	UMC Health System	Patient Label Here	
	EDIATRIC CYSTIC FIBROSIS PLAN Phase: .		
	PHYSICIA	N ORDERS	
Diagnos	is		
Weight	Allergies		
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order detail box(es) where applicable.	
ORDER	ORDER DETAILS		
	Patient Care		
	Vital Signs Per Unit Standards Per Unit Standards, with Sleeping SpO2 nightly until sat greater than 92%		
	Daily Weight Every AM	In AM on Monday, Wednesday, and Friday.	
	Patient Activity Up Ad Lib/Activity as Tolerated	Bedrest	
	Strict Intake and Output Per Unit Standards q2h q12h	☐ q1h ☐ q4h	
	Insert Peripheral Line		
	Access Implanted Port		
Communication			
	Notify Provider/Primary Team of Pt Admit Upon Arrival to Floor/Unit In AM	Now	
Notify Provider of VS Parameters Notify Nurse (DO NOT USE FOR MEDS) Keep patient at least 3 feet distance from other CF patients.			
	Patient May Use Own Medical Device		
	Dietary		
	Oral Diet High Prot/High Cal Diet, with high calorie snacks, limit patient to 1 cha	ronated soda per day.	
	Infant Feeding Maternal Breast Milk, Per: Bottle/Breast/PO, Give feeding: On Demand Similac Advance, Per: Bottle/Breast/PO, Give feeding: On Demand		
	IV Solutions		
	D5 1/2 NS IV, mL/hr		
	D5 1/2 NS + 20 mEq KCI/L IV, mL/hr		
	NS (Normal Saline)		
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Order Take	en by Signature:	Date Time	
Physician Signature: Time Time			

UMC Health Sys	tem
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PEDIATRIC CYSTIC FIBROSIS PLAN - Phase: .

	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific orde	er detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Medications		
	Medication sentences are per dose. You will need to calculate a top	tal daily dose if needed.	
	Antibiotics tobramycin (tobramycin pediatric) Extended Interval Dosing, 10 mg/kg, IVPB syr, syringe, q24h, Infuse of monitor	over 60 min, [MONITORING A	DVISED] Pharmacy to dose and
	piperacillin-tazobactam (piperacillin-tazobactam pediatric) ☐ 80 mg/kg, IVPB syr, syringe, q8h, Infuse over 30 min, [240 mg pipera ☐ 100 mg/kg, IVPB syr, syringe, q8h, Infuse over 30 min, [300 mg piper		
	cefepime (cefepime pediatric) 50 mg/kg, IVPB syr, syringe, q8h, Infuse over 30 min	50 mg/kg, IVPB syr, syring	ge, q6h, Infuse over 30 min
	meropenem (meropenem pediatric) ☐ 10 mg/kg, IVPB syr, syringe, q8h, Infuse over 30 min ☐ 40 mg/kg, IVPB syr, syringe, q8h, Infuse over 30 min	20 mg/kg, IVPB syr, syring	ge, q8h, Infuse over 30 min
	vancomycin (vancomycin pediatric) ☐ 10 mg/kg, IVPB syr, syringe, q6h, Infuse over 90 min, [40 mg/kg/DAY ☐ 10 mg/kg, IVPB syr, syringe, q8h, Infuse over 90 min, [30 mg/kg/DAY ☐ 15 mg/kg, IVPB syr, syringe, q6h, Infuse over 90 min, [60 mg/kg/DAY ☐ 15 mg/kg, IVPB syr, syringe, q8h, Infuse over 90 min, [45 mg/kg/DAY]., [MONITORING ADVISED]]., [MONITORING ADVISED]	Pharmacy to dose and monitor Pharmacy to dose and monitor
	 sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim ped PO, liq, Every M/W/F, Bactrim 40mg-8mg/mL liquid Give with plenty of water PO, liq, BID, Bactrim 40mg-8mg/mL liquid Give with plenty of water PO, liq, TID, Bactrim 40mg-8mg/mL liquid Give with plenty of water PO, liq, TID, Bactrim 40mg-8mg/mL liquid Give with plenty of water 	liatric)	
	 sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim (SN ☐ 1 tab, PO, tab, Every M/W/F, Bactrim SS 400mg-80mg tab Give with plenty of water ☐ 1 tab, PO, tab, BID, Bactrim SS 400mg-80mg tab Give with plenty of water ☐ 1 tab, PO, tab, TID, Bactrim SS 400mg-80mg tab Give with plenty of water 	IZ-TMP) 400 mg-80 mg oral t	ablet)
	 sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim (SN 1 tab, PO, tab, Every M/W/F, Bactrim DS 800mg-160mg tablet Give with plenty of water 1 tab, PO, tab, BID, Bactrim DS 800mg-160mg tablet Give with plenty of water 1 tab, PO, tab, TID, Bactrim DS 800mg-160mg tablet Give with plenty of water 	IZ-TMP) 800 mg-160 mg oral	tablet)
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Order Take	by Signature:	Date	Time
Physician S	ignature:	Date	Time



UMC Health System PEDIATRIC CYSTIC FIBROSIS PLAN - Phase: .		Pa	tient Label Here
	PHYSICIAN ORDERS		
	Place an "X" in the Orders column to designate orders of choice	AND an "x" in the specific orde	er detail box(es) where applicable.
ORDER	ORDER DETAILS		
	azithromycin 250 mg, PO, liq, Every M/W/F Administer with breakfast. 250 mg, PO, tab, Every M/W/F Administer with breakfast. 500 mg, PO, liq, Every M/W/F Administer with breakfast. 500 mg, PO, tab, Every M/W/F Administer with breakfast.		
	Respiratory		
	dornase alfa ☐ 1.25 mg, inhalation, neb, BID ☐ 2.5 mg, inhalation, neb, Daily	2.5 mg, inhalation, neb, Bl	D
	For scheduled albuterol treatments		
	albuterol (albuterol-inhalation pediatric)	2.5 mg, inhalation, soln, Q	ID
	For as needed albuterol treatments		
	albuterol (albuterol-inhalation pediatric) 1.25 mg, inhalation, soln, q4h, PRN shortness of breath 2.5 mg, inhalation, soln, q2h, shortness of breath	2.5 mg, inhalation, soln, q	4h, PRN shortness of breath
	aztreonam (aztreonam inhalation) 75 mg, inhalation, liq, TID, x 28 days		
	tobramycin (tobramycin 60 mg/mL inhalation solution)		
	 sodium chloride (sodium chloride 7% inhalation solution) 4 mL, inhalation, soln, BID Inhalation only. 4 mL, inhalation, soln, TID Inhalation only. 4 mL, inhalation, soln, QID Inhalation only. 		
	albuterol (albuterol inhalation 90 mcg/inh MDI) 1 puff, inhalation, aerosol, q4h 2 puff, inhalation, aerosol, q4h 2 puff, inhalation, aerosol, q6h	2 puff, inhalation, aerosol,	q4h, PRN shortness of breath q4h, PRN shortness of breath q6h, PRN shortness of breath
	fluticasone (fluticasone CFC free 44 mcg/inh inhalation aerosol) 2 puff, inhalation, mdi, BID Shake well. 1 puff, inhalation, mdi, ONE TIME Shake well. 2 puff, inhalation, mdi, ONE TIME Shake well. Shake well.		
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Physician	Signature:	Date	Time

UMC Health System

PEDIATRIC CYSTIC FIBROSIS PLAN

- Phase: .

	PHYSI	CIAN ORDERS	
	Place an "X" in the Orders column to designate orders of choice	AND an "x" in the specific orde	er detail box(es) where applicable.
ORDER	ORDER DETAILS		
	fluticasone (fluticasone CFC free 110 mcg/inh inhalation aerosol) 2 puff, inhalation, mdi, BID Shake well. 1 puff, inhalation, mdi, ONE TIME Shake well. 2 puff, inhalation, mdi, ONE TIME Shake well.		
	fluticasone (fluticasone CFC free 220 mcg/inh inhalation aerosol) 2 puff, inhalation, mdi, BID Shake well. 1 puff, inhalation, mdi, ONE TIME Shake well. 2 puff, inhalation, mdi, ONE TIME Shake well.	,	
	Gastrointestinal Agents		
	pancrelipase (pancrelipase 5000 units-17,000 units-24,000 units of 1 cap, PO, cap sa, TID Take with meals.	oral delayed release capsule)	
	pancrelipase (pancrelipase 10,000 units-32,000 units-42,000 units 1 cap, PO, cap sa, TID Take with meals.	s oral delayed release capsule)	
	pancrelipase (pancrelipase 25,000 units-79,000 units-105,000 unit 1 cap, cap sa, TID Take with meals.	ts oral delayed release capsule)
	famotidine (famotidine pediatric) □ 0.25 mg/kg, PO, liq, BID □ 0.5 mg/kg, IVPush, inj, Nightly	☐ 0.25 mg/kg, IVPush, inj, B	ID
	polyethylene glycol 3350 1 packet, PO, liq, Daily, [1 packet = 17 g]		
	ursodiol (ursodiol pediatric) 10 mg/kg, PO, liq, q12h	☐ 15 mg/kg, PO, liq, q12h	
	Vitamins		
	multivitamin with minerals (AquADEKs oral tablet, chewable)		
	multivitamin with minerals (AquADEKs oral liquid)		
	phytonadione ☐ 5 mg, PO, soln, Every M/W/F		
	Laboratory CBC with Differential		
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Order Take	n by Signature:	Date	Time
Physician	Signature:	Date	Time



	UMC Health System	Pa	atient Label Here	
	EDIATRIC CYSTIC FIBROSIS PLAN Phase: .			
	PHYSICIA	N 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	IDER ORDER DETAILS			
	Prothrombin Time with INR			
	Basic Metabolic Panel			
Comprehensive Metabolic Panel				
	IgE			
	Vitamin A Level			
	Vitamin E Level			
	Vitamin D 25 Hydroxy Total			
	Hemoglobin A1C			
	Glucose Fasting			
	Glucose 2hr Post Prandial			
	Culture Sputum with Gram Stain			
	Diagnostic Tests			
	DX Chest PA & Lateral			
	Respiratory			
	Oxygen (02) Therapy 1-6 L/min, Via: Nasal cannula, Keep sats greater than: 90% 6-12 L/min, Via: High Flow Nasal Cannula, Keep sats greater than: 90% 6-12 L/min, Via: Simple mask, Keep sats greater than: 90% 10-15 L/min, Via: Nonrebreather mask, Keep sats greater than: 90% Via: Venturi mask, Keep sats greater than: 90% 1-15 L/min, Via: Trach collar, Keep sats greater than: 90%, heated and humidified			
	Chest Physiotherapy Target Lung Area(s): All lung areas, 4x/day Target Lung Area(s): All lung areas, 3x/day	Target Lung Area(s): All I	ung areas, 6x/day	
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Order Take	en by Signature:	Date	Time	
Physician	Signature:	Date	Time	

