#### for Pediatric Patients



#### **Essentials**:

□Clarity □Date, Time, Signature, Appropriate Rank □Re-evaluate

#### ADC VANDALISM (C)

- Admit Order
- Location
- Attending Physician
- Level of Care

#### "Admit to 5<sup>th</sup> floor pediatric unit for Dr. Lower--inpatient status."

(\*consider other alternatives to level of care including 23 hour observation and ICU)

### ADC VANDALISM (C)

Diagnosis-Put a "positive" Dx
 Chief complaint or problem(s)

"Diagnosis: "febrile neonate" (Not "rule out sepsis") "abdominal pain" (Not "appendicitis") "leukocytosis" (Not "rule out leukemia")

## **Order Writing ADC VANDALISM (C) = Condition**

- Fair Pt. Is ill, may have complications
  - Very ill pt., chronically or terminally ill, not very stable
  - Very ill pt., clinical outcome not predictable (ex. IMC status)
  - Desperately ill, unstable patient (ex. ICU status)

#### "Condition: Fair"

Poor

Guarded

Critical

"Good" is a red flag for Utilization Review: If the pt. status is good, why is he/she being admitted. "Stable" is not a very helpful descriptor, pair it with critical/guarded/fair.

ADC VANDALISM (C) = Vital Signs (T, P, R, BP)

Patient's condition dictates frequency

 Specify how often rather than putting "per routine"
 (ICU=every 2 hrs.; IMC=every 4 hrs.; routine general=every 12 hrs.)

- Special variables need orders

   orthostatics, neuro status, pulse oximetry
- Review daily

"Vital signs q 4 hours"

- ADC VANDALISM (C)
  - Allergies
    - Include what they are allergic to and what reaction they get
    - If no known drug allergies, write "NKDA"

#### "Allergies: Penicillin - Hives and Wheezing"

#### Order Writing ADC VANDALISM (C)= Nursing Instructions

- Intake and Output
- Daily weights
- Continuous pulse oximetry
- Turn patient every 2 hours
- Dip urine for blood every void
- Hemoccult stools X 3
- "1. Intake and Output
  - 2. Daily weights
  - 3. Continuous pulse oximetry while on narcotic medication"

### **Order Writing** ADC VANDALISM (C)=Diet/Nutrition

- Oral Nutrition restricted or normal diet
  - Restricted-Diabetes (ex. "1800 kcal ADA diet")
     Normal for infant ("Similac with Fe ad lib")
- NPO for pre-surgical patients, some abdominal problems, some respiratory problems
- If NPO, need order for alternative hydration and nutrition

"Clear liquids and advance slowly" (writing "as tolerated" is NOT sufficiently descriptive: a 2 month old will "tolerate" juice just fine, but it's not in the child's nutritional best interest.



## ADC VANDALISM (C) = Diet/Nutrition

Short term intravenous therapy
 Electrolyte solutions

Long term intravenous therapy
 parenteral or enteral nutrition



ADC VANDALISM (C) = Activity-describe what you want the patient's limits to be.

 Examples-Strict Bed rest
 May go to playroom
 Up in chair tid
 Up ad lib
 Up in arms ad lib (for an infant)



"Bed rest. Up to bathroom with assistance"

#### Order Writing ADC VANDALISM (C) = Laboratory Studies



- Clearly list each lab.
- Be sure to note when you want them completed (now, following morning, etc.).
- Notify nurse and clerk of stat labs.

- "1. CBC Stat
  - 2. U/A after foley placement
- 3. BMP tomorrow morning"

#### Order Writing ADC VANDALISM (C)=Intravenous Fluids

- Be specific about composition, rate of administration and quantity
  - D<sub>5</sub>W 5 % Dextrose in Water
  - D<sub>5</sub>½NS 5% Dextrose in half normal saline
  - NS Normal Saline
  - LR Lactated Ringers solution
- Example: "Infuse 20ml/kg of NS"

"D5 <sup>1</sup>/<sub>2</sub> NS to KVO" (KVO=keep vein opening)

#### Order Writing ADC VANDALISM (C)=Special Studies and Consults

- Imaging studies X-ray, sonograms, MRI's, CT's
- Cardiovascular Studies EKGs, echocardiograms, dopplers
- Neurologic studies EMGs, EEGs
- Provide explanations when appropriate
- Communicate directly with consulting physician when possible, always in stat situations
  - "1. Portable Chest X-ray
  - 2. EKG, stat
  - 3. Consult Dr. Ramzi Nicholas
  - regarding cardiac history and

concerns- I have notified him."

## Order Writing ADC VANDALISM (C) = Medications



- List Medication
- Dosage
- Interval and route
- List duration of therapy if applicable
- Don't forget prn meds as appropriate (ex. tylenol, ibuprofen for fever (again write dose, interval, route and prn indication)

#### **ADC VANDALISM (C) = Medications**

- Review medications daily.
- Be specific when making changes.
   Cancel previous orders.
- If stat, communicate directly with nurse.
- 1.)Ampicillin (25 mg/kg/dose)= 100 mg IV Q 6 hours (This would be for a 4kg patient)
- 2.) Acetaminophen 80 mg (10mg/kg/dose) po Q 6hours prn fever > 38.50C (This would be for a 8kg patient)

## **Type and Crossmatch Orders**

- Be specific about blood product desired
  - packed cells, whole blood, platelets, cryoprecipitate
- Clearly state how many units desired
- Clearly state what you want done
- Type and Cross order should precede transfuse order

"Type and Cross 4 units of PRBCs. Transfuse two units now, each over 4 hours; Hold two units in blood bank"

#### **ADC VANDALISM (C) = Call Orders**

 Use the format, "Call H.O. (house officer) if..." to record the instances that require a specific procedure.

#### Examples include-

"1.) Call H.O. if O2 sat < 94 or if requires more than 2 L O2 to maintain sats
2.) Call H.O. if RR<10 or >60
3.) Call if urine output less than 80cc/8 hours"

#### **Precautions**

Sometimes orders require you to put precautions down.

Examples include-1.) Respiratory precautions2.) Strict isolation3.) Suicide precautions4.) Seizure precautions

# THANK YOU,

## Jane Jones, MSIII

# Don't forget to date and time all orders and notes!

# **Prescription Writing**

- Patient's full name and DOB/weight
- Date
- Rx
  - Drug Name...generic or trade name acceptable
  - Dosage
  - Quantity to be dispensed
  - Directions to patient
    - how many, how often, what route
    - how long? With meals?
    - Avoid "as directed"

## **Prescription Writing**



- Number of refills
  - consider whether acute or chronic illness, abuse potential of drug, possibility of overdose
- May substitute?
  - Generics are cheaper
- Signature. DEA number for schedule II drugs.

## **Avoid the Following Abbreviations**

• IU

- Mistaken as "IV" (intravenous) or 10 (ten).
- Write international unit(s)
- MgSO4
- Misinterpreted as morphine sulfate, resulting in the wrong medication being administered.
- Write magnesium sulfate
- MS / MSO4 / MSO4
- Misinterpreted as magnesium sulfate, resulting in the wrong medication being administered.
- Write morphine
- Q.D. / QD / q.d. / qd
- Mistaken for Q.O.D./ qod, resulting in an inappropriate dosing schedule.
- Write daily
- Q.O.D. / QOD / q.o.d. / qod
- Mistaken for Q.D./qd, resulting in an inappropriate dosing schedule.
- Write every other day
- TIW
- Misinterpreted as "three times a day" or "twice a week."
- Specify days of the week
- U/u
- Mistaken as a zero or a four (4), resulting in overdose. Also mistaken for "cc" (cubic centimeters) when poorly written.
- Write unit(s)
- µg
- Mistaken for "mg" (milligrams) when written, resulting in an overdose.
- Write microgram(s) or mcg