

Bronchiolitis

Computerized Provider Order Entry (CPOE)

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.

***** BRONCHIOLITIS CLINICAL GUIDE** *****

I ADMIT TO

I ISOLATION (RESPIRATORY/CONTACT PRECAUTIONS)

I UTILIZE BRONCHIOLITIS EBCP GUIDELINE & IPOC

*** DIET ***

X BREAST FED

X INFANT FORMULA FEED

X SINGLE DIET ORDER (SELECT APPROPRIATE SOLID DIET)

*** VITAL SIGNS ***

I AUTOMATIC BLOOD PRESSURE DAILY

I VITALS (TPR) Q4H

X VITALS (TPR W/ BP) Q4H

X HR / RR MONITOR (STRONGLY SUGGESTED FOR < 2 MOS OF AGE)

I PULSE OXIMETRY(SPOT CHECK) STAT UPON ADMISSION

I PULSE OXIMETRY(SPOT CHECK) Q4H X 3 DAYS

*** NOTIFY IF ***

I NOTIFY IF (VITAL SIGNS PARAMETERS)

X NOTIFY H.O. (FREE TEXT INSTRUCTIONS)

*** NURSING ***

I I AND O QSHIFT

<input type="checkbox"/>	LENGTH ON ADMISSION
<input type="checkbox"/>	HEAD CIRCUMFERENCE (IF < 2YRS OLD) ON ADMISSION
	*** RESPIRATORY THERAPY ***
<input type="checkbox"/>	OXYGEN - START O2 IF SATS < 91 %
<input type="checkbox"/>	NP SUCTION BEFORE MEALS, INHALATION TREATMENTS & PRN
<input type="checkbox"/>	MISC RESP ORDER (WEAN TO BULB SUCTION PRIOR TO D/C)
	*** ALBUTEROL OPTIONS (CHOOSE ONE BELOW) ***
	*** OPTION # ONE ***
<input type="checkbox"/>	NOT RESPONSIVE TO ALBUTEROL, AFTER TRIAL INHALATION
	*** OR, OPTION # TWO ***
<input checked="" type="checkbox"/>	TRIAL INHALATION (IF NOT DONE IN ED): ALBUTEROL 2.5MG IH X 1
	*** OR, OPTION # THREE ***
<input checked="" type="checkbox"/>	ALBUTEROL IH PRN Q4H (IF TRIAL SHOWS CLINICAL IMPROVEMENT)

	*** IVF'S ***
<input checked="" type="checkbox"/>	START IV TO SALINE WELL
<input checked="" type="checkbox"/>	SELECT MAINTENANCE IV SOLUTION
<input checked="" type="checkbox"/>	CHANGE IV TO SALINE WELL WHEN TAKING ADEQUATE PO
	*** ORDER FLUSH IF IV FLUID OR SALINE WELL ORDERED ***
<input checked="" type="checkbox"/>	SODIUM CHLORIDE 0.9% FLUSH IV 0.5 - 3 ML QPRN

*** MEDICATIONS ***

| ACETAMINOPHEN PO Q4H PRN (100 MG/ML DROPS)

| SODIUM CHLORIDE 4 DRP NS PRN Q1H

*** EDUCATION ***

| BEGIN PARENT EDUCATION & GIVE BRONCHIOLITIS EDUC PACKET

*** DISCHARGE ***

| DISCHARGE PATIENT WHEN D/C GOALS MET & NOTIFY MD

ADMIT TO

* Required

Is the Patient Going to be in the Hospital more than 24 hours?

Yes No

Nurse Station:

*Name of Resident Team Covering:

Private Physician:
TIAO, GREGORY M., M.D.

*Attending Dr Name:

*Dosing Weight:

gm

kg Kg

Height:

cm

*Hospital Service:

*Pt Condition:

Current Diagnosis:

Current Diagnosis #2:

Intern Name:

Intern Pager #:



*Isolation: Questions? Call X6-8492

Standard Precautions

Enter Other Isolation

OK

Cancel Order

Help

ISOLATION



List of Isolation Policy Links

* Required

Types of Isolation

Airborne

Protective

Contact

Respiratory Contact

Droplet

Strict

N95 Airborne

Strict Protective

Addl. Information Regarding Order

OK

Cancel

Help

New Order

COE Feedback

UTILIZE EBCP GUIDELINE & IPOC:

* Required

Once q Until D/C
 WK/MO FREQUENCIES For

*Priority: *Start Dt/Tm: at

Addl. Information Regarding Order

UTILIZE BRONCHIOLITIS EVIDENCE
BASED CLINICAL PRACTICE
GUIDELINE & IPOC.

New Order COE Feedback ?

BREAST FED * Required

q CONT Until D/C

*Start Dt/Tm: 12/4/2006 at 1452

*Route:

Oral Product:

Full Strength
 Other Strength

Feeding Schedule:

If ad lib feedings, estimated total intake per 24 hours = ml

Calories: Fluid Restriction: Protein:

Fat: Sodium: Potassium:

Other:

Add Additional Directions/Comments

Add Secondary Tube Feeding

Secondary/Additional Oral Diet:

New Order COE Feedback ?

INFANT FORMULA FEED * Required

q CONT Until D/C

*Start Dt/Tm: 12/4/2006 at 1452

*Route:

Oral Product:

Full Strength
 Other Strength

Feeding Schedule:

If ad lib feedings, estimated total intake per 24 hours = ml

Calories: Fluid Restriction: Protein:

Fat: Sodium: Potassium:

Other:

Add Additional Directions/Comments

Add Secondary Tube Feeding

Secondary/Additional Oral Diet:

New Order COE Feedback ?

SINGLE DIET ORDER * Required

q CONT Until D/C

*Start Dt/Tm: 12/4/2006 at 1452

*Route:

Oral Product:

Full Strength
 Other Strength

Feeding Schedule:

If ad lib feedings, estimated total intake per 24 hours = ml

Calories: Fluid Restriction: Protein:

Fat: Sodium: Potassium:

Other:

Add Additional Directions/Comments

Add Secondary Tube Feeding

Secondary/Additional Oral Diet:

AUTOMATIC BLOOD PRESSURE

* Required

*Priority: ROUTINE

*How often?

q DAILY Until D/C
 For [] [] , then

q [] Until D/C
 For [] [] , then

q [] Until D/C
 For [] [] , then

Addl. Information Regarding Order

ON ADMISSION THEN DAILY

OK

Cancel

Help

VITALS (TPR)

* Required

*Priority: ROUTINE

*How often?

q Q4H Until D/C
 For [] [] , then

q [] Until D/C
 For [] [] , then

q [] Until D/C
 For [] []

Addl. Information Regarding Order

ON ADMISSION THEN Q4H

OK

Cancel

Help

VITALS (TPR W/ BP)

* Required

*Priority: ROUTINE

*How often?

<input type="checkbox"/> q	<input type="text" value="Q4H"/>	<input checked="" type="radio"/> Until D/C	<input type="radio"/> For <input type="text"/>	<input type="text"/>	, then
<input type="checkbox"/> q	<input type="text"/>	<input type="radio"/> Until D/C	<input type="radio"/> For <input type="text"/>	<input type="text"/>	, then
<input type="checkbox"/> q	<input type="text"/>	<input type="radio"/> Until D/C	<input type="radio"/> For <input type="text"/>	<input type="text"/>	, then

Add. Information Regarding Order

ON ADMISSION THEN Q4H

OK

Cancel

Help

HR / RR MONITOR

STAT

* Required

Once

q CONT

Until D/C

WK/MO FREQUENCIES

For

*Priority: ROUTINE

*Start Dt/Tm: 12/4/2006 at 1452

Addl. Information Regarding Order

STRONGLY SUGGESTED FOR CHILD
< 2 MOS OF AGE.

OK

Cancel Order

Help

New Order

COE Feedback

PULSE OXIMETRY (SPOT CHECK)

STAT

* Required

Once

q

Until D/C

For

*Priority: STAT

*Start Dt/Tm: 12/4/2006 at 1452

and PRN

OK

Cancel Order

Help

New Order

COE Feedback

PULSE OXIMETRY(SPOT CHECK)

STAT

* Required

Once

q Q4H

Until D/C

For 3 DAYS

*Priority: ROUTINE

*Start Dt/Tm: 12/4/2006 at 1452

and PRN

OK

Cancel Order

Help

NOTIFY IF

STAT

* Required

Once q **CONT** Until D/C
 WK/MO FREQUENCIES For [] []

*Priority: **ROUTINE** *Start Dt/Tm: **12/4/2006** at **1522**

Vital Sign Parameters/Others To Be Notified Of:

Normal Ranges

- Temperature < [] Or > [] Centigrade
- Pulse
- Respirations
- Systolic Blood Pressure
- Diastolic Blood Pressure
- Oxygen Saturation
- Urine Output
- Other
- Other

Addl. Information Regarding Order

[]

OK

Cancel Order

Help

NOTIFY

STAT

* Required

Once

q **CONT**

Until D/C

WK/MO FREQUENCIES

For

*Priority: **ROUTINE**

*Start Dt/Tm: **12/4/2006** at **1452**

Select From Drop Down or Type In

House Officer

IF

[Empty text area for IF condition]

(150 Characters of Text)

*Clinician Contact:

Pager:

1

Phone:

[Empty text field]

Addl. Information Regarding Order

[Empty text area for additional information]

OK

Cancel Order

Help

New Order

COE Feedback

I AND O STAT

* Required

Once q QSHIFT Until D/C
 WK/MO FREQUENCIES For

*Priority: ROUTINE *Start Dt/Tm: 12/4/2006 at 1452

Intake and Output Specifics

- Strict
- W/Diaper Wts

Addl. Information Regarding Order

OK

Cancel Order

Help

New Order **COE Feedback**

LENGTH * Required

Once q Until D/C
 WK/MO FREQUENCIES For DAYS

*Priority: *Start Dt/Tm: at

— Addl. Information Regarding Order —

ON ADMISSION

HEAD CIRCUMFERENCE

* Required

Once q Until D/C
 WK/MO FREQUENCIES For

*Priority: *Start Dt/Tm: at

Addl. Information Regarding Order

IF < 2 YRS OLD ON ADMISSION

New Order **COE Feedback**

OXYGEN STAT * Required

Once
 q **CONT**
 Until D/C
 For

*Priority: **ROUTINE**
 *Start Dt/Tm: **12/4/2006** at **1452**

*Enter one:

FIO2%: **1.00**

Maintain sats b/w **91** and **94**

LPM: **1**

 May Wean

*Route: **NASAL CANNULA**

 Start if O2 Sats < **91** %

*Contact MD:

Pager: **1**

Phone:

*Fax Report To:

*Indications:

HYPOXIA

*Clinical Information:

Addl. Info./Questions to be Answered:

WEAN O2 IF SPOT CHECK > 94%

NP SUCTION

STAT

* Required

Once

q AC

Until D/C

WK/MO FREQUENCIES

For

*Priority: ROUTINE

*Start Dt/Tm: 12/4/2006 at 1452

Additional Order Specifics

Suction Cath Size in French

FR

Additional Frequency:

and PRN

Addl. Information Regarding Order

AND PRIOR TO INHALATION
TREATMENTS. UTILIZE NORMAL
SALINE NOSE GTTS PRIOR TO ANY
SUCTIONING.

OK

Cancel Order

Help

New Order

COE Feedback

MISCELLANEOUS RESP ORDER

STAT

* Required

Once

q

CONT

Until D/C

For

*Priority: ROUTINE

*Start Dt/Tm: 12/4/2006 at 1452

You should only enter a miscellaneous order if the appropriate service is not available in the system. A miscellaneous order may not be addressed until a determination is made of what the proper procedure(s) is.

Enter Miscellaneous Order Description:

WEAN TO BULB SUCTION PRIOR TO DISCHARGE.

Clinician Contact:
Pager:

11

Phone:

Fax Report To:

**DO NOT USE THIS ORDER FOR
A PHARMACY ORDER.**

USE UNLISTED MED ORDER

OK

Cancel Order

Help

New Order

COE Feedback

NOT RESPONSIVE TO ALBUTEROL

STAT

* Required

Once

q CONT

Until D/C

WK/MO FREQUENCIES

For

*Priority: ROUTINE

*Start Dt/Tm: 12/4/2006 at 1452

Addl. Information Regarding Order

AFTER A TRIAL INHALATION
THERAPY, THERE IS NO
SIGNIFICANT IMPROVEMENT.

OK

Cancel Order

Help

New Order

Policy

Calculator

COE Feedback

ALBUTEROL 2.5MG/3ML SOLN

Brand Name Equivalent: PROVENTIL

* Required

Dosing WT: 22 KG

DOSE RANGE CHECKING DATA NOT AVAILABLE FOR THIS DRUG.

*Dose: 2.5 MG

Diluent: NON APPLICABLE

*Route: INHALATION Mode: HHN

Once q Until D/C
 WK/MO FREQUENCIES For

*Clinician Contact
Pager:
1

*Priority: ROUTINE *Start Dt/Tm: 12/4/2006 at 1452 Meds Already Given

If PRN, Reason:

Wean Per Protocol

Indications:

Additional Directions:

OK Cancel Order Formulary Help

New Order

Policy 

Calculator

COE Feedback

ALBUTEROL 2.5MG/3ML SOLN

* Required

Brand Name Equivalent: PROVENTIL

Dosing WT: 22 KG

DOSE RANGE CHECKING DATA NOT AVAILABLE FOR THIS DRUG.

*Dose: 2.5 MG

Diluent: NON APPLICABLE

*Route: INHALATION Mode: HHN

Once q Q4H 1st STAT Until D/C
 STATx1 Non-Std WK/MO FREQUENCIES For

*Clinician Contact Pager: 1

*Priority: PRN *Start Dt/Tm: 12/4/2006 at 1452 Meds Already Given

If PRN, Reason:
IF CLINICAL IMPROVEMENT Wean Per Protocol

Indications:

Additional Directions:

OK Cancel Order Formulary  Help

New Order

COE Feedback

START IV TO SALINE WELL

STAT

* Required

Once

q []

Until D/C

WK/MO FREQUENCIES

For [] []

*Priority: ROUTINE

*Start Dt/Tm: 12/4/2006 at 1452

Addl. Information Regarding Order

[Empty text area for additional information]

OK

Cancel Order

Help

New Order: Maintenance Fluids

Calculator

COE Feedback

?

Dosing Wt: 22 KG

Select

Maintenance Solution:

- Sodium Chloride 0.9%
- Sodium Chloride 0.45%
- Sodium Chloride 0.225%
- Sodium Chloride 0.675%
- Lactated Ringers

- Dextrose 5%
- Dextrose 5%-NS
- Dextrose 5%-LR
- Dextrose 5%-1/2 NS
- Dextrose 5%-1/4 NS
- Dextrose 5%-3/4 NS
- Intralipids 20%
(Fat Emulsion)
- TPN
- Intralipids (With TPN)

RX to Send IV Fluid to:

- OR PACU Floor

Clinician Contact Pager:

1

Additional Directions:

OK

Cancel Order

Help

CHANGE IV TO SW

STAT

* Required

Once

q CONT

Until D/C

WK/MO FREQUENCIES

For

*Priority: ROUTINE

*Start Dt/Tm: 12/4/2006 at 1452

Addl. Information Regarding Order

WHEN TAKING ADEQUATE PO

OK

Cancel Order

Help

New Order Policy Calculator COE Feedback

0.9% NL SALINE FLUSH/BARRIER * Required

Type of Flush: Intermittent Dosing Wt: 22 KG

Type of Catheter
SALINE WELL Volume Per Lumen: 0.5 - 3 ML

*Clinician Contact Pager: 1

q QPRN STAT Until D/C
 For

*Priority: PRN

*Start Dt/Tm: 12/4/2006 at 1452

Additional Directions:

OK Cancel Order Formulary Help

New Order

Calculator

COE Feedback

ACETAMINOPHEN 100MG/ML DROPS

* Required

Dose Calculator

Brand Name Equivalent: TYLENOL

*Dose: [] []

Dosage Form: DROPS

Dosing WT: 22 KG

*Route: ORAL

Once q Q4H 1st STAT Until D/C
 STATx1 Non-Std WK/MO FREQUENCIES For [] []

*Clinician Contact Pager:

1

*Priority: PRN *Start Dt/Tm: 12/4/2006 at 1452

If PRN, Reason:

FEVER OR

PAIN

- Do Not Administer Unless Directed
- Meds Already Given

Additional Directions:

[Empty text area for additional directions]

Recommended Dosing Range

Route: PO

Per Dose Min: 10 MG/KG

Per Dose Max: 15 MG/KG

Daily Dose Not to Exceed: 90

Daily Frequency:

Min: 1

Max: 6

MG/KG

OK

Cancel Order

Formulary



Help

New Order

Calculator

COE Feedback

SODIUM CHLORIDE 0.65% NOSE DROPS

* Required

Dose Calculator

Brand Name Equivalent: SALINE NASAL AYR

DOSE RANGE CHECKING DATA NOT AVAILABLE FOR THIS DRUG.

*Dose: 4 DRP

Dosage Form: SPRAY

Dosing WT: 22 KG

*Route: NASAL

Once q Q1H 1st STAT Until D/C
 For

*Clinician Contact Payer:

1

*Priority: PRN *Start Dt/Tm: 12/4/2006 at 1452

If PRN, Reason:

CONGESTION

- Do Not Administer Unless Directed
- Meds Already Given

Additional Directions:

UTILIZE PRIOR TO ANY SUCTIONING

OK

Cancel Order

Formulary



Help

BEGIN EDUCATION ABOUT

Once q Until D/C
 For DAYS

*Priority: *Start Dt/Tm: at

* Required

*About:

Addl. Information Regarding Order
GIVE BRONCHIOLITIS
EDUCATION PACKET TO
PARENT/GUARDIAN/PRIMARY CARE
PROVIDER

New Order

COE Feedback

DISCHARGE CRITERIA:

STAT

* Required

Once q **CONT** Until D/C
 WK/MO FREQUENCIES For

*Priority: **ROUTINE** *Start Dt/Tm: **12/4/2006** at **1452**

Addl. Information Regarding Order

DISCHARGE PATIENT WHEN IPOC
"DISCHARGE WHEN" GOALS ARE
MET AND NOTIFY PHYSICIAN OF
PATIENT'S DEPARTURE.

OK

Cancel Order

Help

