

# IDPH ESF-8 Plan: Pediatric and Neonatal Surge Annex **2017**

## Sample Pediatric Admission Orders

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Purpose: To provide guidance to practitioners caring for pediatric patients who need inpatient hospital care during a disaster.

Disclaimer: This guideline is not meant to be all inclusive, replace an existing policy and procedure at a hospital or substitute for clinical judgment. These guidelines may be modified at the discretion of the healthcare provider.

Sample Pediatric Standard Admission Orders

Sample Pediatric Respiratory Admission Orders

Sample Pediatric Septic Shock Admission Orders

Sample Pediatric Hypovolemic Shock Admission Orders

Sample Pediatric Trauma/Blast Injury Admission Orders

### Sample Pediatric Standard Admission Orders

**Admitting physician:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Condition:** ☐ Critical ☐ Serious ☐ Stable

**Patient Admission Status:** ☐ Full inpatient ☐ Observation ☐

**Weight (kg):** \_\_\_\_\_ **Height (cm):** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Activity:**

- ☐ As tolerated
- ☐ Strict bed rest
- ☐ Bed rest with bathroom privileges

**Isolation:** \_\_\_\_\_

**Vital signs/assessment:**

- ☐ Per nursing protocol (if applicable)
- ☐ Continuous cardiac monitoring
- ☐ Continuous pulse-ox
- ☐ Spot check pulse-ox with vitals and if exhibiting respiratory difficulty
- ☐ Continuous pulse-ox if patient receiving supplemental O<sub>2</sub>
- ☐ Routine I & O
- ☐ Strict I & O
- ☐ Daily weights
- ☐ BP with vitals
- ☐ Seizure precautions
- ☐ Neuro checks every \_\_\_\_\_
- ☐ Notify physician if temperature is greater than \_\_\_\_\_ or less than \_\_\_\_\_
- ☐ Notify physician if pulse oximetry is less than \_\_\_\_\_
- ☐ Other \_\_\_\_\_

**Diet:**

- ☐ General PO ad lib
- ☐ Soft diet PO ad lib
- ☐ Full liquid diet PO ad lib
- ☐ Clear liquid diet PO ad lib
- ☐ Breastfeeding PO ad lib
- ☐ \_\_\_\_\_ formula PO ad lib
- ☐ NPO
- ☐ Other \_\_\_\_\_

**IVS:**

- ☐ Saline Lock
- ☐ NS bolus \_\_\_\_\_ mL IV to run over 1 – 2 hours
- ☐ D5 ½ NS with 20 mEq KCl/L to run at \_\_\_\_\_ mL/hr
- ☐ D5 ¼ NS with 20 mEq KCl/L to run at \_\_\_\_\_ mL/hr
- ☐ Other \_\_\_\_\_

**Supplemental Oxygen:**

Oxygen to maintain saturation ≥ \_\_\_\_\_ % via:

- ☐ Nasal cannula \_\_\_\_\_
- ☐ High-humidity nasal cannula \_\_\_\_\_
- ☐ High flow high humidity nasal cannula \_\_\_\_\_ L
- ☐ Trach collar \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

**Respiratory Treatments:**

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

**Labs:**

- ☐ CBC with Differential
- ☐ CBC (Hemogram)
- ☐ CMP
- ☐ BMP
- ☐ CBG
- ☐ VBG
- ☐ ESR
- ☐ CRP
- ☐ UA:

☐ Clean catch

☐ Bagged

☐ Cath

☐ HCG

☐ Urine culture
- ☐ Blood culture
- ☐ Stool for:

☐ Culture

☐ Rotavirus

☐ C. diff

☐ O&P

☐ Gram stain
- ☐ NP wash for:

☐ RSV

☐ Influenza

☐ Viral culture
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

**Radiology:**

- ☐ CXR (AP) Reason: \_\_\_\_\_
- ☐ CXR (PA and lateral): Reason: \_\_\_\_\_
- ☐ Abdominal series: Reason: \_\_\_\_\_
- ☐ KUBL: Reason: \_\_\_\_\_
- ☐ Other \_\_\_\_\_
- ☐ Other \_\_\_\_\_
- ☐ Other \_\_\_\_\_

# IDPH ESF-8 Plan: Pediatric and Neonatal Surge Annex

## Sample Pediatric Admission Orders

2017

### Medications:

#### ☐ Analgesics/Antipyretics:

- ☐ Acetaminophen (Tylenol) (15 mg/kg/dose) \_\_\_\_\_mg PO/GT every 4 hours PRN temperature  $\geq 38.6^{\circ}\text{C}/101.5^{\circ}\text{F}$  and/or discomfort (not to exceed 4000 mg a day)
- ☐ Acetaminophen (Tylenol) (20 mg/kg/dose) \_\_\_\_\_mg PR every 4 hours PRN temperature  $\geq 38.6^{\circ}\text{C}/101.5^{\circ}\text{F}$  and/or discomfort (not to exceed 4000 mg a day)
- ☐ Ibuprofen (Motrin) (10 mg/kg/dose) \_\_\_\_\_mg PO/GT every 6 hours PRN temperature  $\geq 38.6^{\circ}\text{C}/101.5^{\circ}\text{F}$  and/or discomfort

#### ☐ Analgesics

- ☐ Acetaminophen with hydrocodone (Hycet/Lortab/Lorcet/Norco) \_\_\_\_\_mg/kg PO every 4-6 hours PRN for pain
- ☐ Morphine (0.1-0.2 mg/kg) \_\_\_\_\_mg IV every 2-4 hours as needed (max 10 mg/dose)
- ☐ Fentanyl \_\_\_\_\_mcg IV every \_\_\_\_\_hours as needed.

#### ☐ Topical Anesthetic to be applied prior to routine blood draws and IV starts

#### ☐ Other:

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

### Consults:

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

### Additional Orders:

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

### Sample Pediatric Respiratory Admission Orders

**Admitting physician:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Condition:** ☐ Critical ☐ Serious ☐ Stable

**Weight (kg):** \_\_\_\_\_ **Height (cm):** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Pulse Oximetry:**

- Obtain pulse oximetry on admission to unit
- If SpO<sub>2</sub> > 90%, obtain spot check pulse oximetry readings with each treatment, with vital signs or if patient exhibits decline in respiratory status
- If SpO<sub>2</sub> < 90%, provide oxygen and begin continuous pulse oximetry monitoring

**Supplemental Oxygen Orders:**

- If SpO<sub>2</sub> < 90% on room air, apply oxygen to maintain SpO<sub>2</sub> 91-94%
  - Nasal Cannula
  - Aerosol Mask
- Titrate oxygen to maintain pulse oximetry > 90%
- Wean oxygen if oxygen saturation maintains 94%.
  - Decrease oxygen by ½ liter per minute (LPM) and reassess patient 5-10 minutes after change in oxygen
  - Do not decrease oxygen more frequently than every 60 minutes

☐ Ventilator settings: \_\_\_\_\_

- For more information, see: *Use of Strategic National Stockpile (SNS) Ventilators in the Pediatric Patient: Instructional Guidelines with Training Scenarios, 2<sup>nd</sup> edition*

**Peak Expiratory Flow Rate (PEFR)**

- Peak Flow will be done on admission for patients > 5 years of age to determine patient's compliance/ability to effectively perform
- Check Peak Flow before and after breathing treatments.

**AVERAGE PREDICTED PEAK EXPIRATORY FLOW RATES FOR NORMAL CHILDREN**

| Height |     | PEFR<br>(L/min) | 70%<br>PEFR | Height  |     | PEFR<br>(L/min) | 70%<br>PEFR | Height |     | PEFR<br>(L/min) | 70% PEFR |
|--------|-----|-----------------|-------------|---|-----|-----------------|-------------|--------|-----|-----------------|----------|
| In     | Cm  |                 |             | In  | Cm  |                 |             | In     | Cm  |                 |          |
| 43     | 109 | 147             | 103         | 52  | 132 | 267             | 187         | 60     | 152 | 373             | 261      |
| 44     | 112 | 160             | 112         | 53  | 135 | 280             | 196         | 61     | 155 | 387             | 271      |
| 45     | 114 | 173             | 121         | 54  | 137 | 293             | 205         | 62     | 157 | 400             | 280      |
| 46     | 117 | 187             | 131         | 55  | 140 | 307             | 215         | 63     | 160 | 413             | 289      |
| 47     | 119 | 200             | 140         | 56  | 142 | 320             | 224         | 64     | 163 | 427             | 299      |
| 48     | 122 | 214             | 150         | 57  | 145 | 334             | 234         | 65     | 165 | 440             | 308      |
| 49     | 124 | 227             | 159         | 58  | 147 | 347             | 243         | 66     | 168 | 454             | 318      |
| 50     | 127 | 240             | 168         | 59  | 150 | 360             | 252         | 67     | 170 | 467             | 327      |
| 51     | 130 | 254             | 178         | Data from Voter. Pediatr Rev 1996; 17(2): 53-63 |     |                 |             |        |     |                 |          |

**Medications:**

- ☐ Albuterol
  - ☐ MDI via spacer device
    - ☐ 2 puffs every 3 hours (6-11 months old)
    - ☐ 4 puffs every 3 hours (> 12 months old)
  - ☐ Nebulizer \_\_\_\_\_mg every \_\_\_\_ hrs (0.5 mg/kg/hr, max dose 30 mg/hr)
  - ☐ Continuous
    - ☐ If patient requires treatment prior to two hour interval, administer Albuterol continuous nebulizer for two hours and begin continuous pulse oximetry monitoring
    - ☐ Albuterol 0.5mg/kg/hr (max dose 10mg/hr)
- ☐ Ipratropium bromide (Atrovent):
  - ☐ 0.5 mg to be given with 2<sup>nd</sup> and 3<sup>rd</sup> doses of Albuterol
- ☐ Corticosteroids:
  - ☐ Prednisolone Sodium Phosphate (Orapred): \_\_\_\_\_mg PO STAT (2 mg/kg loading dose-max 60 mg/dose) then \_\_\_\_\_mg PO every 12 hours (1 mg/kg maintenance dose-max 30 mg/dose) x 5 days
  - ☐ Methylprednisone (Solumedrol): \_\_\_\_\_mg IV STAT (2 mg/kg loading dose-max 60 mg/dose) then \_\_\_\_\_mg IV every 6 hours (1 mg/kg maintenance dose-max 30 mg/dose) x 4 doses
- ☐ Topical anesthetic for IV start and lab draws:
  - ☐ Apply topically once 30-90 minutes prior to painful procedures (maximum 1 gm, 10 centimeter area squared, or application time of 2 hours)
- ☐ Antibiotics:
  - ☐ \_\_\_\_\_
  - ☐ \_\_\_\_\_
  - ☐ \_\_\_\_\_
  - ☐ \_\_\_\_\_
- ☐ Analgesics/Antipyretics:
  - ☐ Acetaminophen (Tylenol) (15 mg/kg/dose) \_\_\_\_\_mg PO/GT every 4 hrs PRN for temperature  $\geq 38.6^{\circ}\text{C}/101.5^{\circ}\text{F}$  or discomfort (max dose 3000mg/day)
  - ☐ Acetaminophen (Tylenol) (20 mg/kg/dose) \_\_\_\_\_mg PR every 4 hrs PRN for temperature  $\geq 38.6^{\circ}\text{C}/101.5^{\circ}\text{F}$  or discomfort (max dose 3000mg/day)
  - ☐ Ibuprofen (Motrin) (10mg/kg/dose) \_\_\_\_\_mg PO/GT every 6 hours PRN for temperature  $\geq 38.6^{\circ}\text{C}/101.5^{\circ}\text{F}$  or discomfort
- ☐ See **Sample Pediatric Standard Admission Orders** for additional examples for diet, IV, labs etc.
- ☐ Asthma Score (see next page)

# IDPH ESF-8 Plan: Pediatric and Neonatal Surge Annex

## Sample Pediatric Admission Orders

**2017**

| Asthma Score  |  |  |   |
|---|--|--|---|
| <ul style="list-style-type: none"> <li>• Intended for use with patients &gt; 2 years old who are being treated for asthma or an asthma exacerbation</li> <li>• Not intended for patients who: <ul style="list-style-type: none"> <li>• Are being treated for bronchiolitis, pneumonia, croup, reactive airway disease</li> <li>• Have chronic lung disease, cystic fibrosis, airway anomalies, cardiac disease, foreign body or neurologic disorders</li> </ul> </li> <li>• Calculate the asthma score upon admission, prior to each aerosol treatment, and during the weaning process</li> <li>• Wean if score of 0-1 and/or peak expiratory flow rate (PEFR) greater than 70% predicted → see Asthma Weaning Guidelines on next page.</li> <li>• Treatment should be given for a score of 2 or higher and/or PEFR less than 70% predicted.</li> </ul> |  |  |   |
| ASTHMA SCORE  | 0  | 1  | 2   |
| <b>Respiratory Rate (Count for a full minute)</b>   | 0-12 mos: < 40<br>1-5 y/o: < 30<br>6-9 y/o: < 25<br>10-15 y/o: < 23<br>>15 y/o: < 20 | 0-12 mos: 40-50<br>1-5 y/o: 30-40<br>6-9 y/o: 25-30<br>10-15 y/o: 23-27<br>> 15 y/o: 20-24 | 0-12 mos: > 50<br>1-5 y/o: > 40<br>6-9 y/o: > 30<br>10-15 y/o: > 27<br>>15 y/o: > 24            |
| <b>Retractions</b>  | None   | Suprasternal/Subcostal/<br>Intercostal   | Using neck or abdominal<br>muscles (belly breathing) if<br>atypical for child                   |
| <b>Breath Sounds</b>  | Normal, equal,<br>Mild expiratory wheeze   | Wheeze throughout<br>expiration<br>Localized decreased breath<br>sounds                    | Wheeze throughout<br>inspiration & expiration<br>Multiple areas with decreased<br>breath sounds |
| <b>Oxygen Saturation (SpO<sub>2</sub>)</b>  | ≥ to 92%   | ≥ 90-92%   | ≤ 90%   |
| Adapted from: Cincinnati Children's Hospital Medical Center Respiratory Assessment/Care Record, 2002; Kelly et al, Improved Outcomes for Hospitalized Asthmatic Children Using a Clinical Pathway, 2000.  |  |  |   |

### Sample Pediatric Septic Shock Admission Orders

**Admitting physician:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Condition:** ☐ Critical ☐ Serious ☐ Stable

**Weight (kg):** \_\_\_\_\_ **Height(cm):** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Isolation:** \_\_\_\_\_

**Assessment:**

- ☐ Continuous cardiac monitoring
- ☐ Continuous pulse oximetry
- ☐ Blood pressure with all vital signs
- ☐ Routine I&O
- ☐ Strict I&O
- ☐ Daily weight
- ☐ Seizure precautions
- ☐ Neuro checks ever \_\_\_\_\_ hours
- ☐ All non-rectal temperatures > 38°C/100.4°F should be confirmed rectally on infants ≤60 days of age

**Tests:**

- ☐ CBC with differential
  - ☐ now (order if not performed prior to admission)
  - ☐ at \_\_\_\_\_
  - ☐ every \_\_\_\_\_ hours
- ☐ CMP
  - ☐ now (order if not performed prior to admission)
  - ☐ at \_\_\_\_\_
  - ☐ every \_\_\_\_\_ hours
- ☐ BMP
  - ☐ now (order if not performed prior to admission)
  - ☐ at \_\_\_\_\_
  - ☐ every \_\_\_\_\_ hours
- ☐ Blood culture (order if not performed prior to admission)
- ☐ Viral blood culture
- ☐ Catheterized urinalysis (order if not performed prior to admission)
- ☐ Catheterized urine culture (order if not performed prior to admission)
- ☐ Stool culture
- ☐ Stool for Rotavirus
- ☐ Stool gram stain
- ☐ RSV
- ☐ Influenza
- ☐ Viral culture
- ☐ Chest x-ray (PA and lateral) (order if not performed prior to admission)

For infants ≤ 60 days of age with fever:

- ☐ CSF for (laboratory should perform these in ranking order as listed below)

- ☐ Cell count
  - ☐ Glucose
  - ☐ Protein
  - ☐ Gram stain
  - ☐ Aerobic culture
  - ☐ Viral culture
  - ☐ Enterovirus PCR
  - ☐ Herpes PCR
  - ☐ Meningitis antigen profile
- ☐ Conjunctiva viral culture
- ☐ Viral culture of skin lesion on \_\_\_\_\_
- ☐ Rectal viral culture
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

**Medications:**

- ☐ Analgesics/Antipyretics:
  - ☐ Acetaminophen (Tylenol) (15 mg/kg/dose) \_\_\_\_\_mg PO/GT every 4 hrs PRN for temperature  $\geq 38.6^{\circ}\text{C}/101.5^{\circ}\text{F}$  or discomfort (max dose 3000 mg/day)
  - ☐ Acetaminophen (Tylenol) (20 mg/kg/dose) \_\_\_\_\_mg PR every 4 hrs PRN for temperature  $\geq 38.6^{\circ}\text{C}/101.5^{\circ}\text{F}$  or discomfort (max dose 3000 mg/day)
  - ☐ Ibuprofen (Motrin) (10 mg/kg/dose) \_\_\_\_\_mg PO/GT every 6 hours PRN for temperature  $\geq 38.6^{\circ}\text{C}/101.5^{\circ}\text{F}$  or discomfort (for infants > 5 months)
- ☐ Antibiotics:
  - ☐ Ceftriaxone \_\_\_\_\_mg IV every \_\_\_\_\_ hours (max 4 gm/day)
  - ☐ Vancomycin \_\_\_\_\_mg IV every \_\_\_\_\_ hours (max 1 gm/dose)
  - ☐ \_\_\_\_\_
  - ☐ \_\_\_\_\_
  - ☐ \_\_\_\_\_
  - ☐ For infants  $\leq 30$  days of age with fever:
    - ☐ Ampicillin \_\_\_\_\_mg IV every 6 hours (200 mg/kg/day)
    - ☐ Cefuroxime \_\_\_\_\_mg IV every 6 hours (200 mg/kg/day)
    - ☐ Cefotaxime \_\_\_\_\_mg IV every \_\_\_\_\_ hours
    - ☐ Acyclovir \_\_\_\_\_mg IV every \_\_\_\_\_ hours

(If greater than or equal to 35 weeks post-conceptual age, give 60 mg/kg/day divided every 8 hours. If less than 35 weeks post conceptual age, give 40 mg/kg/day divided every 12 hours)

  - ☐ Gentamycin \_\_\_\_\_mg IV every \_\_\_\_\_ hours
- ☐ Topical anesthetic for IV start and lab draws:
  - ☐ Apply topically once 30-90 minutes prior to procedure (maximum 1 gm, 10 centimeter area squared, or application time of 2 hours)

**IV Therapy:**

- ☐ Saline lock
- ☐ D5 ½ NS with 20 mEq KCl/L running at \_\_\_\_\_ mL/hr (ensure patient is voiding)

- ☐ \_\_\_\_\_ running at \_\_\_\_\_ mL/hr
- ☐ \_\_\_\_\_ running at \_\_\_\_\_ mL/hr

**Supplemental Oxygen Orders:**

- If SpO<sub>2</sub> < 90% on room air, apply oxygen to maintain SpO<sub>2</sub> 91-94%
    - Nasal Cannula
    - Aerosol Mask
  - Titrate oxygen to maintain SpO<sub>2</sub> > 90%
  - Wean oxygen if oxygen saturation maintains 94%.
    - Decrease oxygen by ½ liter per minute (LPM) and reassess patient 5-10 minutes after change in oxygen
    - Do not decrease oxygen more frequently than every 60 minutes
- ☐ Ventilator Settings: \_\_\_\_\_
- For more information, see: *Use of Strategic National Stockpile (SNS) Ventilators in the Pediatric Patient: Instructional Guidelines with Training Scenarios, 2nd edition*
- ☐ See **Sample Pediatric Standard Admission Orders** for additional examples for diet, IV, labs etc.

**Sample Pediatric Hypovolemic Shock Admission Orders**

**Admitting physician:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Condition:** ☐ Critical ☐ Serious ☐ Stable

**Weight (kg):** \_\_\_\_\_ **Height (cm):** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Isolation:** \_\_\_\_\_

**Assessment:**

- ☐ Continuous cardiac monitoring
- ☐ Continuous pulse oximetry
- ☐ Blood pressure with all vital signs
- ☐ Routine I&O
- ☐ Strict I&O
- ☐ Daily weight

**Tests:**

- ☐ CBC with differential
  - ☐ now (order if not performed prior to admission)
  - ☐ at \_\_\_\_\_
  - ☐ every \_\_\_\_\_ hours
- ☐ CMP
  - ☐ now (order if not performed prior to admission)
  - ☐ at \_\_\_\_\_
  - ☐ every \_\_\_\_\_ hours
- ☐ BMP
  - ☐ now (order if not performed prior to admission)
  - ☐ at \_\_\_\_\_
  - ☐ every \_\_\_\_\_ hours

**Medications:**

- ☐ Analgesics/Antipyretics:
  - ☐ Acetaminophen (Tylenol) (15 mg/kg/dose) \_\_\_\_\_ mg PO/GT every 4 hrs PRN for temperature  $\geq 38.6^{\circ}\text{C}/101.5^{\circ}\text{F}$  or discomfort (max dose 3000 mg/day)
  - ☐ Acetaminophen (Tylenol) (20mg/kg/dose) \_\_\_\_\_ mg PR every 4 hrs PRN for temperature  $\geq 38.6^{\circ}\text{C}/101.5^{\circ}\text{F}$  or discomfort (max dose 3000 mg/day)
  - ☐ Ibuprofen (Motrin) (10mg/kg/dose) \_\_\_\_\_ mg PO/GT every 6 hours PRN for temperature  $\geq 38.6^{\circ}\text{C}/101.5^{\circ}\text{F}$  or discomfort (for infants > 5 months)
- ☐ Antiemetic:
  - ☐ \_\_\_\_\_
  - ☐ \_\_\_\_\_
- ☐ Antibiotics:
  - ☐ \_\_\_\_\_
  - ☐ \_\_\_\_\_
  - ☐ \_\_\_\_\_

- ☐ Topical anesthetic for IV start and lab draws:
  - ☐ Apply topically once 30-90 minutes prior to procedure (maximum 1gm, 10 centimeter area squared, or application time of 2 hours)

**IV Therapy:**

- ☐ \_\_\_\_\_
- ☐ D5 ½ NS with 20 mEq KCl/L running at \_\_\_\_\_ mL/hr (ensure patient is voiding)
- ☐ \_\_\_\_\_ running at \_\_\_\_\_ mL/hr
- ☐ \_\_\_\_\_ running at \_\_\_\_\_ mL/hr

**Supplemental Oxygen Orders:**

- If SpO<sub>2</sub> < 90% on room air, apply oxygen to maintain SpO<sub>2</sub> 91-94%
  - Nasal Cannula
  - Aerosol Mask
- Titrate oxygen to maintain SpO<sub>2</sub> > 90%
- Wean oxygen if oxygen saturation maintains 94%.
  - Decrease oxygen by ½ liter per minute (LPM) and reassess patient 5-10 minutes after change in oxygen
  - Do not decrease oxygen more frequently than every 60 minutes
- ☐ Ventilator Settings: \_\_\_\_\_
  - For more information, see: Use of Strategic National Stockpile (SNS) Ventilators in the Pediatric Patient: Instructional Guidelines with Training Scenarios, 2nd edition
- ☐ See **Sample Pediatric Standard Admission Orders** for additional examples for diet, IV, labs etc

**Sample Pediatric Trauma/Blast Injury Admission Orders**

**Admitting physician:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Condition:** ☐ Critical ☐ Serious ☐ Stable

**Weight (kg):** \_\_\_\_\_ **Height (cm):** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Assessment:**

- ☐ Continuous cardiac monitoring
- ☐ Continuous pulse oximetry
- ☐ Blood pressure with all vital signs
- ☐ Routine I&O
- ☐ Strict I&O q 1 hour (maintain urine output at 2-4 mL/kg/hr)
- ☐ Daily weight
- ☐ Seizure precautions
- ☐ Neuro checks ever \_\_\_\_\_ hours
- ☐ Perform CMS checks on extremities every \_\_\_\_\_ hours to monitor for compartment syndrome/crush syndrome

**Tests:**

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

**Medications:**

- ☐ Analgesics/Antipyretics:
  - ☐ Acetaminophen (Tylenol) (15 mg/kg/dose) \_\_\_\_\_ mg PO/GT every 4 hrs PRN for temperature  $\geq 38.6^{\circ}\text{C}/101.5^{\circ}\text{F}$  or discomfort (max dose 3000 mg/day)
  - ☐ Acetaminophen (Tylenol) (20 mg/kg/dose) \_\_\_\_\_ mg PR every 4 hrs PRN for temperature  $\geq 38.6^{\circ}\text{C}/101.5^{\circ}\text{F}$  or discomfort (max dose 3000 mg/day)
  - ☐ Ibuprofen (Motrin) (10 mg/kg/dose) \_\_\_\_\_ mg PO/GT every 6 hours PRN for temperature  $\geq 38.6^{\circ}\text{C}/101.5^{\circ}\text{F}$  or discomfort (for infants > 5 months). Ensure adequate renal function before utilizing.
- ☐ Analgesics
  - ☐ Acetaminophen with hydrocodone (Hycet/Lortab/Lorcet/Norco) \_\_\_\_\_ mg/kg PO every 4-6 hours PRN for pain
  - ☐ Morphine (0.1-0.2 mg/kg) \_\_\_\_\_ mg IV every 2-4 hours as needed (max 10 mg/dose)
  - ☐ Fentanyl \_\_\_\_\_ mcg IV every \_\_\_\_\_ hours as needed.
- ☐ Antibiotics:
  - ☐ \_\_\_\_\_
  - ☐ \_\_\_\_\_
  - ☐ \_\_\_\_\_

- ☐ Topical anesthetic for IV start and lab draws
  - ☐ Apply topically once 30-90 minutes prior to procedure (maximum 1gm, 10 centimeter area squared, or application time of 2 hours)

#### IV Therapy:

- ☐ Saline Lock
- ☐ NS bolus \_\_\_\_\_ mL IV to run over 1 – 2 hours
- ☐ LR bolus \_\_\_\_\_mL IV to run over 1-2 hours
- ☐ D5 ½ NS with 20 mEq KCl/L to run at \_\_\_\_\_ mL/hr (Ensure adequate renal function before utilizing potassium)
- ☐ D5 ¼ NS with 20 mEq KCl/L to run at \_\_\_\_\_ mL/hr (Ensure adequate renal function before utilizing potassium)
- ☐ Other \_\_\_\_\_

#### Supplemental Oxygen Orders:

- If SpO<sub>2</sub> < 90% on room air, apply oxygen to maintain SpO<sub>2</sub> 91-94%
  - Nasal Cannula
  - Aerosol Mask
- Titrate oxygen to maintain SpO<sub>2</sub> > 90%
- Wean oxygen if SpO<sub>2</sub> maintains 94%.
  - Decrease oxygen by ½ liter per minute (LPM) and reassess patient 5-10 minutes after change in oxygen
  - Do not decrease oxygen more frequently than every 60 minutes
- ☐ Ventilator Settings: \_\_\_\_\_
  - For more information, see: *Use of Strategic National Stockpile (SNS) Ventilators in the Pediatric Patient: Instructional Guidelines with Training Scenarios, 2<sup>nd</sup> edition*
- ☐ See **Sample Pediatric Standard Admission Orders** for additional orders for diet, IV, labs etc
- ☐ If hypovolemic, refer to **Pediatric Shock Care Guidelines: Sample Hypovolemic Shock Admission Orders**