POG1001

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. _____
			☐ Inpatient admission ☐ Outpatient observation
			Diagnosis: ☐ RSV ☐ Bronchiolitis ☐ Other _____
			Condition: _____
			Allergies: _____
			Growth: Wt: _____ kg Ht: _____ cm Surface Area: _____ m^2
			Diet: ☐ Nurse ad lib ☐ Formula (mother's preference) ad lib ☐ Regular for age ☐ Other _____
			Vital Signs: ☐ Every 4 hours ☐ Daily Weights ☐ Cardiorespiratory monitor ☐ Strict I&O's ☐ Check S_aO_2 with vital signs ☐ Continuous pulse oximetry ☐ Call House Pediatrician for S_aO_2 < 93 %
			IV Fluids: ☐ D_5 ¼NS with 20 mEq KCl/liter _____ ml/hr = _____ ml/kg/day ☐ D_5 ½NS with 20 mEq KCl/liter _____ ml/hr = _____ ml/kg/day ☐ Saline lock IV. Flush with saline 2-3 ml q 4-6 hours PRN to keep line open. ☐ Other: _____
			Respiratory: ☐ Supplemental oxygen if necessary to keep S_aO_2 greater than 92% ☐ Albuterol _____ mg nebulized every _____ hrs (2.5 mg = 0.5 cc) ☐ Bulb suction to nares prn congestion ☐ Saline nose drops: 2 drops in each naris every 2 hrs prn congestion with bulb suction
			Medications: ☐ Tylenol (15mg/kg) _____ mg every 4 hours PRN temperature > 38°C or irritability ☐ Infant Drops - PO ☐ Suspension - PO ☐ Suppository - PR ☒ Desitin to diaper area prn rash ☒ May have 2 ml Sweet Ease PO prior to painful procedures. ☒ May use LMX or Pain Ease to skin prior to needlesticks.
			Labs/Radiology: ☐ CBC with ☐ manual diff ☐ automated diff ☐ BMP ☐ Blood culture ☐ CXR PA & LAT ☐ NP viral culture ☐ NP swab for influenza ☐ Nasal specimen for RSV ☐ if negative, send for viral culture ☐ NP swab for Pertussis PCR ☐ Other: _____
			Isolation: ☐ Contact Precautions ☐ Droplet Precautions
			Physician Signature:

PHYSICIAN ORDERS

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