



UNSAFE ABBREVIATIONS - please use bolded items

| | | |
|---|---|---|
| 1. Daily not 'qd' | 2. micrograms not 'µg' | 3. Vidarabine not ARA-A |
| 4. Units not 'u' | 5. Morphine not 'MSO4' or 'MS' | 6. International Units not 'IU' |
| 7. Methotrexate not 'MTX' | 8. Every other day not 'Q.O.D.' | 9. Magnesium Sulfate not 'MgSO4' |
| 10. No trailing zeros (1 mg not 1.0 mg) | 11. Always use leading zeros (0.1 mg not .1 mg) | |

✓ = Do Not Substitute

| ✓ | DATE | TIME | INSTRUCTIONS: Please write plainly, use ballpoint pen, and press firmly. Include Physician Name and Signature. Check appropriate boxes and fill in blanks. |
|---|------|------|---|
| | | | Place on 8800, service of Dr. _____ |
| | | | <input type="checkbox"/> Inpatient admission <input type="checkbox"/> Outpatient observation |
| | | | Diagnosis: <input type="checkbox"/> Gastroenteritis <input type="checkbox"/> Dehydration <input type="checkbox"/> Rotavirus <input type="checkbox"/> Other: _____ |
| | | | Condition: _____ |
| | | | Allergies: _____ |
| | | | Growth: Wt: _____ kg Ht: _____ cm Surface Area: _____ m ² |
| | | | Vital Signs: <input type="checkbox"/> Every 4 hours <input type="checkbox"/> Daily weights <input type="checkbox"/> Strict I&O's |
| | | | Diet: <input type="checkbox"/> NPO <input type="checkbox"/> Clear Liquids <input type="checkbox"/> Low Residue Diet <input type="checkbox"/> Other: _____ |
| | | | IV Fluid Bolus: <input type="checkbox"/> None |
| | | | <input type="checkbox"/> LR 20 ml/kg = _____ ml over one hour |
| | | | <input type="checkbox"/> NS 20 ml/kg = _____ ml over one hour |
| | | | <input type="checkbox"/> Other: _____ |
| | | | <input type="checkbox"/> Call House Pediatrician when bolus is complete |
| | | | IV Fluids after bolus: |
| | | | <input type="checkbox"/> D _s ½NS with 20 meq KCl/liter at _____ ml/hour = _____ ml/m ² /day |
| | | | <input type="checkbox"/> D _s ¼NS with 20 meq KCL/liter at _____ ml/hour = _____ ml/m ² /day |
| | | | <input type="checkbox"/> Other: _____ |
| | | | Labs: <input type="checkbox"/> Basic Metabolic Profile <input type="checkbox"/> UA with micro <input type="checkbox"/> Stool for Rotavirus |
| | | | <input type="checkbox"/> CBC with manual diff <input type="checkbox"/> Urine Culture <input type="checkbox"/> Stool culture |
| | | | <input type="checkbox"/> Liver Profile <input type="checkbox"/> Stool culture to R/O Yersinia |
| | | | <input type="checkbox"/> Amylase and Lipase <input type="checkbox"/> Stool Cryptosporidia/Giardia DFA |
| | | | <input type="checkbox"/> Blood Culture <input type="checkbox"/> Stool for Clostridium Difficile |
| | | | Medications: |
| | | | <input type="checkbox"/> Tylenol (15 mg/kg) = _____ mg every 4 hours PRN for Temp greater than 38°C or pain or irritability |
| | | | <input type="checkbox"/> Infant Drops - PO <input type="checkbox"/> Suspension - PO <input type="checkbox"/> Tablets - PO <input type="checkbox"/> Suppository - PR |
| | | | <input type="checkbox"/> May use LMX to skin or Pain Ease prior to needlesticks. |
| | | | <input type="checkbox"/> Desitin to diaper area prn rash. |
| | | | <input type="checkbox"/> Use 2% lidocaine gel for urine catheter as per protocol. |
| | | | <input type="checkbox"/> Isolation: Contact Precautions |
| | | | Physician Signature: |

PHYSICIAN ORDERS