

**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

Vital Signs T;N, Monitor and Record T,P,R,BP, q1h(std), During infusion.

**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, no added salt

Sodium Control Diet Start at: T;N

**Patient Care**

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

Isolation Precautions T;N

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

Weight T;N, Routine, once

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

Bedside Glucose Nsg T;N, achs

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

Nursing Communication T;N, Encourage patient to void q1h.

**Respiratory Care**

Oxygen Delivery T; N, \_\_\_\_\_ L/min, Titrate to keep O2 sat =/> 92%. Wean to room air

**Continuous Infusions**

D5 1/2NS 1000mL,IV,Routine,T:N, at \_\_\_\_\_ mL/hr, Admister IV fluids for 2.5 hours prior to the initiation of mesna, 3 hours prior to the initiation of cyclophosphamide and continue to administer IV fluids for 3 hours following the completion of cyclophosphamide.



