



CULLMAN
REGIONAL

PHYSICIAN'S ORDERS

NAME:
ROOM NO:
(ADDRESS)
HOSP. NO.
PHYSICIAN

Another brand of drug identical in form and content may be dispensed unless checked. ☐

Cellulitis / Abscess Pediatric Order Set

Admit to Dr. _____ ☐ Admit Inpatient ☐ Place in Observation Services

Dx: ☐ Cellulitis ☐ Abscess

Consult: ☐ Dr. _____ ☐ Surgery on call

Vitals: Per floor routine

Nursing: Page MD with any acute changes

Diet: ☐ Breastfeeding / Formula of choice Po ad lib ☐ Toddler ☐ Regular ☐ NPO

IV Fluids: ☐ D5 NS @ _____ cc/hr ☐ D5¼ NS @ _____ cc/hr ☐ D5½ NS @ _____ cc/hr
☐ NS @ _____ cc/hr ☐ KVO ☐ Saline Lock ☐ Other: _____

Meds: ☐ Clindamycin _____ mg (_____ mg/Kg/dose) IV q _____ hours
☐ Vancomycin _____ mg (_____ mg/Kg/dose) IV q _____ hours
☐ Tylenol _____ mg (15 mg/Kg/dose) Po/PR q _____ hours PRN temp ≥ 100.4
☐ Motrin _____ mg (10 mg/Kg/dose) Po/PR q _____ hours PRN temp ≥ 100.4 not relieved by Tylenol
☐ Lortab Elixir _____ mL Po q _____ hours PRN pain
☐ Morphine _____ mg (_____ mg/Kg/dose) IV q _____ hours PRN pain not relieved by Lortab
☐ Other

Labs: ☐ CBC with auto Diff
☐ Pediatric Blood Culture
☐ Wound Culture
☐ Other: _____

Other: ☐ Warm compress – apply affected area tid
• Contact precautions

MD Signature: _____ Date/Time: _____

Created: 01/20/15

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DO NOT USE: U IU QD QOD MS MSO4 MgSO4