

<b>UMC Health System</b>  <b>EC PEDIATRIC DISCOMFORT PLAN</b>	<b>Patient Label Here</b>
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**PHYSICIAN ORDERS**

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

**Weight** \_\_\_\_\_ **Allergies** \_\_\_\_\_

**Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.**

**ORDER ORDER DETAILS**

**Medications**

**Medication sentences are per dose. You will need to calculate a total daily dose if needed.**

**lidocaine topical (lidocaine 4% topical cream)**  
 1 app, topical, cream, ONE TIME  
 to be applied prior to IV insertion or Port Access

**Analgesics**

Choose only ONE of the following options for pain.

**ibuprofen (ibuprofen pediatric)**  
 10 mg/kg, PO, liq, ONE TIME  200 mg, PO, tab, ONE TIME, For patients weighing 20-35 kg.  
 400 mg, PO, tab, ONE TIME, For patients weighing 35-55 kg.  
 600 mg, PO, tab, ONE TIME, For patients weighing GREATER than 55 kg.

**acetaminophen (acetaminophen pediatric)**  
 15 mg/kg, PO, liq, ONE TIME  
 \*\*\*Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour\*\*\*  
 325 mg, PO, tab, ONE TIME, For patients 20-30 kg.  
 \*\*\*Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour\*\*\*  
 500 mg, PO, tab, ONE TIME, For patients 30-40 kg.  
 \*\*\*Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour\*\*\*  
 80 mg, rectally, supp, ONE TIME, For patients 5-7 kg.  
 \*\*\*Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour\*\*\*  
 120 mg, rectally, supp, ONE TIME, For patients 7-20 kg.  
 \*\*\*Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour\*\*\*  
 325 mg, rectally, supp, ONE TIME, For patients 20 kg or GREATER.  
 \*\*\*Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour\*\*\*

**HYDROcodone-acetaminophen (HYDROcodone-acetaminophen (Norco) 7.5 mg-325 mg/15 mL oral solution)**  
 0.2 mL/kg, PO, soln, ONE TIME, For patients LESS than 50 kg.  
 \*\*\*Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour\*\*

Recommended Maximum: 15 mL/dose  
 Continued on next page....

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Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



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	<p><b>HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet)</b></p> <p><input type="checkbox"/> 1 tab, PO, tab, ONE TIME, for patients GREATER than/EQUAL to 35 kg          ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour***</p>
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	<p><b>ketorolac (ketorolac pediatric)</b></p> <p><input type="checkbox"/> 0.5 mg/kg, IVPush, inj, ONE TIME, For patients LESS than 50 kg.          Recommended MAXIMUM: 15 mg/dose</p> <p><input type="checkbox"/> 10 mg, IVPush, inj, ONE TIME, for patients GREATER than/EQUAL to 20 kg</p> <p><input type="checkbox"/> 10 mg, IM, inj, ONE TIME, for patients GREATER than/EQUAL to 20 kg</p> <p><input type="checkbox"/> 15 mg, IVPush, inj, ONE TIME, for patients GREATER than/EQUAL to 30 kg</p> <p><input type="checkbox"/> 15 mg, IM, inj, ONE TIME, for patients GREATER than/EQUAL to 30 kg</p>
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	<p><b>morphine (morphine pediatric)</b></p> <p><input type="checkbox"/> 0.3 mg/kg, PO, liq, ONE TIME, For patients GREATER than 6 months of age and LESS than 50 kg.          MAXIMUM dose of 10 mg.</p> <p><input type="checkbox"/> 0.1 mg/kg, IVPush, inj, ONE TIME, For patients LESS than 50 kg.          MAXIMUM dose of 4 mg.</p> <p><input type="checkbox"/> 1 mg, IVPush, inj, ONE TIME, for patients GREATER than/EQUAL to 10 kg</p> <p><input type="checkbox"/> 2 mg, IVPush, inj, ONE TIME, for patients GREATER than/EQUAL to 20 kg</p> <p><input type="checkbox"/> 3 mg, IVPush, inj, ONE TIME, for patients GREATER than/EQUAL to 30 kg</p> <p><input type="checkbox"/> 4 mg, IVPush, inj, ONE TIME, for patients GREATER than/EQUAL to 40 kg</p>
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	<p><b>fentaNYL (fentaNYL pediatric)</b></p> <p><input type="checkbox"/> 1 mcg/kg, IVPush, inj, ONE TIME          MAXIMUM dose of 50 mcg.</p> <p><input type="checkbox"/> 2 mcg/kg, IVPush, inj, ONE TIME          MAXIMUM dose of 50 mcg.</p> <p><input type="checkbox"/> 25 mcg, IVPush, inj, ONE TIME, for patients GREATER than/EQUAL to 25 kg</p> <p><input type="checkbox"/> 50 mcg, IVPush, inj, ONE TIME, for patients GREATER than/EQUAL to 50 kg</p> <p><input type="checkbox"/> 1 mcg/kg, intra-nasal, liq, ONE TIME          MAXIMUM dose of 50 mcg.</p>
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**Anxiety**

	<p><b>midazolam (midazolam pediatric)</b></p> <p><input type="checkbox"/> 0.5 mg/kg, PO, liq, ONE TIME, For patients GREATER than 6 months of age.          Recommended Max: 10 mg/dose</p> <p><input type="checkbox"/> 0.05 mg/kg, IVPush, inj, ONE TIME, For patients GREATER than 6 months of age.          Recommended Max: 2 mg/dose</p> <p><input type="checkbox"/> 0.2 mg/kg, intra-nasal, liq, ONE TIME, For patients GREATER than 6 months of age.          Recommended Max: 5 mg/dose</p>
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**Antiemetics**

	<p>Ondansetron may only be ordered for patients 6 months of age or GREATER.</p>
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	<b>ondansetron (ondansetron pediatric)</b> <input type="checkbox"/> 0.1 mg/kg, PO, liq, ONE TIME Recommended MAXIMUM: 4 mg/dose <input type="checkbox"/> 2 mg, transmucosal, tab sub, ONE TIME, For patients weighing 8-15 kg. <input type="checkbox"/> 4 mg, transmucosal, tab sub, ONE TIME, For patients weighing 15-30 kg. <input type="checkbox"/> 8 mg, transmucosal, tab sub, ONE TIME, For patients weighing GREATER than 30 kg.

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