
Title: PED Bronchiolitis Admit Plan

[R] = will be ordered [X] will be ordered unless unchecked

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

Patient Care		
	NOTE: RSV: American Academy of Pediatrics clinical practice guidelines recommends respiratory isolation for RSV bronchiolitis (reference info).	
<input type="checkbox"/>	Isolation Precautions	T;N, Isolation Type: Contact Precautions, Droplet Precautions
<input type="checkbox"/>	Isolation Precautions	T;N, Isolation Type: Contact Precautions
<input type="checkbox"/>	Advance Diet As Tolerated	T;N, start clear liquids and advance to regular diet as tolerated
<input type="checkbox"/>	Intake and Output	T;N, Routine, q2h(std)
<input type="checkbox"/>	Daily Weights	T;N, Routine, qEve
<input type="checkbox"/>	INT Insert/Site Care	T;N, Routine, q2h(std)
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N
<input type="checkbox"/>	Suction Patient	T;N, prn, PRN, Suctioning Type: Nasal, bulb suction or tube suction PRN nasal congestion
<input type="checkbox"/>	Cardiopulmonary Monitor	T;N Routine, Monitor Type: CP Monitor
Respiratory Care		
<input type="checkbox"/>	Oxygen Delivery PEDS	T;N, Special Instructions: Titrate to keep O2 sat \geq 92%, Wean to room air
<input type="checkbox"/>	ISTAT Blood Gases (RT Collect)	T;N Routine once, Test Select Arterial Blood Gas
Continuous Infusions		
<input type="checkbox"/>	D5 1/2 NS	1000mL,IV,Routine,T:N, at ___ mL/hr
<input type="checkbox"/>	D5 1/4 NS	1000mL,IV,Routine,T:N, at ___ mL/hr
<input type="checkbox"/>	D5 1/2 NS KCL 20mEq/L	1000mL,IV,Routine,T:N, at ___ mL/hr
<input type="checkbox"/>	D5 1/4 NS KCL 20mEq/L	1000mL,IV,Routine,T:N, at ___ mL/hr
Medications		
<input type="checkbox"/>	racepinephrine 2.25% inh solution	0.25 mL, Inh Soln, NEB, once, STAT, T;N
<input type="checkbox"/>	albuterol	1.25 mg, Inh Soln, NEB, once, STAT, T;N
<input type="checkbox"/>	acetaminophen	_____mg(10 mg/kg), Liq, PO, q4h, PRN Pain or Fever, routine,T;N,Max Dose=90mg/kg/day up to 4 g/day
<input type="checkbox"/>	acetaminophen	_____mg(10 mg/kg), Supp, PR, q4h, PRN Pain or Fever, routine, T;N,Max Dose=90mg/kg/day up to 4 g/day
Laboratory		
<input type="checkbox"/>	CBC	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	Basic Metabolic Panel (BMP)	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	CMP	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	BUN	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	Viral Culture Respiratory	Routine, T;N, Specimen Source: Nasopharyngeal(N-P)
<input type="checkbox"/>	RSV Antigen Screen	Routine, T;N, once, Type: Nasopharyngeal(N-P), Nurse collect
<input type="checkbox"/>	Influenza A&B Screen	Routine, T;N, once, Type: Nasopharyngeal(N-P), Nurse collect
<input type="checkbox"/>	Urinalysis	Routine, T;N, once, Type: Urine, Nurse Collect, Nurse Collect
<input type="checkbox"/>	Urinalysis w/Reflex Microscopic Exam	Routine, T;N, once, Type: Urine, Nurse Collect, Nurse Collect



Physician Orders: PEDIATRIC
Title: PED Bronchiolitis Admit Plan

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

Diagnostic Tests		
NOTE: American Academy of Pediatrics clinical practice guidelines does not recommend the routine use of chest radiography for non- complicated bronchiolitis (reference info).		
<input type="checkbox"/>	Chest 1VW Frontal (Chest 1 VW)	T;N, Reason for Exam: Respiratory Distress, Portable, Comment: and localized crackles
<input type="checkbox"/>	Chest PA & Lateral	T;N, Reason for Exam: Respiratory Distress, Stretcher, Comment: and localized crackles
<input type="checkbox"/>	Neck Soft Tissue	T;N, Reason for Exam: Other, Enter in Comments, Stretcher, Comment: respiratory distress and stridor
Consults/Notifications		
<input type="checkbox"/>	Notify Physician- Continuing	T;N, Who: _____, For: increasing respiratory distress, decreased O2 sats <90%, respiratory rate > 65, apnea, temperature >38.5 degrees Celsius, cardiac arrhythmia
<input type="checkbox"/>	Consult MD Group	T;N, Consult Who: _____, Reason: _____, Infectious Disease
<input type="checkbox"/>	Consult MD Group	T;N, Consult Who: _____, Reason: _____, Pulmonary
<input type="checkbox"/>	Consult MD Group	T;N, Consult Who: _____, Reason: _____
<input type="checkbox"/>	Consult MD	T;N, Consult Who: _____, Reason: _____
<input type="checkbox"/>	Medical Social Work Consult	T;N, Routine, Reason: Assistance at Discharge
<input type="checkbox"/>	Dietitian Consult	T;N, Type of Consult: Nutrition Management
<input type="checkbox"/>	Lactation Consult	T;N
<input type="checkbox"/>	Speech Therapy Ped Eval & Tx	T;N, Routine, for: Speech Therapy Evaluate and Treat

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