THE UNIVERSITY OF KANSAS HOSPITAL KUMED 3901 Rainbow Boulevard Kansas City, Kansas 66160 **PHYSICIAN'S ORDER FORM**	Do not write in this box DT0017	PATIENT LABEL

DATE & TIME	#	ORDERS **ICU LEVEL II – PEDIATRIC BURN**
		Criteria: • **Less than 10% TBSA**
		Reference: Herndon, D. (2007) Total Burn Care. 3rd Ed. St. Louis: Elsevier Saunders
		Admit to Burnett Burn Center Attending: Dr._____
		Dx:_____% Total Body Surface Area Burn injury to:_____
		Allergies:
		Condition: ☐ Fair ☐ Serious
		Consult: ☐ PT/OT ☐ Nutrition ☐ Social Work ☐ Psychiatry
		☐ EKG to monitor ☐ Pulse oximetry: ☐ continuous ☐ intermittent schedule:_____
		VS q_____hrs ☐ Daily weight ☐ Daily I/Os ☐ Weigh Diapers
		Activity: ☐ Bed-rest – Turn q_____hrs. ☐ Pneumatic stockings ☐ _____
		Elevate: ☐ HOB > 30° Extremities: ☐ L/R upper ☐ L/R lower
		☐ Check pulse q_____hr in_____extremity
		☐ Hourly I/O's ☐ Weigh diapers ☐ Foley to gravity drainage
		O_2 delivery via: ☐ Nasal cannula ☐ Face Shield ☐ Face Mask ☐ Face Mask (non-rebreather) _____%_____liters/min to keep SaO2 > 92%
		☐ Insentive.Spirometry. _____x/hr. ☐ while awake. ☐ Albuterol ☐ 0.5ml/3ml NS ☐ 0.25ml/3ml NS nebulizer treatment q_____hrs. ☐ _____
		Diet: ☐ NPO ☐ Clear liquids ☐ Regular ☐ ADA_____Calories
		Tube feeding:_____ ☐ Full Strength ☐ ½ Strength Administer_____ml/hr initially. Increase by_____ml every_____hr to reach goal of _____ml/hr
		Hydrotherapy: Frequency •daily •every other day ☐ other_____ Dressings •s: ☐ Face_____ Frequency_____ ☐ Ears_____ Frequency_____ ☐ Body_____ Frequency_____

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DATE & TIME	#	ORDERS ICU LEVEL II – PEDIATRIC BURN
		Medication dosing for patients **GREATER THAN 2 MONTHS OF AGE:** Medication dosing wt:_____ (Consult Pediatric Reference for patients < 2mo)
		☐ ** Administer medications via_____tube (where dosage/liquid available)
		☐ Morphine Sulfate_____to_____mg IV q1hr prn pain. **(recommend: 0.2-0.5mg/kg/dose)** ☐ May give additional_____mg prn for wound debridement/pain/dressing change.
		☐ Lorazepam_____to_____mg IV q1hr prn anxiety/agitation/sedation **(recommend: 0.02-0.1mg/kg/dose)**
		☐ Midazolam_____to_____mg IV q1hr prn anxiety/agitation/sedation **(recommend: 0.025-0.05mg/kg/dose for peds. > 6 mos.)**
		☐ Codeine Elixir 15mg/ml:_____mg. po q4-6hr prn pain **(recommend: 1mg/kg/dose)**
		☐ Morphine Sustained Release ☐ 15mg tab ☐ 30mg tab ☐_____po q8hr (scheduled) **(recommend: 0.3-0.6mg/kg/dose q12hr)**
		☐ Pediatric multi-vitamin po/ng qday: ☐ 1ml concentrate **(<1yr old)** ☐ 2ml concentrate ☐ 1 chewable **(1-3yr old)**
		☐ Multi-vitamin po/ng qday ☐ 1 vitamins/minerals tab ☐ 5ml suspension ☐ 2 chewable (☐ **3yr old)**
		☐ Diphenhydramine ☐ 12.5mg ☐ 25mg ☐ 50mg IV/po q6hr prn pruritis **(recommend 5mg/kg/day in divided doses)**
		☐ Tetanus Diphtheria 0.5ml IM x 1 (If not administered in ED- verify immunizations)
		TESTS: 12 Lead EKG: ☐ Now ☐ In AM CXR: ☐ Now ☐ In AM Other:_____ ☐ Now ☐ In AM
		LABS: ☐ CBC c Diff ☐ Comp Metab ☐ UA ☐ Serum Drug Screen ☐ Urine Drug Screen ☐ B-HCG PT/PTT ☐_____ ☐ Now ☐ in AM ☐ at_____

Physician Signature:_____ Pager:_____