

EC PEDIATRIC OUCHLESS PLAN SDO- DR. BRIAN PAYNE

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

Patient Care

Please order under Dr. B. Payne MD and use STANDING DELEGATION per policy EC # 943.0

Medications

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

Intravenous Catheter Insertion

lidocaine topical (lidocaine 4% topical cream)

1 app, topical, cream, IV or Port Site, ONE TIME

For use prior to IV insertion or Port Access. Please order under Dr. B. Payne MD and use STANDING DELEGATION per policy EC # 943.0

Antiemetics

Ondansetron may only be ordered for patients 6 months of age or GREATER.

ondansetron (ondansetron pediatric)

0.1 mg/kg, PO, liq, ONE TIME

Maximum dose of 4 mg. Please order under Dr. B. Payne MD and use STANDING DELEGATION per policy EC # 943.0

2 mg, transmucosal, tab sub, ONE TIME

Please order under Dr. B. Payne MD and use STANDING DELEGATION per policy EC # 943.0

4 mg, transmucosal, tab sub, ONE TIME

Please order under Dr. B. Payne MD and use STANDING DELEGATION per policy EC # 943.0

8 mg, transmucosal, tab sub, ONE TIME

Please order under Dr. B. Payne MD and use STANDING DELEGATION per policy EC # 943.0

Analgesics/Anti-Pyretics

Select one of the following medication for fever and/or pain.

For patients LESS than 6 months of age, select acetaminophen. For patients 6 months of age or GREATER, select ibuprofen unless ibuprofen has been given in the past 6 hours or if the patient is allergic.

ibuprofen (ibuprofen pediatric)

10 mg/kg, PO, liq, ONE TIME

Give for fever and/or pain. Do not chew. Please order under Dr. B. Payne MD and use STANDING DELEGATION per policy EC # 943.0

200 mg, PO, tab, ONE TIME

Give for fever and/or pain. Do not chew. Please order under Dr. B. Payne MD and use STANDING DELEGATION per policy EC # 943.0

400 mg, PO, tab, ONE TIME

Give for fever and/or pain. Do not chew. Please order under Dr. B. Payne MD and use STANDING DELEGATION per policy EC # 943.0

600 mg, PO, tab, ONE TIME

Give for fever and/or pain. Do not chew. Please order under Dr. B. Payne MD and use STANDING DELEGATION per policy EC # 943.0

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 Please order under Dr. B. Payne MD and use STANDING DELEGATION per policy EC # 943.0

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TO Read Back

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System

Patient Label Here

EC PEDIATRIC OUCHLESS PLAN SDO- DR. BRIAN PAYNE

PHYSICIAN ORDERS

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
	<input type="checkbox"/> 325 mg, PO, tab, 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*** Please order under Dr. B. Payne MD and use STANDING DELEGATION per policy EC # 943.0 <input type="checkbox"/> 500 mg, PO, tab, 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*** Please order under Dr. B. Payne MD and use STANDING DELEGATION per policy EC # 943.0 <input type="checkbox"/> 650 mg, PO, tab, 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*** Please order under Dr. B. Payne MD and use STANDING DELEGATION per policy EC # 943.0

Laceration Repair

lidocaine-EPINEPHrine-tetracaine (Topical L.E.T Gel)

3 mL, topical, gel, ONE TIME

TO Read Back

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

