



First Urinary Tract Infection

Computerized Provider Order Entry
(CPOE)

Front Page Orders Only*
Admission Order set

December, 2006

These are screenshots to be used as a guide for transcribing orders onto a written order sheet when ICIS is down. Do not fax this screen shot document to pharmacy or other receiving department.

[*See Explanation of Front & Back Page Orders in separate document](#)

Copyright © 2006 Cincinnati Children's Hospital Medical Center; all rights reserved.

These are screenshots to be used as a guide for transcribing orders onto a written order sheet when ICIS is down. Do not fax this screen shot document to pharmacy or other receiving department.

I = include as default
X = "exclude" indicates option

***** FIRST EPISODE UTI** *****	
<input type="checkbox"/>	ADMIT TO
<input type="checkbox"/>	ISOLATION
<input type="checkbox"/>	UTILIZE EBCP GUIDELINE & IPOC
*** DIET ***	
<input checked="" type="checkbox"/>	APPROPRIATE FOR AGE
<input checked="" type="checkbox"/>	PROGRESSIVE/TEMPORARY DIET
*** VITAL SIGNS ***	
<input type="checkbox"/>	AUTOMATIC BLOOD PRESSURE DAILY
<input type="checkbox"/>	VITALS (TPR) Q4H
<input checked="" type="checkbox"/>	VITALS (TPR W/ BP) Q4H
*** NOTIFY IF ***	
<input type="checkbox"/>	NOTIFY IF (VITAL SIGNS PARAMETERS)
<input checked="" type="checkbox"/>	NOTIFY H.O. (FREE TEXT INSTRUCTIONS)
*** NURSING ***	
<input type="checkbox"/>	HEIGHT ON ADMISSION
<input type="checkbox"/>	WEIGHT ON ADMISSION
<input type="checkbox"/>	I AND O (STRICT) QSHIFT

Continue next page

I = include as default
X = "exclude" indicates option

Continued from previous page	
*** ACTIVITY ***	
X	ACTIVITY
X	UP AD LIB
*** IVF ***	
X	START IV TO SALINE WELL
X	SELECT MAINTENANCE SOLUTION
X	CHANGE IV TO SALINE WELL WHEN TAKING ADEQUATE PO
*** ORDER FLUSH IF IV FLUID OR SALINE WELL ORDERED ***	
X	SODIUM CHLORIDE 0.9% FLUSH IV 0.5 - 3 ML QPRN
*** MEDICATIONS ***	
X	ACETAMINOPHEN PO Q4H PRN (100 MG/ML DROPS)
X	ACETAMINOPHEN PO Q4H PRN (160 MG/5 ML ELIXIR)
X	ACETAMINOPHEN PO Q4H PRN (325 MG TAB)
*** ANTIBIOTICS ***	
*** < 7 DAYS OLD: CEFOTAXIME PLUS AMPICILLIN ***	
X	CEFOTAXIME IV Q12H
X	AMPICILLIN IV Q12H
Continue next page	

These are screenshots to be used as a guide for transcribing orders onto a written order sheet when ICIS is down. Do not fax this screen shot document to pharmacy or other receiving department.

I = include as default
X = "exclude" indicates option

Continued from previous page	
	*** 7-60 DAYS OLD: CEFOTAXIME PLUS AMPICILLIN ***
X	CEFOTAXIME IV Q8H
X	AMPICILLIN IV Q6H
	*** > 2 MONTHS OLD: CEFTRIAXONE ALONE ***
X	CEFTRIAXONE IV Q24H
	*** RADIOLOGIC STUDIES ***
X	ULT RETROPERITONEAL (RENAL US)
X	CYSTOURETHROGRAPY (VOIDING)
End	

These are screenshots to be used as a guide for transcribing orders onto a written order sheet when ICIS is down. Do not fax this screen shot document to pharmacy or other receiving department.