ALSO STAMP ORDERS

CONTRA COSTA HEALTH SERVICES
CONTRA COSTA REGIONAL MEDICAL CENTER

PEDIATRIC ADMISSION MEDICATION RECONCILIATION & ORDER FORM

LIST prescribed and OTC medications, herbal products, supplements and vitamins/minerals patient currently uses (prior to admission).

☐ Patient reports no home meds, etc.

PREGNANT? ☐ Yes ☐ No ☐ NA

DRUG	DOSE UNIT	ROUTE	FREQ	MARK BOX	SPECIFY MODIFICATIONS
				C Continue* **DC Discontinue** **M Modify**	* Herbal products will not be continued on admission.
				C DC M	
				C DC M	
				C DC M	
				C DC M	
				C DC M	
				C DC M	
				C DC M	
				C DC M	
				C DC M	

PROVIDER If home med info not complete:

☐ Patient instructed to ask family member to bring in med bottles

☐ ***Retail Pharmacy:** _____ ***Location:** _____

*When this information is provided, Pharmacy staff will research.

Provider Signature _____ Date/Time _____

Transcribed by (clerk) _____ Date/Time _____

Noted by (RN) _____ Date/Time _____

PAGE ____ OF ____

CONTRA COSTA HEALTH SERVICES
CONTRA COSTA REGIONAL MEDICAL CENTER

PEDIATRIC ADMISSION ORDERS

Date _____ Time _____

Resident _____

Attending: _____

Allergies: _____ Reaction: _____

Weight _____ kg

ROUTINE ORDERS **NOTED**

☐ Admit to Pediatric Service. Diagnosis: _____ ☐

Condition: _____ Isolation: _____

Activity: ☐ As tolerated ☐ Ambulate ☐ Bed rest
☐ Head of bed up ☐ Other: _____

Weights: ☐ Daily ☐ Other: _____

Vital Signs ☐ Routine (TPR q 4 hrs; BP q 24 hrs) ☐ Other: _____

MONITORS / PARAMETERS

☐ Cardio-respiratory monitor ☐

☐ Parameters / Call House Officer for: HR < _____, > _____ ; RR < _____, > _____
Temp > _____ ; BP < _____, > _____

☐ Pulse oximetry: ☐ Continuous ☐ Spot check every _____ hrs ☐

SaO_2 parameters: ☐ ≥ 92% ☐ Other _____ ☐ ≥ _____% when sleeping

☐ O_2 to keep sat > _____%, wean as tolerated to meet above parameters

RESPIRATORY TREATMENTS

☐ Albuterol _____ ☐

☐ Ipratropium bromide (Atrovent) _____ ☐

☐ Racemic epinephrine 2.25% (Vaponephrine) _____ ☐

☐ Other: _____ ☐

MEDICATIONS (Please complete Medication Reconciliation & Order Form, MR26, for all pre-admit medications.)

☑ Topical anesthetic (Lidocaine 4%) applied prior to needle stick ☐

☐ 24% Sucrose solution (Sweet-Ease) PO, prn pain, procedure ☐

☐ Acetaminophen (recommended dose: 10-15 mg/kg/dose) _____ mg PO/PR every 4-6 hrs
(not to exceed 5 doses/24 hrs), prn temp >101.5°, pain, discomfort ☐

☐ Ibuprofen (recommended dose: 5-10 mg/kg/dose) _____ mg PO every 6-8 hrs,
prn temp >101.5°, pain, discomfort ☐

☐ PCA: See PCA order form ☐

☐ Other: _____ ☐

☐ Other: _____ ☐

☐ Other: _____ ☐

☐ Other: _____ ☐

☐ Other: _____ ☐

—Continued on reverse—

CONTRA COSTA HEALTH SERVICES
CONTRA COSTA REGIONAL MEDICAL CENTER

PEDIATRIC ADMISSION ORDERS, CONTINUED

FLUIDS AND FEEDING **NOTED**

Diet:

- ☐ Regular for age ☐ Clear liquid ☐ Full liquid ☐ NPO ☐
- ☐ Dietary restrictions: _____
- ☐ Breast feeding: ☐ Formula: _____ ☐ Other: _____
- ☐ Gavage _____ mL of _____ every _____ hr.

Intake & Output:

- ☐ Routine ☐ Strict ☐
- ☐ Nutrition Consult
- ☐ IV Fluids: _____
- ☐ Heplock, flush per protocol

LABS

- ☐ Lab tests: _____ ☐

_____

RADIOLOGY

- ☐ Diagnostic imaging studies: _____ ☐

_____

_____

OTHER ORDERS

- ☐ Phototherapy per protocol ☐
- ☐ Hearing Screen per protocol before discharge ☐
- ☐ Social Service consult ☐

VACCINATIONS

- ☑ Print out or make a copy of current vaccination record and place in front of chart. ☐
  If vaccinations are not up-to-date, administer prior to discharge (Physician please specify):

_____

Physician name (print) _____ Signature _____

Noted: Date _____ Time _____ RN Signature _____