



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. ☐

Pneumonia Pediatric Order Set

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

Dx: Pneumonia

Vitals: ☐ Per routine ☐ Daily weights ☐ Strict I&O ☐ Prefense Monitor
☐ Spot Pulse Oximetry with Vitals

Nursing: Page MD with worsening respiratory distress, O₂ requirement, any acute changes.

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

IV Fluids: ☐ _____ @ _____ cc/hr ☐ KVO ☐ Saline Lock ☐ Other: _____

Meds: ☐ Cefotaxime _____ mg (_____ mg/Kg/dose) IV q _____ hours
☐ Ceftriaxone _____ mg (_____ mg/Kg/dose) IV q _____ hours
☐ Azithromycin _____ mg Po x 1 dose then _____ mg Po daily
☐ Vancomycin _____ mg (_____ mg/Kg/dose) IV q _____ hours
☐ Tylenol _____ mg (15 mg/Kg/dose) Po/PR q 4 hours PRN temp \geq 100.4
☐ Motrin _____ mg (10 mg/Kg/dose) Po/PR q 6 hours PRN temp \geq 100.4 if not relieved by Tylenol
☐ O₂ to keep saturation \geq _____ %; wean as tolerated
☐ Other: _____

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

Imaging: ☐ Portable PA & Lateral CXR – Dx: respiratory distress

Other: ☐ Droplet Precautions

MD Signature: _____ Date/Time: _____

Created: 01/20/15

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DO NOT USE: U IU QD QOD MS MSO4 MgSO4