



**UNSAFE ABBREVIATIONS - please use bolded items**

1. <b>Daily</b> not 'qd'	2. <b>micrograms</b> not 'µg'	3. <b>Vidarabine</b> not ARA-A
4. <b>Units</b> not 'u'	5. <b>Morphine</b> not 'MSO4' or 'MS'	6. <b>International Units</b> not 'IU'
7. <b>Methotrexate</b> not 'MTX'	8. <b>Every other day</b> not 'Q.O.D.'	9. <b>Magnesium Sulfate</b> 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: _____
			<b>Condition:</b> _____
			<b>Allergies:</b> _____
			<b>Growth:</b> Wt: _____ kg Ht: _____ cm Surface Area: _____ m <sup>2</sup>
			<b>Vital Signs:</b> <input type="checkbox"/> Every 4 hours <input type="checkbox"/> Daily weights <input type="checkbox"/> Strict I&O's
			<b>Diet:</b> <input type="checkbox"/> NPO <input type="checkbox"/> Clear Liquids <input type="checkbox"/> Low Residue Diet <input type="checkbox"/> Other: _____
			<b>IV Fluid Bolus:</b> <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
			<b>IV Fluids after bolus:</b>
			<input type="checkbox"/> D <sub>s</sub> ½NS with 20 meq KCl/liter at _____ ml/hour = _____ ml/m <sup>2</sup> /day
			<input type="checkbox"/> D <sub>s</sub> ¼NS with 20 meq KCL/liter at _____ ml/hour = _____ ml/m <sup>2</sup> /day
			<input type="checkbox"/> Other: _____
			<b>Labs:</b> <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
			<b>Medications:</b>
			<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"/> <b>Isolation: Contact Precautions</b>
			<b>Physician Signature:</b>

**PHYSICIAN ORDERS**