**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.

<table>
<thead>
<tr>
<th>ORDER DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medications</strong></td>
</tr>
<tr>
<td>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</td>
</tr>
</tbody>
</table>

**Pain Management**

- **acetaminophen (acetaminophen pediatric)**
  - 15 mg/kg, PO, liq, q6h, PRN pain-mild (scale 1-3)
    - To be given in OPS ONLY.
    - *****If acetaminophen ineffective/contraindicated, use ibuprofen(first) OR ketorolac IF ordered.*****
    - ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if patient is under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***
  - 325 mg, PO, tab, q4h, PRN pain-mild (scale 1-3)
    - To be given in OPS ONLY.
    - *****If acetaminophen ineffective/contraindicated, use ibuprofen(first) OR ketorolac IF ordered.*****
    - ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if patient is under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***

- **ibuprofen (ibuprofen pediatric)**
  - 10 mg/kg, PO, liq, q6h, PRN pain-mild (scale 1-3)
    - To be given in OPS ONLY.
    - *****If ibuprofen ineffective, use ketorolac IF ordered.*****
  - 200 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)
    - To be given in OPS ONLY.
    - *****If ibuprofen ineffective, use ketorolac IF ordered.*****
  - 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)
    - To be given in OPS ONLY.
    - *****If ibuprofen ineffective, use ketorolac IF ordered.*****
  - 600 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)
    - To be given in OPS ONLY.
    - *****If ibuprofen ineffective, use ketorolac IF ordered.*****

- **ketorolac**
  - 0.5 mg/kg, IVPush, inj, q6h, PRN pain-mild (scale 1-3)
    - To be given in OPS ONLY.

**Anti-pyretics**

- **acetaminophen (acetaminophen pediatric)**

Order Taken by Signature: _________________________________________________________________________ Date _______________________ Time ____________________________

Physician Signature: __________________________________________________________________________ Date _______________________ Time _______________________
<table>
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<tr>
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</table>
| 15 mg/kg, PO, liq, q6h, PRN fever | To be given in OPS ONLY.  
*****If acetaminophen ineffective/contraindicated, use ibuprofen IF ordered:*****  
***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if patient is under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** |
| 325 mg, PO, tab, q6h, PRN fever | To be given in OPS ONLY.  
*****If acetaminophen ineffective/contraindicated, use ibuprofen IF ordered:*****  
***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if patient is under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** |

**ibuprofen (ibuprofen pediatric)**

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</table>
| 10 mg/kg, PO, liq, q6h, PRN fever | To be given in OPS ONLY.  
| 200 mg, PO, tab, q6h, PRN fever | To be given in OPS ONLY.  
| 400 mg, PO, tab, q6h, PRN fever | To be given in OPS ONLY.  
| 600 mg, PO, tab, q6h, PRN fever | To be given in OPS ONLY.  

Order Taken by Signature: ___________________________  
Date _______________  
Time _______________

Physician Signature: ___________________________  
Date _______________  
Time _______________