



EMERGENCY DEPARTMENT
PEDIATRIC CLINICAL DECISION TOOL

Nurse May Implement

For all patients less than 13 years of age or adolescents less than 50 kg

May use with PPG-02185

Client: _____

DOB (yyyy/mmm/dd): _____

HRN / MHSC: _____

PHIN #: _____

Addressograph/Place Label Here

MEDICATIONS

The following orders are active until patient is seen by a physician (according to PPG-02185, CTAS and clinical judgement may dictate immediate call to 911)

Patient weight: _____ kg

Fever:

For temperature greater than 38°C:

- acetaminophen 15 mg per kg PO/PR = _____ mg every 4 to 6 hours PRN (if not given in previous 4 hours) (maximum 1000 mg per dose and 75 mg per kg per 24 hours or 4000 mg per 24 hours, whichever is less)

AND

- ibuprofen 10 mg per kg PO = _____ mg every 6 to 8 hours PRN (if not given in previous 6 hours) (maximum 400 mg per dose and 40mg per kg per 24 hours; Contraindicated with history of asthma, bleeding disorder, renal impairment, or history of GI bleed, ASA or NSAID allergy. Not for children less than 6 months old)

Pain:

Exclusion criteria: Allergies or intolerance to analgesia, CTAS Level 1, open fractures, amputation, multiple trauma, unstable vital signs, obtunded, Glasgow Coma Scale less than 14, head injury or headache with alteration in LOC, suspected or actual pregnancy

- For painful or stressful procedures on infants less than 12 months of age, initiate Sucrose for Analgesia in Infants Clinical Decision Tool (PMHMSO.023)
- acetaminophen 15 mg per kg PO = _____ mg every 4 to 6 hours PRN (if not given in previous 4 hours) (maximum 1000 mg per dose and 75 mg per kg per 24 hours or 4000 mg per 24 hours, whichever is less)
- ibuprofen 10 mg per kg PO = _____ mg every 6 to 8 hours PRN (if not given in previous 6 hours) (maximum 400 mg per dose and 40 mg per kg per 24 hours; Contraindicated with history of asthma, bleeding disorder, renal impairment, or history of GI bleed, ASA or NSAID allergy. Not for children less than 6 months old)

Shortness of Breath:

For mild to moderate respiratory distress with wheezing: (Refer to PMHMSO.102)

- Less than 20 kg: salbutamol MDI (100 mcg/puff) 1 to 2 puffs via spacer
- More than 20 kg: salbutamol MDI (100 mcg/puff) 2 to 4 puffs via spacer

For severe respiratory distress with wheezing, follow above and below. If needed, add: (Refer to PMHMSO.101 and PMHMSO.102)

- Less than 20 kg: ipratropium MDI (20 mcg/puff) 2 puffs via spacer
- More than 20 kg: ipratropium MDI (20 mcg/puff) 4 puffs via spacer

Lacerations:

- Apply LET (lidocaine, EPINEPHrine, tetracaine) gel with occlusive dressing on all lacerations requiring sutures 30 minutes prior to procedure, duration of action is 60 minutes (use with caution on digits, penis, nose, ears and mucous membranes)

For tetanus prophylaxis:

- DTaP-IPV-Hib 0.5 mL IM for children less than 7 years of age, if vaccine history not up to date
- Tdap 0.5 mL IM for patients 7 years of age or older who have no history of Tdap immunization and for clients who are PREGNANT (optimal timing is between 27 and 32 weeks gestation, although Tdap may be given at any time during pregnancy)

Tetanus vaccine and tetanus immunoglobulin must be administered at different injection sites.

Note: Tetanus immunoglobulin requires physician order.

See Reverse for Additional Orders

Nurse or Prescriber Signature: _____ Date and Time: _____



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MEDICATIONS CONTINUED

Allergic Reactions:

For anaphylaxis, initiate PMHMSO.126

For cutaneous symptoms in the absence of respiratory symptoms:

- cetirizine mg PO once
6 months to 2 years old = 2.5 mg
2 to 5 years old = 5 mg
Greater than 5 years old = 10mg

OR

- For a liquid formulation: desloratadine mg PO once
6 months to 2 years old = 1.25 mg
2 to 5 years old = 2.5 mg

Greater than 5 years old = 5 mg

Acute nausea and/or vomiting:

- ondansetron mg PO every 8 hours PRN
Less than 15 kg = 0.15 mg per kg
15.1 to 30 kg = 4 mg
Greater than 30 kg = 8 mg

Suspected Poisoning Management:

Contact Poison Control 1-855-776-4766: If recommended:

- activated charcoal 1 g per kg PO = g once (maximum 50 g per dose) - for all suspected oral overdoses within 1 - 2 hours of ingestion; must be alert with * GCS of >=14 and cooperative. *high risk of aspiration with decreased LOC. (If closed ED, must transfer with EMS)

Opioid Toxicity Management:

- Less than 5 years or less than or equal to 20 kg: naloxone 0.1 mg/kg/dose IV/IM/subcut/ repeated every 2 - 3 min PRN
Greater than or equal to 5 years or greater than 20 kg: naloxone 2 mg/dose IV/IM/subcut/ repeated every 2 - 3 min PRN

GENERAL

Intravenous:

- IV Normal Saline at TKO for any unstable patient

Treatments:

- Oxygen per non-rebreathe or nasal prongs to maintain oxygen saturations greater than 92% unless patient has a known history of COPD
Ring cutting when circulation has been impeded and when unable to remove ring
Tissue adhesive/steri strips for minor lacerations (small, non-gaping, no active bleeding)
Stat Glucometry for ALL diabetic patients and/or Altered Level of Consciousness

Tests AVAILABLE FOR OPEN ED ONLY, RN may order under Reserved Act 2 & 10(e) of RHPA

- Acute Isolated Injury (less than or equal to 24 hours) of the lower limb including the toes, foot, ankle, tibia, fibula and/or the upper limb including fingers, hand, wrist, radius, ulna or humerus. Excluding clients with multiple painful injuries, pregnant, cognitively impaired or with sensory deficits.
X-ray: _____

Nurse or Prescriber Signature: _____

Date and Time: _____