

Check appropriate boxes for this patient.

ALLERGIES: NKA Other: _____

Admit to Pediatric Unit, Dr. _____

Diagnosis: Neutropenia, _____

Condition: _____

NURSING:

Vital Signs every 4 hours

Neutopenic precautions

DIET:

Neutropenic

LABS:

Obtain stat: CBC with Diff, POCP, Blood Cultures (aerobic, anaerobic, fungal) peripheral and central

Daily A.M. (Nurse to draw): CBC with Diff, BMP, Magnesium

MEDICATIONS:

IV FLUIDS:

0.9 % Sodium Chloride bolus (20 ml per Kg per hour) _____ ml x _____ hour(s) followed by:

Dextrose 5% in Sodium Chloride 0.45% + _____ mEq KCl per liter at _____ ml per hour.

ANTIBIOTICS: (First dose stat):

MEDICATION FOR NAUSEA/VOMITING:

Acetaminophen (15mg per Kg) _____ mg PO every 4 hours as tolerated for temperature greater than or equal to 102°F (38.9°C).

Other Medications:

Drug Name and Strength	Route of Administration	Directions for Administration	Indications

Reconcile Medications Transfer/Discharge Orders

Physician _____ Beeper Number _____ Time: _____ Date ____/____/____

Verbal Order Verification Nurse's Signature _____ Time: _____ Date ____/____/____

Patient Identification

CHH-1404

Originated: 1/5/2007

Revised: 7/2010

Original: Patient Chart
Yellow Copy: Scan to Pharmacy, Patient's Nurse