

Physician Orders

PED Appendicitis 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, 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"/>	Admit Patient	T;N
<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, Monitor and Record T,P,R,BP, q2h(std)
Activity		
<input type="checkbox"/>	Out Of Bed (Activity As Tolerated)	T;N, Up Ad Lib
<input type="checkbox"/>	Ambulate	T;N, ambulate in hall _____ time daily
Food/Nutrition		
<input type="checkbox"/>	NPO	Start at: T;N
Patient Care		
<input type="checkbox"/>	Strict I/O	T;N, Routine, q2h(std)
<input type="checkbox"/>	INT Insert/Site Care	T;N, Routine, q2h(std)
<input type="checkbox"/>	Cardiopulmonary Monitor	T;N Routine, Monitor Type: CP Monitor, Special Instructions: upon arrival to floor
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N
<input type="checkbox"/>	Reprogle (NGT)	T;N, Suction Strength: Low Intermittent
<input type="checkbox"/>	Reprogle (NGT)	T;N, Flush, NGT with _____ mL normal saline every _____ hoursT;N
Bolus IV Fluids		
<input type="checkbox"/>	Sodium Chloride 0.9%	20mL/kg or _____ mL, Injection, IV, Infuse over: 1 hr, (1 dose),Routine, T;N
Maintenance IV Fluids		
<input type="checkbox"/>	D5 1/2NS	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
Replacement IV Fluids		
<input type="checkbox"/>	1/2NS KCL 20mEq/L	1000mL,IV,Routine,Replacement IV Fluids,T;N, Replace NG output mL/mL every 4 hours
<input type="checkbox"/>	Lactated Ringers	1000mL,IV,Routine,Replacement IV Fluids,T;N, Replace NG output mL/mL every 4 hours
Medications		
<input type="checkbox"/>	clindamycin	_____ mg(10 mg/kg), Injection,IV Piggyback, q8h (14 day), routine,T;N, Max dose = 4.8 grams/day
<input type="checkbox"/>	ceftazidime	_____ mg(50 mg/kg), Injection, IV Piggyback, q8h (14 day), routine,T;N, Max dose = 2 grams
<input type="checkbox"/>	cefoxitin	_____ mg(30 mg/kg),Injection, IV Piggyback, q8h (14 day), routine,T;N, Max dose = 12 grams/day



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Medications continued		
[]	acetaminophen	_____mg(10mg/kg), Supp, PR, q4h, PRN Pain or Fever, Routine, T;N For temperature greater than 38.5 degrees Celsius,Max Dose = 90 mg/kg/day up to 4 g/day
[]	ketorolac	_____mg, (0.5 mg/kg), Injection, IV Piggyback, q6h, (8 dose), Routine, T;N, Max dose = 30 mg
[]	morPHINE	_____mg(0.05mg/kg),injection,IV,q2h,PRN breakthrough pain,routine,T;N
[]	ranitidine	_____mg(1mg/kg),injection,IV,q8h,routineT;N, Max dose = 150mg/day
[]	ondansetron	_____mg(0.1 mg/kg),injection,IV,q8h,PRN nausea,routine,T;N, Max dose = 8 mg
Laboratory		
[]	Coombs, Direct	Routine, T;N, once, Type: Blood
[]	Antibody Screen	Routine, T;N, once, Type: Blood
[]	Type and Screen	Routine, T;N, for OR, Type: Blood
[]	Pediatric Red Cell Transfuse	Routine, T;N, Type: Blood, Comment: Type and Screen must have been ordered within the past 72 hours prior to entering this transfuse request. Leukoreduced and Irradiated for all patients less than 4 months; also CMV negative for patients less than 1250 grams.
[]	Type and Crossmatch PRBC	Routine, T;N, Type: Blood
[]	Crossmatch Additional Units	Routine, T;N
[]	Crossmatch Units from Type and Screen	Routine, T;N, Type: Blood
[]	Blood Keep Ahead Order	Routine, T;N, Type: Blood
[]	Plasma Transfuse	Routine, T;N, Type: Blood
[]	Platelets Transfuse	Routine, T;N, Type: Blood
[]	Cryoprecipitate Transfuse	Routine, T;N, Type: Blood
[]	Granulocytes Transfuse	Routine, T;N, Type: Blood, Comment: Requires Blood Bank approval.
[]	CBC	Routine, T;N, once, Type: Blood
[]	Basic Metabolic Panel (BMP)	Routine, T;N, Type: Blood
[]	Urinalysis	Routine, T;N, once, Type: Urine, Nurse Collect
[]	Urinalysis w/Reflex Microscopic Exam	Routine, T;N, once, Type: Urine, Nurse Collect
[]	Pregnancy Screen Serum	Routine, T;N, Type: Blood
Diagnostic Tests		
[]	Chest 2VW Frontal & Lat (Chest PA & Lateral)	T;N, routine, Transport: Wheelchair
[]	Abd Comp W Decubitus/Erect VW (KUB Flat and Upright)	T;N, routine, Reason: persistent abdominal pain/rule out appendicitis, Transport: Wheelchair
[]	US Pelvic Non OB Comp	T;N, routine, -Transport: Wheelchair
Consults/Notifications		
[]	Notify Physician-Continuing	T;N, Notify: _____, For:temperature 38.5 degrees C or greater, persistent abdominal pain or vomiting, or urinary output less than 1mL/kg/hr over 4 hours
[]	Notify Physician-Once	T;N, Who: _____,For: Notify PCP of admission in AM

Date

Time

Physician's Signature

MD Number