

# Physician Orders

## PED Bronchiolitis Admit Plan

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

PEDIATRIC

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<input type="checkbox"/>	Initiate Powerplan Phase	T;N, Phase: LEB Bronchiolitis Admit Phase
<b>Admission/Transfer/Discharge</b>		
<input type="checkbox"/>	Admit Patient to Dr. _____	
<b>Admit Status:</b> <input type="checkbox"/> Inpatient <input type="checkbox"/> Routine Post Procedure <24hrs <input type="checkbox"/> 23 hour OBS		
<b>Bed Type:</b> <input type="checkbox"/> Med/Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Telemetry; Specific Unit Location: _____		
<input type="checkbox"/>	Admit Patient	T;N
<input type="checkbox"/>	Notify Physician-Once	T;N, of room number on arrival to unit
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
<b>Vital Signs</b>		
<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
<b>Activity</b>		
<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
<b>Food/Nutrition</b>		
<input type="checkbox"/>	NPO	Start at: T;N
<input type="checkbox"/>	Breastfeed	T;N
<input type="checkbox"/>	Formula Per Home Routine	T;N
<input type="checkbox"/>	Regular Pediatric Diet	Start at: T;N
<input type="checkbox"/>	Clear Liquid Diet	Start at: T;N
<b>Patient Care</b>		
<b>NOTE: RSV: American Academy of Pediatrics clinical practice guidelines recommends respiratory isolation for RSV bronchiolitis(reference info).</b>		
<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"/>	Strict I/O	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
<b>Respiratory Care</b>		
<input type="checkbox"/>	Simple Facemask	T;N, Special Instructions: Titrate to keep O2 sat $\geq$ 92%, Wean to room air
<input type="checkbox"/>	O2 -Nasal Cannula	T;N, Special Instructions: Titrate to keep O2 sat $\geq$ 92%, Wean to room air
<input type="checkbox"/>	ISTAT POC (RT Collect)	T;N Routine once, Test Select Arterial Blood Gas



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Continuous Infusions		
<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 1/2NS KCL 20mEq/L	1000mL, IV, Routine, T:N, at _____ mL/hr
<input type="checkbox"/>	D5 1/4NS 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	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"/>	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: NP
<input type="checkbox"/>	Influenza A&B Screen	Routine, T:N, once, Type: Nasopharyngeal(N-P)
<input type="checkbox"/>	Urinalysis	Routine, T:N, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Urinalysis w/Reflex Microscopic Exam	Routine, T:N, once, Type: Urine, Nurse Collect
Diagnostic Tests		
<b>NOTE: American Academy of Pediatrics clinical practice guidelines does not recommend the routine use of chest radiography for non- complicated bronchiolitis (reference info).</b>		
<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: _____



attach patient label

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Consults/Notifications continued		
<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