

## Pediatric Dehydration: Sample Physician Orders CTAS Level 2 or 3

### PHYSICIAN ORDERS Oral Rehydration Order Set PEDIATRIC

Date: \_\_\_\_\_ Arrival time: \_\_\_\_\_  
YYYY/MM/DD

DIAGNOSIS: **Mild/Moderate Dehydration Secondary to Gastroenteritis**

ALLERGIES: \_\_\_\_\_  NONE

TIME	INITIAL	
		1. Ensure patient meets inclusion/exclusion criteria* for oral rehydration
		2. Review Oral Rehydration Therapy instructions with caregiver
		3. Give electrolytes e.g. Gastrolyte®, Pedialyte® in the following volumes: Age 6-12 months = 5 ml q5 min; 1-5 years = 10 ml q5 min; >5 years old =15 ml q5 min. (Approximately 10-15 ml/kg/hr)
		4. Give first dose of Oral Rehydration Therapy and inform caregiver to repeat q5 minutes
		5. Instruct caregiver to document Oral Rehydration Therapy intake and emesis
		6. Inform caregiver of name of assigned nurse whom they may ask for help
		7. Vitals q1h x 4h, then q2-4h thereafter
		8. Provide patient information on discharge

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

#### **\*Inclusion criteria:**

- Children aged 6 months to 17 years old presenting to ED, with either vomiting and/or diarrhea fewer than 7 consecutive days resulting in mild to moderate dehydration.

#### **Exclusion criteria:**

- Children presenting with: severe dehydration (unstable vital signs, poor perfusion)
- Altered level of consciousness (Glasgow Coma Score <15)
- Persistent lethargy or acute head injury
- Possible surgical abdomen (bloody or bilious vomiting, bloody diarrhea, abdominal distension & tense, absent bowel sounds, guarding or rigidity and right lower quadrant pain),
- Chronic health conditions (such as Gastric or Jejunal feeding tubes dependence, known inflammatory bowel disease, known immunodeficiency syndrome, known metabolic disorders, insulin dependent diabetes, heart or renal disorder and neurosurgical history).

FORM #: