Purpose: To provide guidance to practitioners caring for pediatric patients who need inpatient hospital care during a disaster.

Disclaimer: This guideline is not meant to be all inclusive, replace an existing policy and procedure at a hospital or substitute for clinical judgment. These guidelines may be modified at the discretion of the healthcare provider.

Sample Pediatric Standard Admission Orders
Sample Pediatric Respiratory Admission Orders
Sample Pediatric Septic Shock Admission Orders
Sample Pediatric Hypovolemic Shock Admission Orders
Sample Pediatric Trauma/Blast Injury Admission Orders
Sample Pediatric Standard Admission Orders

Admitting physician: _________________________________________________________________

Diagnosis: _______________________________________________________________________

Condition: □ Critical □ Serious □ Stable

Patient Admission Status: □ Full inpatient □ Observation □

Weight (kg): ________________ Height (cm): ________________

Allergies: _______________________________________________________________________

Activity:
□ As tolerated
□ Strict bed rest
□ Bed rest with bathroom privileges

Isolation: _______________________________________________________________________

Vital signs/assessment:
□ Per nursing protocol (if applicable)
□ Continuous cardiac monitoring
□ Continuous pulse-ox
□ Spot check pulse-ox with vitals and if exhibiting respiratory difficulty
□ Continuous pulse-ox if patient receiving supplemental O2
□ Routine I & O
□ Strict I & O
□ Daily weights
□ BP with vitals
□ Seizure precautions
□ Neuro checks every ______
□ Notify physician if temperature is greater than ____ or less than ____
□ Notify physician if pulse oximetry is less than _____
□ Other _______________________________________________________________________

Diet:
□ General PO ad lib
□ Soft diet PO ad lib
□ Full liquid diet PO ad lib
□ Clear liquid diet PO ad lib
□ Breastfeeding PO ad lib
□ _____________________________ formula PO ad lib
□ NPO
□ Other _______________________________________________________________________

IVS:
□ Saline Lock
□ NS bolus ______ mL IV to run over 1 – 2 hours
□ D5 ½ NS with 20 mEq KCl/L to run at _________mL/hr
□ D5 ¾ NS with 20 mEq KCl/L to run at _________mL/hr
Supplemental Oxygen:
Oxygen to maintain saturation ≥ ________% via:
- □ Nasal cannula __________________________
- □ High-humidity nasal cannula __________________________
- □ High flow high humidity nasal cannula ________ L
- □ Trach collar __________________________
- □ Other: __________________________

Respiratory Treatments:

Labs:
- □ CBC with Differential
- □ CBC (Hemogram)
- □ CMP
- □ BMP
- □ CBG
- □ VBG
- □ ESR
- □ CRP
- □ UA: □ Clean catch □ Bagged □ Cath □ HCG □ Urine culture □ Blood culture
- □ Stool for: □ Culture □ Rotavirus □ C. diff □ O&P □ Gram stain □ Heme
- □ NP wash for: □ RSV □ Influenza □ Viral culture

Radiology:
- □ CXR (AP) Reason: __________________________
- □ CXR (PA and lateral) Reason: __________________________
- □ Abdominal series Reason: __________________________
- □ KUB Reason: __________________________
- □ Other __________________________
- □ Other __________________________
- □ Other __________________________
**Medications:**

- **Fever/pain control:**
  - [ ] Acetaminophen (Tylenol) (15 mg/kg/dose) _______ mg PO/GT every 4 hours PRN temperature ≥ than 101.5ºF and/or discomfort (not to exceed 4000 mg a day)
  - [ ] Acetaminophen (Tylenol) (20 mg/kg/dose) _______ mg PR every 4 hours PRN temperature ≥ 101.5ºF and/or discomfort (not to exceed 4000 mg a day)
  - [ ] Ibuprofen (Motrin) (10 mg/kg/dose) _______ mg PO/GT every 6 hours PRN temperature 101.5ºF and/or discomfort
  - [ ] Morphine (0.1-0.2 mg/kg) _____ mg IV every 2-4 hours as needed (max 10mg/dose)
  - [ ] Fentanyl _______mcg IV every ______hours as needed.

- [ ] Topical Anesthetic to be applied prior to routine blood draws and IV starts

- **Other:**
  - [ ] ______________________________________________________________________
  - [ ] ______________________________________________________________________
  - [ ] ______________________________________________________________________
  - [ ] ______________________________________________________________________
  - [ ] ______________________________________________________________________

**Consults:**

- [ ] ____________________________________________
  - [ ] ______________________________________________________________________
  - [ ] ______________________________________________________________________

**Additional Orders:**

- [ ] ______________________________________________________________________
  - [ ] ______________________________________________________________________
  - [ ] ______________________________________________________________________
  - [ ] ______________________________________________________________________
  - [ ] ______________________________________________________________________
Sample Pediatric Respiratory Admission Orders

Admitting physician: ________________________________________________________________

Diagnosis: ________________________________________________________________________

Condition:  □  Critical    □  Serious    □  Stable

Weight (kg):__________________ Height (cm):_________________

Allergies: ________________________________________________________________

Pulse Oximetry:
• Obtain pulse oximetry on admission to unit
• If SpO₂ > 90%, obtain spot check pulse oximetry readings with each treatment, with vital signs or if patient exhibits decline in respiratory status
• If SpO₂ < 90%, provide oxygen and begin continuous pulse oximetry monitoring

Supplemental Oxygen Orders:
• If SpO₂ < 90% on room air, apply oxygen to maintain SpO₂ 91-94%
  o Nasal Cannula
  o Aerosol Mask
• Titrate oxygen to maintain pulse oximetry >90%
• Wean oxygen if oxygen saturation maintains 94%.
  o Decrease oxygen by ½ liter per minute (LPM) and reassess patient 5-10 minutes after change in oxygen
  o Do not decrease oxygen more frequently than every 60 minutes

Ventilator settings: ____________________________________________

For more information, see: Use of Strategic National Stockpile (SNS) Ventilators in the Pediatric Patient: Instructional Guidelines with Training Scenarios, 2nd edition

Peak Expiratory Flow Rate (PEFR)
• Peak Flow will be done on admission for patients > 5 years of age to determine patient’s compliance/ability to effectively perform
• Check Peak Flow before and after breathing treatments.

AVERAGE PREDICTED PEAK EXPIRATORY FLOW RATES FOR NORMAL CHILDREN

<table>
<thead>
<tr>
<th>Height</th>
<th>PEFR (L/min)</th>
<th>% PEFR</th>
<th>Height</th>
<th>PEFR (L/min)</th>
<th>% PEFR</th>
<th>Height</th>
<th>PEFR (L/min)</th>
<th>% PEFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>43</td>
<td>109</td>
<td>147</td>
<td>52</td>
<td>132</td>
<td>267</td>
<td>60</td>
<td>152</td>
<td>373</td>
</tr>
<tr>
<td>44</td>
<td>112</td>
<td>160</td>
<td>53</td>
<td>135</td>
<td>280</td>
<td>61</td>
<td>155</td>
<td>387</td>
</tr>
<tr>
<td>45</td>
<td>114</td>
<td>173</td>
<td>54</td>
<td>137</td>
<td>293</td>
<td>62</td>
<td>157</td>
<td>400</td>
</tr>
<tr>
<td>46</td>
<td>117</td>
<td>187</td>
<td>55</td>
<td>140</td>
<td>307</td>
<td>63</td>
<td>160</td>
<td>413</td>
</tr>
<tr>
<td>47</td>
<td>119</td>
<td>200</td>
<td>56</td>
<td>142</td>
<td>320</td>
<td>64</td>
<td>163</td>
<td>427</td>
</tr>
<tr>
<td>48</td>
<td>122</td>
<td>214</td>
<td>57</td>
<td>145</td>
<td>334</td>
<td>65</td>
<td>165</td>
<td>440</td>
</tr>
<tr>
<td>49</td>
<td>124</td>
<td>227</td>
<td>58</td>
<td>147</td>
<td>347</td>
<td>66</td>
<td>168</td>
<td>454</td>
</tr>
<tr>
<td>50</td>
<td>127</td>
<td>240</td>
<td>59</td>
<td>150</td>
<td>360</td>
<td>67</td>
<td>170</td>
<td>467</td>
</tr>
<tr>
<td>51</td>
<td>130</td>
<td>254</td>
<td>60</td>
<td>152</td>
<td>373</td>
<td>68</td>
<td>172</td>
<td>480</td>
</tr>
</tbody>
</table>

Medications:
- Albuterol
  - MDI via spacer device
    - 2 puffs every 3 hours (6-11 months old)
    - 4 puffs every 3 hours (>12 months old)
  - Nebulizer ______mg every ____ hrs (0.5mg/kg/hr, max dose 30mg/hr)
  - Continuous
    - If patient requires treatment prior to two hour interval, administer Albuterol
    - continuous nebulizer for two hours and begin continuous pulse oximetry monitoring
  - Albuterol 0.5mg/kg/hr (max dose 10mg/hr)
- Ipratropium bromide (Atrovent):
  - 0.5mg to be given with 2nd and 3rd doses of Albuterol
- Corticosteroids:
  - Prednisolone Sodium Phosphate (Orapred): _____mg PO STAT (2mg/kg loading dose-max 60mg/dose) then _____mg PO every 12 hours (1mg/kg maintenance dose-max 30mg/dose) x 5 days
  - Methylprednisone (Solumedrol): _____mg IV STAT (2mg/kg loading dose-max 60mg/dose) then _____mg IV every 6 hours (1mg/kg maintenance dose-max 30mg/dose) x 4 doses
- Topical anesthetic for IV start and lab draws:
  - Apply topically once 30-90 minutes prior to painful procedures (maximum 1gm, 10 centimeter area squared, or application time of 2 hours)
- Antibiotics:
  - ________________________________________________________________________________
  - ________________________________________________________________________________
  - ________________________________________________________________________________
- Fever/Pain Control
  - Acetaminophen (Tylenol) (15mg/kg/dose)_____mg PO/GT every 4 hrs PRN for temperature ≥ 38.6°C/101.5°F or discomfort (max dose 3000mg/day)
  - Acetaminophen (Tylenol) (20mg/kg/dose)_____mg PR every 4 hrs PRN for temperature ≥ 38.6°C/101.5°F or discomfort (max dose 3000mg/day)
  - Ibuprofen (Motrin) (10mg/kg/dose) _____mg PO/GT every 6 hours PRN for temperature ≥ 38.6°C/101.5°F or discomfort
- See Sample Pediatric Standard Admission Orders for additional examples for diet, IV, labs etc.
- Asthma Score (see below)
Sample Pediatric Septic Shock Admission Orders

Admitting physician:__________________________________________

Diagnosis:____________________________________________________

Condition:  □ Critical  □ Serious  □ Stable

Weight (kg):________  Height(cm):________

Allergies:____________________________________________________

Isolation:____________________________________________________

Assessment:
□ Continuous cardiac monitoring
□ Continuous pulse oximetry
□ Blood pressure with all vital signs
□ Routine I&O
□ Strict I&O
□ Daily weight
□ Seizure precautions
□ Neuro checks every_____ hours
□ All non-rectal temperatures > 38°C/100.4°F should be confirmed rectally on infants ≤60 days of age

Tests:
□ CBC with differential
  □ now (order if not performed prior to admission)
  □ at______
  □ every ______ hours

□ CMP
  □ now (order if not performed prior to admission)
  □ at______
  □ every ______ hours

□ BMP
  □ now (order if not performed prior to admission)
  □ at______
  □ every ______ hours

□ Blood culture (order if not performed prior to admission)
□ Viral blood culture
□ Catheterized urinalysis  (order if not performed prior to admission)
□ Catheterized urine culture  (order if not performed prior to admission)
□ Stool culture
□ Stool for Rotavirus
□ Stool gram stain
□ RSV
□ Influenza
□ Viral culture
□ Chest x-ray (PA and lateral) (order if not performed prior to admission)

For infants ≤60 days of age with fever:
☐ CSF for (laboratory should perform these in ranking order as listed below)
  ☐ Cell count
  ☐ Glucose
  ☐ Protein
  ☐ Gram stain
  ☐ Aerobic culture
  ☐ Viral culture
  ☐ Enterovirus PCR
  ☐ Herpes PCR
  ☐ Meningitis antigen profile
☐ Conjunctiva viral culture
☐ Viral culture of skin lesion on __________________________
☐ Rectal viral culture

Medications:
☐ Fever/Pain Control:
  ☐ Acetaminophen (Tylenol) (15mg/kg/dose) ___________mg PO/GT every 4 hrs PRN for temperature 38.6°C/101.5°F or discomfort (max dose 3000mg/day)
  ☐ Acetaminophen (Tylenol) (20mg/kg/dose) ___________mg PR every 4 hrs PRN for temperature ≥ 38.6°C/101.5°F or discomfort (max dose 3000mg/day)
  ☐ Ibuprofen (Motrin) (10mg/kg/dose) ___________mg PO/GT every 6 hours PRN for temperature ≥ 38.6°C/101.5°F or discomfort (for infants >5 months)
☐ Antibiotics:
  ☐ Ceftriaxone ________ mg IV every ______ hours (max 4gm/day)
  ☐ Vancomycin ________mg IV every ______ hours (max 1gm/dose)
  ☐ ____________________________________________
  ☐ ____________________________________________
  ☐ ____________________________________________
☐ For infants ≤60 days of age with fever:
  ☐ Ampicillin ________ mg IV every 6 hours (200 mg/kg/day)
  ☐ Cefuroxime ________mg IV every 6 hours (200 mg/kg/day)
  ☐ Acyclovir _____________ IV every ______ hours
  (If greater than or equal to 35 weeks post-conceptual age, give 60 mg/kg/day divided every 8 hours. If less than 35 weeks post conceptual age, give 40 mg/kg/day divided every 12 hours)
  ☐ Gentamycin ________mg IV every ______ hours
☐ Topical anesthetic for IV start and lab draws:
  ☐ Apply topically once 30-90 minutes prior to procedure (maximum 1gm, 10 centimeter area squared, or application time of 2 hours)

IV Therapy:
☐ Saline lock
☐ D5 ½ NS with 20 mEq KCl/L running at ______ mL/hr (ensure patient is voiding)
Supplemental Oxygen Orders:

- If $\text{SpO}_2 < 90\%$ on room air, apply oxygen to maintain $\text{SpO}_2$ 91-94%
  - Nasal Cannula
  - Aerosol Mask
- Titrate oxygen to maintain $\text{SpO}_2 > 90\%$
- Wean oxygen if oxygen saturation maintains 94%.
  - Decrease oxygen by ½ liter per minute (LPM) and reassess patient 5-10 minutes after change in oxygen
  - Do not decrease oxygen more frequently than every 60 minutes

Ventilator Settings:_____________________

- For more information, see: Use of Strategic National Stockpile (SNS) Ventilators in the Pediatric Patient: Instructional Guidelines with Training Scenarios, 2nd edition

See Sample Pediatric Standard Admission Orders for additional examples for diet, IV, labs etc
Sample Pediatric Hypovolemic Shock Admission Orders

Admitting physician: ____________________________________________________________________________

Diagnosis: ________________________________________________________________________________

Condition: □ Critical □ Serious □ Stable

Weight (kg): ______________ Height (cm): ______________

Allergies: ____________________________________________________________________________________

Isolation: ____________________________________________________________________________________

Assessment:
□ Continuous cardiac monitoring
□ Continuous pulse oximetry
□ Blood pressure with all vital signs
□ Routine I&O
□ Strict I&O
□ Daily weight

Tests:
□ CBC with differential
  □ now (order if not performed prior to admission)
  □ at _____
  □ every _____ hours
□ CMP
  □ now (order if not performed prior to admission)
  □ at _____
  □ every _____ hours
□ BMP
  □ now (order if not performed prior to admission)
  □ at _____
  □ every _____ hours

Medications:
□ Fever/Pain Control:
  □ Acetaminophen (Tylenol) (15mg/kg/dose) _________ mg PO/GT every 4 hrs PRN for temperature ≥38.6°C/101.5°F or discomfort (max dose 3000mg/day)
  □ Acetaminophen (Tylenol) (20mg/kg/dose) _________ mg PR every 4 hrs PRN for temperature ≥ 38.6°C/101.5°F or discomfort (max dose 3000mg/day)
  □ Ibuprofen (Motrin) (10mg/kg/dose) _________ mg PO/GT every 6 hours PRN for temperature ≥ 38.6°C/101.5°F or discomfort (for infants >5 months)
□ Antiemetic:
  □ _________________________________________________________________________________________
□ Antibiotics:
  □ _________________________________________________________________________________________
  □ _________________________________________________________________________________________
☐ Topical anesthetic for IV start and lab draws:
  ☐ Apply topically once 30-90 minutes prior to procedure (maximum 1gm, 10 centimeter area squared, or application time of 2 hours)

**IV Therapy:**

☐

☐ D5 ½ NS with 20 mEq KCl/L running at ______ mL/hr (ensure patient is voiding)
☐ _____________________ running at ______ mL/hr
☐ _____________________ running at ______ mL/hr

**Supplemental Oxygen Orders:**

- If SpO₂< 90% on room air, apply oxygen to maintain SpO₂ 91-94%
  - Nasal Cannula
  - Aerosol Mask
- Titrate oxygen to maintain SpO₂>90%
- Wean oxygen if oxygen saturation maintains 94%.
  - Decrease oxygen by ½ liter per minute (LPM) and reassess patient 5-10 minutes after change in oxygen
  - Do not decrease oxygen more frequently than every 60 minutes

☐ Ventilator Settings:

  • For more information, see: Use of Strategic National Stockpile (SNS) Ventilators in the Pediatric Patient: Instructional Guidelines with Training Scenarios, 2nd edition

☐ See **Sample Pediatric Standard Admission Orders** for additional examples for diet, IV, labs etc
Sample Pediatric Trauma/Blast Injury Admission Orders

Admitting physician: ____________________________________________________________

Diagnosis: ____________________________________________________________________

Condition: □ Critical □ Serious □ Stable

Weight (kg): __________________________ Height(cm): __________________________

Allergies: _____________________________________________________________________

Assessment:
□ Continuous cardiac monitoring
□ Continuous pulse oximetry
□ Blood pressure with all vital signs
□ Routine I&O
□ Strict I&O q 1 hour (maintain urine output at 2-4mL/kg/hr)
□ Daily weight
□ Seizure precautions
□ Neuro checks every _____ hours
□ Perform CMS checks on extremities every ____ hours to monitor for compartment syndrome/crush syndrome

Tests:
□ ___________________________________________________________________________
□ ___________________________________________________________________________
□ ___________________________________________________________________________

Medications:
□ Fever/Pain Control:
□ Acetaminophen (Tylenol) (15mg/kg/dose) ________ mg PO/GT every 4 hrs PRN for temperature ≥ 38.6°C/101.5°F or discomfort (max dose 3000mg/day)
□ Acetaminophen (Tylenol) (20mg/kg/dose) ________ mg PR every 4 hrs PRN for temperature ≥ 38.6°C/101.5°F or discomfort (max dose 3000mg/day)
□ Ibuprofen (Motrin) (10mg/kg/dose) ________ mg PO/GT every 6 hours PRN for temperature ≥ 38.6°C/101.5°F or discomfort (for infants >5 months). Ensure adequate renal function before utilizing.
□ Morphine (0.1-0.2 mg/kg) ________ mg IV every 2-4 hours as needed (max 10mg/dose)
□ Fentanyl ________ mcg IV every _____ hours as needed.

□ Antibiotics:
□ ___________________________________________________________________________
□ ___________________________________________________________________________
□ ___________________________________________________________________________

□ Topical anesthetic for IV start and lab draws
□ Apply topically once 30-90 minutes prior to procedure (maximum 1gm, 10 centimeter area squared, or application time of 2 hours)
**IV Therapy:**
- Saline Lock
- NS bolus ______ mL IV to run over 1 – 2 hours
- LR bolus ______mL IV to run over 1-2 hours
- D5 ½ NS with 20 mEq KCl/L to run at _________mL/hr (Ensure adequate renal function before utilizing potassium)
- D5 ¼ NS with 20 mEq KCl/L to run at _________mL/hr (Ensure adequate renal function before utilizing potassium)
- Other

**Supplemental Oxygen Orders:**
- If SpO₂< 90% on room air, apply oxygen to maintain SpO₂ 91-94%
  - Nasal Cannula
  - Aerosol Mask
- Titrate oxygen to maintain SpO₂>90%
- Wean oxygen if SpO₂ maintains 94%.
  - Decrease oxygen by ½ liter per minute (LPM) and reassess patient 5-10 minutes after change in oxygen
  - Do not decrease oxygen more frequently than every 60 minutes

**Ventilator Settings:**
- For more information, see: *Use of Strategic National Stockpile (SNS) Ventilators in the Pediatric Patient: Instructional Guidelines with Training Scenarios, 2nd edition*

- See **Sample Pediatric Standard Admission Orders** for additional orders for diet, IV, labs etc
- If hypovolemic, refer to **Pediatric Shock Care Guidelines: Sample Hypovolemic Shock Admission Orders**