

**WESTERN MARYLAND HEALTH SYSTEM**  
**Physician Orders**

**REMINDER: ALL MEDICATION ORDERS REQUIRE DOSE, ROUTE, FREQUENCY AND INDICATION  
 DO NOT USE ABBREVIATIONS**

<b>DOCTORS ORDERS PET PROTOCOL ORDERS</b>	<b>CHECK OFF/ INITIALS</b>
<b>ALL TESTS ARE TO BE DONE STAT</b>	
<input type="checkbox"/> Cardiac monitor	
<input type="checkbox"/> Continuous pulse oximetry	
<input type="checkbox"/> Intravenous fluid bolus of 10 - 20 mL/kg 0.9% Sodium Chloride (based on history) (may be repeated if necessary with a maximum of three 10 – 20 mL/kg boluses) (10 mL/kg if neonate or known cardiac history).	
<input type="checkbox"/> Oxygen	
<input type="checkbox"/> Arterial Blood Gases	
<input type="checkbox"/> Albuterol (Ventolin®) Nebulizer treatment - Albuterol (Ventolin®) 2.5 mg inhaled.	
<input type="checkbox"/> Complete Blood Count	
<input type="checkbox"/> Basic Metabolic Panel	
<input type="checkbox"/> One Blood Culture	
<input type="checkbox"/> Chest X-ray	
<input type="checkbox"/> 12 lead EKG	
<input type="checkbox"/> Accucheck®	
<input type="checkbox"/> Dextrose 10% for neonates, 25% for pediatrics 0.5 gm/kg intravenously times one.	
<input type="checkbox"/> Naloxone (Narcan®) 0.1 mg/kg intravenously/Subcutaneously and assess response. Repeat in 2-3 minutes as necessary, up to a total of 2 mg. References MUST be utilized for medication dosages and all dosages MUST be verified by a second RN prior to administration.	
<input type="checkbox"/> Other	
<input type="checkbox"/> PALS/NRP protocol as applicable. (List additional PALS/NRP medications and interventions implemented.	

<b>Physician:</b>	<b>Nurse/Date/Time:</b>	<b>Secretary/Date/Time:</b>
<b>Approved by MEC 8/05</b>		

**Full page of orders requires only one physician, one nurse and one clerical signature**



Original to Patient's Chart

Fax to Pharmacy