Allergies: _____________________________________________

**Croup – Pediatric – Initial Orders to Pediatric Med/Surg**

**Admission**
- Admit Physician: _____________________________________________
- Patient weight: __________ kg
- Diagnosis: _____________________________________________

**Condition**
- [ ] Stable
- [ ] Guarded
- [ ] Critical

**Vital Signs**
- [ ] Heart Rate, Respiratory Rate, Temperature every 4 hours, Blood Pressure every 8 hours
- [ ] Check pulse oximetry every _____ hours
- [ ] Continuous pulse oximetry x _____ hours, then if O2 sat is greater than ____% on room air, change to oximetry checks every ____ hours
- [ ] Continuous CardioRespiratory monitor
- [ ] Other: _____________________________________________

**Activity**
- [ ] Up ad lib
- [ ] Bed rest

**Condition Specific Parameters**

**Assessments**
- [ ] Continuous pulse oximetry
- [ ] Oxygen to maintain saturation greater than 90%
- [ ] Measure head circumference if under 1 year of age
- [ ] Measure intake and output every shift

**Patient Education**
- [ ] Provide smoking cessation counseling to patients, caretakers and parents [Evidence]
- [ ] Provide education regarding medication management and symptom recognition to patient and/or family members.

**Diet**
- [ ] NPO
- [ ] Diet, regular
- [ ] Diet, clear liquid as tolerated
- [ ] Diet, breast milk
- [ ] Diet, infant/pediatric formula
- [ ] Other: _____________________________________________

**Diagnostic Tests**
- [ ] Blood gas, arterial [Evidence]
- [ ] Blood gas, capillary [Evidence]
- [ ] Complete blood cell count with manual white blood cell differential
- [ ] Basic metabolic panel
- [ ] Comprehensive metabolic panel
- [ ] Radiograph, chest, 1 view [Evidence]
- [ ] Radiograph, chest, 2 views [Evidence]
- [ ] Radiograph, neck, soft tissue 1 view portable
- [ ] Radiograph, neck, soft tissue 2 view portable
- [ ] Viral antigens, nasopharyngeal influenza
- [ ] Viral antigens, nasopharyngeal respiratory syncytial virus

Nurse Initials: __________

Physician Initials: __________
IV Fluids (Recommended maintenance rate is 4 milliliter/kilogram/hour for children under 10 kilograms)
- 0.9% NaCl __________ml IV over 30 minutes
- Dextrose 5% with 0.45% NaCl __________ milliliter/hour intravenously
- Dextrose 5% with 0.45% NaCl and KCl 20 mEq/L __________ milliliter/hour intravenously
- Dextrose 5% with 0.225% NaCl __________ milliliter/hour intravenously
- Dextrose 5% with 0.2% NaCl and KCl 20 mEq/L __________ milliliter/hour intravenously
- Other: ________________________________________________

Medications

Antipyretics
- Acetaminophen 15 milligram/kilogram orally every 4 hours as needed for symptomatic fever (maximum 4 grams/day to maximum 5 doses/day). Actual dose = _____ milligram
- Acetaminophen 15 milligram/kilogram rectally every 4 hours as needed for symptomatic fever (maximum dose 5 grams/day). Actual dose = _____ milligram
- Ibuprofen 10 milligram/kilogram orally every 6 hours as needed for symptomatic fever - weight less than 40 kilograms. Actual dose = _____ milligram

Bronchodilators

Inhaled Adrenergic Evidence
- Epinephrine (2.25% inhalation solution) 0.05 milliliter/kilogram diluted to 3 milliliter with normal saline once, may repeat x1 in 2 hours for continued stridor at rest, retractions, SOB

Corticosteroids

Inhaled Corticosteroids Evidence
- Budesonide 0.25 milligram inhaled 2 times a day by nebulizer
- Budesonide 0.5 milligram inhaled every 12 hours by nebulizer

Systemic Corticosteroids Evidence
- Dexamethasone 0.6 milligram/kilogram intravenously once (maximum 10 milligrams). Actual dose = _____ milligram
- Dexamethasone 0.6 milligram/kilogram orally once (maximum 10 milligrams). Actual dose = _____ milligram
- Prednisolone (Prelone Solution) 1 milligram/kilogram orally every 12 hours. Actual dose = _____ milligram

Noncategorized

Reminders
- Consider discharge home if no stridor at rest and intercostal retractions not present after 2 to 4 hours of observation Evidence

Nurse:________________   Date/Time:__________          Physician: ________________   Date/Time: __________