

PHYSICIAN'S ORDERS

ANOTHER BRAND OF DRUG IDENTICAL IN FORM AND
CONTENT MAY BE DISPENSED UNLESS CHECKED

Date & Time
Ordered

BILLINGS CLINIC – CODY ROUTINE ORDERS PEDIATRIC RESPIRATORY ILLNESS ORDER SHEET

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Date/Time

- 1) **Admit to:** _____
 - Observation (Acute Care Status)
 - Inpatient
 - Cardiac Monitor
 - Primary Care MD: _____
 - Consult MD _____
 - Previous Medical Records to Department
 - No Open Chart / Reason _____
 - Broselow at nurses' station

- 2) **Diagnosis:** Status Asthmaticus Bronchiolitis Pneumonia Croup
 Other _____
 - Admit Weight: _____ kg
 - Condition: stable guarded

- 3) **Allergies:** _____

- 4) **Vital Signs:**
 - Every _____ hrs x _____; then _____ hrs routine
 - Continuous pulse oximetry
 - Daily weights; I&O's every shift
 - Other _____

- 5) **Respiratory (Cardiopulmonary):**
 - Albuterol: 2.5mg; 5 mg via neb every _____ hrs and every _____ hrs PRN
 - Albuterol continuous nebulization: 0.3 mg/kg/hr = _____/hr X _____ hr via face mask with 10 L of oxygen. May take mask off to eat.
 - Levalbuterol (Xopenex) 0.31mg if 6-11 yr; 0.63mg if 12 and older by neb TID PRN
 - Ipratropium bromide (Atrovent) 0.5mg x _____ hrs
 - Albuterol + ipratropium (DuoNeb) unit dose vial every 6 hrs
 - Fluticasone – inhaled (Flovent) 44mcg 110mcg 220mcg ONE TWO puffs BID
 - Budesonide – inhaled (Pulmicort) 0.25mg 0.5mg respules BID via neb
 - Epinephrine Racemic 0.5 ml with 2 mL saline via neb every _____
 - O2 via NC Mist Tent to keep pulse ox greater than 90%
 - CPT with Nebs

- 6) **Intravenous Therapy:**
 - Saline lock
 - If under 20kg then D5 0.2% (1/4) NS with 20KCl/L _____ / hr
 - If over 20kg then D5 0.5% (1/2) NS with 20KCl/L _____ / hr
 - Other _____

- 7) **Admit Labs:**
 - Comp Other _____
 - Basic Other _____
 - CBC with manual dif
 - Other _____
 - Blood cultures on admission and prior to antibiotics (if not already obtained in ER)
 - UA Urine Culture and Sensitivity, if indicated, prior to antibiotics

Physician Signature _____



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8) Other Labs:

- RSV nasal swab
- Pertussis nasal swab
- Urine for Legionella
- Rapid Flu
- Other _____

9) Diet:

- Age appropriate diet
- Clear / Pedialyte
- NPO
- Formula type _____

10) Activity:

- As tolerated
- Bedrest
- Other _____

11) Nursing Orders:

- Crib
- Regular Bed
- Daily Weights
- I&O's every shift
- Notify MD on Call if:
 - Temp greater than 103°F
 - HR greater than _____ or less than _____
 - Pulse Oximetry less than 90% despite _____ liters/min of O2
 - RR greater than _____ or less than _____
 - Work of breathing is worsening

11) Medications:

- Acyclovir 20mg/kg/DOSE to equal _____ every 8 hrs via IV
- Dexamethasone elixir (0.5 mg/ 5 mL) 0.6 – 1 mg/kg x 1 PO
- Prednisolone: 2mg/kg/day to equal _____ mg PO daily;
1 mg/kg/dose to equal _____ mg PO BID.
- Acetaminophen (Tylenol) 15mg/kg/dose PO every 4 hr PRN tem > 101 or
pain to equal _____ per dose
- Ibuprofen (Motrin) 10mg/kg/dose PO every 6hr PRN fever or pain to equal
_____per dose (if 6 months and older)
- _____
- _____
- _____
- _____

12) Referrals:

- Respiratory Therapy Consult
- Dietary Consult
- Financial
- Case Management

Physician Signature _____

