



R/O SEPSIS- PEDIATRIC

Age_____ Weight_____kg

1. PEDS: Referred for Observation INPATIENT

GBHC#_____ PRECERT #_____

2. DX: **FOR R/O SEPSIS**

3. Prop up head and shoulder 45 degrees.

4. Clear Liquids if no vomiting x 4 hours, then Diet For Age.

5. Vital Signs every 4 hours.

6. Strict Intake and Output every 8 hours.

7. CBC with Manual Diff, BMP, Blood C&S x 1, Blood Bactigens, Urinalysis, Urine C&S, Urine Bactigens on admission.

8. Chest x-ray on admission.

9. IV D₅_____ at _____ml/hr.

10. Tylenol 15mg/kg per dose PO or PR every 4 hours PRN for temp >101F.

11. Tepid Sponge for Temp \geq 103F.

12. Call MD if any + Bactigens or abnormal labs.

13. Antibiotic:_____

Physician Offices-
For the most updated form please visit
www.coffeeregional.org and
print from the "For Our Physicians" link.

Patient Name