
Directions: 1. Indicate choice when options are available by placing a check in the box
2. Mark through entire line any prechecked item you ***do not*** wish to order mark through

Attending Physician: _____ Diagnosis: _____
 Observation Status Admission for Inpatient Care Admit or transfer to: _____ Unit

ALLERGIES: NKA **ALLERGIC to:** _____

Weight in kilograms: _____

VITAL SIGNS:

Vital signs every 1 hour

ACTIVITY:

Bed rest

DIET:

NPO

IV SOLUTIONS:

Sodium Chloride 0.9% IV infuse at _____ ml/hour

MEDICATIONS:

Lorazepam (Ativan) 0.1 mg/kg = _____ mg IV x _____

Phenobarbital 20 mg/kg = _____ mg IV x _____

Phenobarbital 3 mg/kg/dose = _____ mg IV every 12 hours

Pentobarbital 2 mg/kg = _____ mg IV; THEN

Pentobarbital infuse at 1 mg/kg/hour IV

Fosphenytoin (Cerebyx) 20 mg/kg = _____ mg IV x _____

Fosphenytoin (Cerebyx) 2 mg/kg/dose = _____ mg IV every 8 hours

Midazolam (Versed) 0.2 mg/kg = _____ mg IV; THEN

Midazolam (Versed) infuse at 4 micrograms/kg/minute IV

PATIENT CARE:

Bedside glucose

Seizure precautions

LABORATORY:

CBC with Differential STAT, if not already done

CCP (complete chemistry profile), if not already done

Phenytoin (Dilantin) level STAT

Phenytoin (Dilantin) level 1 hour after loading dose

Phenobarbital level STAT

Phenobarbital level 1 hour after loading dose

