



Last Admit Date:

<b>Patient Weight:</b> _____	<b>PEDIATRIC ADMISSION ORDERS</b>
<b>DIAGNOSIS</b>	
ADMIT TO Dr. _____ (with Dr. _____ covering) <input type="checkbox"/> Hospitalist	
STATUS <input type="checkbox"/> Referred for Observation <input type="checkbox"/> Inpatient <input type="checkbox"/> OPS Expected LOS > two midnights <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	
MEDICAL NECESSITY DATA (S&S, LAB/XRAY REPORTS etc)	
SERVICE <input type="checkbox"/> Medical <input type="checkbox"/> Surgical <input type="checkbox"/> ICU/IMCU <input type="checkbox"/> WH <input type="checkbox"/> OB/GYN <input type="checkbox"/> Pediatrics <input type="checkbox"/> Ortho	
CONDITION <input type="checkbox"/> Stable <input type="checkbox"/> Guarded <input type="checkbox"/> Poor <input type="checkbox"/> Critical	
CONSULT <input type="checkbox"/> Dr. _____ <input type="checkbox"/> Done <input type="checkbox"/> Page on Arrival <input type="checkbox"/> Page in AM	
CONTACT MD <input type="checkbox"/> For any question/problems <input type="checkbox"/> In AM w/ room # <input type="checkbox"/> On arrival to floor <input type="checkbox"/> Further Orders	
ACTIVITY <input type="checkbox"/> As tolerated <input type="checkbox"/> Prop head & shoulders @ 45 degrees	
DIET <input type="checkbox"/> Age appropriate <input type="checkbox"/> Clear liquids <input type="checkbox"/> Pedialyte ad lib <input type="checkbox"/> NPO	
NURSING <input type="checkbox"/> I/O Q 8hrs <input type="checkbox"/> Daily weight <input type="checkbox"/> Strict I&O's <input type="checkbox"/> Telemetry X <input type="checkbox"/> 24 hours <input type="checkbox"/> 48 hours <input type="checkbox"/> Apnea Monitor	
IVF <input type="checkbox"/> _____ cc Bolus over <input type="checkbox"/> 30 min <input type="checkbox"/> 1 hour then <input type="checkbox"/> Saline lock May use Emla Cream <input type="checkbox"/> D5 1/3 NS or <input type="checkbox"/> D5 1/2 NS at _____ cc/hr <input type="checkbox"/> _____ at _____ cc/hr	
VITALS <input type="checkbox"/> Routine <input type="checkbox"/> Neuro check Q _____ hrs x _____ hrs <input type="checkbox"/> BP with Vitals	
AM STUDIES <input type="checkbox"/> CBC <input type="checkbox"/> BMP <input type="checkbox"/> CMP May use Emla Cream for IV start or labsticks	
LAB <input type="checkbox"/> CBC with Manual Diff <input type="checkbox"/> BMP <input type="checkbox"/> Blood C&S x 1 <input type="checkbox"/> CRP & Sed Rate <input type="checkbox"/> Urinalysis <input type="checkbox"/> Urine C&S <input type="checkbox"/> CMP <input type="checkbox"/> ESR	
IMAGING <input type="checkbox"/> Chest X-ray <input type="checkbox"/> KUB <input type="checkbox"/> ABD Series <input type="checkbox"/> Portable Ok	
<b>MEDICATION ORDERS (If Checked)</b>	<input type="checkbox"/> Zofran _____ mg PO or IV or IM (circle) every 6 hrs prn nausea <input type="checkbox"/> Rocephin _____ mg IV or IM (circle) every 12 or 24 (circle) hrs <input type="checkbox"/> Solumedrol _____ 1 mg / kg / dose IV every 12 hrs <input type="checkbox"/> Albuterol jet neb <input type="checkbox"/> 0.63mg <input type="checkbox"/> 1.25mg <input type="checkbox"/> 2.5mg every 4 6 8 (circle) hrs and prn with peak flows with oximetry <input type="checkbox"/> Atrovent jet neb every 4 6 8 (circle) hrs <input type="checkbox"/> CPT with Nebs <input type="checkbox"/> Pinwheel or Incentive Spirometry <input type="checkbox"/> Orapred 1 mg / kg / dose every 12 hrs PO <input type="checkbox"/> Tylenol 15 mg / kg per dose PO or PR every 4 hrs prn for fever >101 <input type="checkbox"/> Motrin 10 mg / kg per dose PO every 6 hrs prn for fever >102 (for children > 6 months of age only) <input type="checkbox"/> Tepid sponge bath for temp ≥103F <input type="checkbox"/> Benadryl _____ mg PO or IV (circle) every 6 hrs prn itching or rash <input type="checkbox"/> Saline nasal drops in each nostril every 2 hrs prn <input type="checkbox"/> Oxygen: NC @ 1.5/2 L/M 40% Face mask 40% Oxi-hood (circle) <input type="checkbox"/> To keep O2 Sat's > 90% <input type="checkbox"/> Mycolog cream to diaper area every 6 hrs prn diaper rash <input type="checkbox"/> Little Noses Nasal Decongestant Drops- 1 drop to each nostril every 8 hours X 3 days <input type="checkbox"/> _____ <input type="checkbox"/> Repeated and Verified with Attending

Patient Name and DOB

Physician Offices-For the most updated form please visit [www.coffeeregional.org](http://www.coffeeregional.org) and print from the "For Our Physicians" link.