



attach patient label

Physician Orders

PED Gastroenterology Admit Plan

[X or R] = will be ordered unless marked out.

PEDIATRIC

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/>	Initiate Powerplan Phase	T;N, Phase: PED Gastroenterology Admit Phase, When to Initiate: When patient arrives to unit
Admission/Transfer/Discharge		
<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: _____		
Vital Signs		
<input type="checkbox"/>	Vital Signs	T;N, Routine Monitor and Record T,P,R,BP
<input type="checkbox"/>	Vital Signs	T;N, Routine Monitor and Record T,P,R,BP, q4h(std)
Activity		
<input type="checkbox"/>	Out Of Bed (Activity As Tolerated)	T;N, Up Ad Lib
Food/Nutrition		
<input type="checkbox"/>	NPO	Start at: T;N
<input type="checkbox"/>	NPO	Start at: T;2359
<input type="checkbox"/>	NPO	Start at: T;N, Instructions: NPO except for medications
<input type="checkbox"/>	Breastfeed	T;N
<input type="checkbox"/>	Formula Per Home Routine	T;N
<input type="checkbox"/>	Pedialyte	T;N, Volume _____, Volume Unit _____, Frequency _____
<input type="checkbox"/>	Regular Pediatric Diet	Start at: T;N
<input type="checkbox"/>	Clear Liquid Diet	Start at: T;N
Patient Care		
<input type="checkbox"/>	Advance Diet As Tolerated	T;N, Start clear liquids and advance to regular diet as tolerated.
<input type="checkbox"/>	Isolation Precautions	T;N, Isolation Type: Contact Precautions
<input type="checkbox"/>	Strict I/O	T;N, Routine, q2h(std)
<input type="checkbox"/>	Daily Weights	T;N, Routine, qEve
<input type="checkbox"/>	O2 Sat Spot Check-NSG	T;N, with vital signs
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N
<input type="checkbox"/>	Cardiopulmonary Monitor	T;N Routine, Monitor Type: CP Monitor
<input type="checkbox"/>	Consent Signed For	T;N, Procedure: EGD
<input type="checkbox"/>	Consent Signed For	T;N, Procedure: Colonoscopy
<input type="checkbox"/>	Consent Signed For	T;N, Procedure: Sigmoidoscopy
Respiratory Care		
<input type="checkbox"/>	Oxygen Delivery	T; N, _____ L/min, Titrate to keep O2 sat => 92%. Wean to room air.
Continuous Infusions		
<input type="checkbox"/>	Sodium Chloride 0.9% Bolus	_____ mL, IV, Infuse over: 30 min, STAT, T;N(1 dose), (Bolus), Volume 10mL/kg
<input type="checkbox"/>	Sodium Chloride 0.9% Bolus	_____ mL, IV, Infuse over: 30 min, STAT, T;N(1 dose),(Bolus), Volume 20mL/Kg
<input type="checkbox"/>	Sodium Chloride 0.9%	1000mL,IV,Routine,T;N, at _____ mL/hr



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Continuous Infusions continued

<input type="checkbox"/>	D5 1/2NS	1000mL,IV,Routine,T:N, at _____ mL/hr
<input type="checkbox"/>	D5 1/4NS	1000mL,IV,Routine,T:N, at _____ mL/hr
<input type="checkbox"/>	D5 1/2 NS KCl 20 mEq/L	1000mL,IV,Routine,T:N, at _____ mL/hr
<input type="checkbox"/>	D5 1/4 NS KCl 20 mEq/L	1000mL,IV,Routine,T:N, at _____ mL/hr

Medications

<input type="checkbox"/>	acetaminophen	_____mg(10 mg/kg), Liq, PO, q4h, PRN, Pain or Fever, T:N,Max Dose = 90 mg/kg/day up to 4 g/day
<input type="checkbox"/>	acetaminophen	_____mg(10 mg/kg), Supp, PR, q4h, PRN, Pain or Fever, T:N,Max Dose = 90 mg/kg/day up to 4 g/day
<input type="checkbox"/>	acetaminophen	80 mg, chew tab, PO, q4h, PRN, Pain or Fever, T:N,Max Dose = 90 mg/kg/day up to 4 g/day
<input type="checkbox"/>	acetaminophen	325mg, tab, PO, q4h, PRN, Pain or Fever, T:N,Max Dose = 90 mg/kg/day up to 4 g/day
<input type="checkbox"/>	acetaminophen-codeine liquid	_____mg(1mg/kg),Liq,PO,q6h,PRN, pain,routine,T:N, (5mL=12mg codeine) Max dose = 24 mg
<input type="checkbox"/>	acetaminophen-codeine #3	1 tab,Tab,PO,q6h,PRN, pain,routine,T:N (1 tab = 30mg codeine)
<input type="checkbox"/>	acetaminophen-HYDROcodone oral elixir	_____mg(0.2mg/kg),Elixir,PO,q6h,PRN, Pain,routine,T:N, (5mL = 2.5mg HYDROcodone), Max dose = 10mg
<input type="checkbox"/>	acetaminophen-HYDROcodone 325mg-5mg oral tablet	1 tab,Tab,PO,q4h,PRN, Pain,T:N (1 tab = 5mg of HYDROcodone), Max dose = 10mg
<input type="checkbox"/>	ondansetron	_____mg(0.1 mg/kg),Oral Soln,PO,q8h,PRN, nausea/vomiting,routine,T:N, Max dose = 4mg
<input type="checkbox"/>	ondansetron	4mg,Orally Disintegrating Tablet,PO,q8h,PRN, nausea/vomiting, routine,T:N
<input type="checkbox"/>	ondansetron	_____mg(0.1 mg/kg),injection,IVPush,q8h,PRN, nausea/vomiting, routine,T:N, Max dose = 4mg

Gastrointestinal Agents

<input type="checkbox"/>	bisacodyl	10 mg, Supp, PR, QDay, PRN Constipation, Routine, T:N,
<input type="checkbox"/>	polyethylene glycol 3350	_____gram(1 g/kg), Powder, PO, q4h, Routine, T:N, Mix with 4 to 8 ounces of water or juice and drink, Max dose = 17 grams
<input type="checkbox"/>	polyethylene glycol 3350	_____gram(1 g/kg), Powder, PO, q8h, Routine, T:N, Mix with 4 to 8 ounces of water or juice and drink, Max dose = 17 grams
<input type="checkbox"/>	polyethylene glycol 3350	_____gram(1 g/kg), Powder, PO, q12h, Routine, T:N, Mix with 4 to 8 ounces of water or juice and drink, Max dose = 17 grams
<input type="checkbox"/>	polyethylene glycol 3350	_____gram(1g/kg), Powder, PO, QDay,Routine T:N, Mix with 4 to 8 ounces of water or juice and drink, Max dose = 17 grams
<input type="checkbox"/>	polyethylene glycol 3350	_____gram(1 g/kg), Powder, Tube, QDay, Routine, T:N, Mix with 4 to 8 ounces of water or juice and give continuously via feeding tube, Max dose = 17 grams
<input type="checkbox"/>	magnesium citrate oral soln	_____mL(3 ml/kg), Liq, PO, q6h, Routine, T:N,(2 doses), less than 6 years
<input type="checkbox"/>	magnesium citrate oral soln	100 ml, Liq, PO, q6h,(2 doses), Routine, T:N, 7 to 12 years
<input type="checkbox"/>	magnesium citrate oral soln	150 ml, Liq, PO, q6h, (2 doses), Routine, T:N, greater than 12 years
<input type="checkbox"/>	sodium biphosphate-sodium phosphate enema pediatric	66 mL, Enema, PR, once,T:N, 2 to 11 years
<input type="checkbox"/>	sodium biphosphate-sodium phosphate enema adult	133 mL, Enema, PR, once,T:N
<input type="checkbox"/>	ranitidine	_____mg(2mg/kg),Syrup,PO,bid, routine,T:N, Max dose = 300mg/day
<input type="checkbox"/>	ranitidine	_____mg(1mg/kg),injection,IVPush,q8h,routineT:N, Max dose = 150mg/day

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Gastrointestinal Agents continued		
<input type="checkbox"/>	lansoprazole	_____ mg(1mg/kg), Oral Susp, PO, Qday, Routine, T;N
<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
<input type="checkbox"/>	lansoprazole	15 mg, Tab, PO, Qday, (Solutab), Routine, T;N
<input type="checkbox"/>	lansoprazole	30 mg, Tab, PO, Qday, (Solutab), Routine, T;N
<input type="checkbox"/>	pantoprazole	_____ mg(1mg/kg), Injection, IV Piggyback, q24h, Routine T;N, Max dose = 40 mg
Laboratory		
NOTE: If patient is a child less than 4 months of age, order Ped Red Cell Transfuse below:		
<input type="checkbox"/>	Pediatric Red Cell Transfuse	T;N, routine, special needs: _____ once, blood
<input type="checkbox"/>	Type and Screen	Routine, T;N, Type: Blood
<input type="checkbox"/>	Type and Crossmatch PRBC	T;N, Routine, Reason for Transfusion: _____, Request Status: _____ Transfusion Date Expected: _____, Volume of Units or mLs _____, Leukoreduced
<input type="checkbox"/>	CBC	T;N, Routine, 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"/>	GGT	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	Bilirubin Total	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	Bilirubin Direct	T;N, Routine, once, Type: Blood
<input type="checkbox"/>	Prothrombin Time (PT/INR)	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	Partial Thromboplastin Time (PTT)	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	Lipase Level	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	Amylase Level	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	Erythrocyte Sedimentation Rate (ESR)	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	C-Reactive Protein (CRP)	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	C-Reactive Protein High-Sensitivity (CRPHS)	Routine, T;N, once, Type: Blood
NOTE: Immunoglobulin A and Tissue Transglutaminase Ab IgA must be ordered at same time		
<input type="checkbox"/>	Tissue Transglutaminase Ab IgA	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	Immunoglobulin A	Routine, T;N, Type: Blood
<input type="checkbox"/>	TSH	T;N, Routine, once, Type: Blood
<input type="checkbox"/>	T4 Free	T;N, Routine, once, Type: Blood
<input type="checkbox"/>	Blood Culture	Routine, T;N, once, Specimen Source: Peripheral Blood, Nurse Collect
<input type="checkbox"/>	Stool Culture	Routine, T;N, Specimen Source: Stool, Nurse Collect
<input type="checkbox"/>	Stool WBC	Routine, T;N, once, Type: Stool, Nurse Collect
<input type="checkbox"/>	Ova/Parasites (Stool Ova & Parasites)	Routine, T;N, Specimen Source: Stool, Nurse Collect
<input type="checkbox"/>	Clostridium difficile Assay	Routine, T;N, once, Type: Stool, Nurse Collect
<input type="checkbox"/>	Giardia lamblia Antigen	Routine, T;N, once, Type: Stool, Nurse Collect
<input type="checkbox"/>	Stool Culture, Viral (Stool Viral Culture)	Routine, T;N, Specimen Source: Stool, Nurse Collect

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Laboratory continued		
<input type="checkbox"/>	Occult Blood Stool	Routine, T;N, Type: Stool, Nurse Collect
<input type="checkbox"/>	Rotavirus Antigen	Routine, T;N, Type: Stool, Nurse Collect
<input type="checkbox"/>	Cryptosporidium Antigen	Routine, T;N, Type: Stool, Nurse Collect
<input type="checkbox"/>	Urinalysis	Routine, T;N, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Urinalysis	Routine, T;N, once, Type: Urine Catherized , Nurse Collect
<input type="checkbox"/>	Urinalysis w/Reflex Microscopic Exam	Routine, T;N, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Urinalysis w/Reflex Microscopic Exam	Routine, T;N, once, Type: Urine Catherized , Nurse Collect
<input type="checkbox"/>	Urine Culture	Routine, T;N, Specimen Source: Urine, Nurse Collect
Diagnostic Tests		
<input type="checkbox"/>	Chest PA & Lateral	T;N, Routine, Wheelchair
<input type="checkbox"/>	Abd Sing AP VW (KUB)	T;N, Routine, Wheelchair
<input type="checkbox"/>	CT Abdomen W/WO Cont Plan	
<input type="checkbox"/>	CT Abdomen WO Cont	T;N, Routine,
<input type="checkbox"/>	CT Pelvis W/WO Cont Plan	T;N, Routine, Wheelchair
<input type="checkbox"/>	CT Pelvis WO Cont	T;N, Routine, Wheelchair
<input type="checkbox"/>	US Abd Limited w/Doppler	T;N, Routine, Wheelchair
<input type="checkbox"/>	US Abd Comp w/Delay Diet Plan	see separate sheet
<input type="checkbox"/>	US Pelvic Non OB Comp	T;N, Routine,
<input type="checkbox"/>	Esophagus w/ Delay Diet Plan	T;N, Routine,
<input type="checkbox"/>	Rad Swallowing Func	T;N, Routine,
<input type="checkbox"/>	GI Upper W/WO Delayed Films W KUB w/Delay Diet Plan	T;N, Routine,
<input type="checkbox"/>	GI Upper W Sm Bowel W Mult Serial Films w/Delay Diet Plan	T;N, Routine,
<input type="checkbox"/>	NM Gastroesophageal Reflux Study (Milk Study)	T;N, Routine,
Consults/Notifications		
<input type="checkbox"/>	Notify Physician-Once	T;N, Notify Who: _____, Reason: _____
<input type="checkbox"/>	Notify Physician-Continuing	T;N, Notify Who: _____, Reason: _____
<input type="checkbox"/>	Physician Group Consult	T;N, Consult Who: _____, Reason: _____
<input type="checkbox"/>	Physician Consult	T;N, Consult Who: _____, Reason: _____

Date	Time	Physician's Signature	MD Number
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