

PHYSICIAN'S ORDERS Cystic Fibrosis Admission Orders (Page 3 of 4)

Date: Time:	Allergy:									
Pharmacy Date & Time PROVIDE PHYSICIAN NAME, COLLEGE NUMBER, PAGER NUMBER, SIGNATURE Noted By RN / LuC	Date:			Ti	me:					
Pharmacy Use Only Date & Time PROVIDE PHYSICIAN NAME, COLLEGE NUMBER, PAGER NUMBER, SIGNATURE Noted By RN / UC	WEIGHT									
Medications for Nutrition: Liquid dosage form preferred if available 20% Fat Emulsion + 2 units Heparin/mL	HEIGHT									
□ 20% Fat Emulsion + 2 units Heparin/mL • Run overnight starting on the second night of admission • IV ratemL/hr forhours between antibiotics • Total daily lipid volume:milliliters (7.5 - 10 mL/kg/day Max 500 mL/day) □ Multiple vitamins □ Chewable tablet □ ADEKs® □ Poly-vi-sol® □ tablet(s) ORmilliliters potime(s) a day (Regular vitamins supplied unless otherwise specified) □ Enzymes: x capsules three times a day before meals (=units lipase/kg/meal) □ Sodium bicarbonatemilligrams po three times a day with snacks (500 - 2500 units lipase/kg/meal; Max 10,000 units lipase/kg/day) □ Sodium bicarbonatemilligrams po three times a day before meals andmilligrams po three times a day with snacks (325 - 1300 mg/dose) □ Vitamin E (Aquasol® E)units po once daily (10 units/kg/day for < 1 year) □ Vitamin E capsulesunits po once daily (10 units/day for 1-4 years; 200 units/day for 4-10 years; 400 units/day for > 10 years) Medications for Allergic Bronchopulmonary Aspergillosis: □ Itraconazolemilligrams potime(s) a day (3 - 5 mg/kg/day; Max 400 mg/day) □ Prednisonemilligrams potime(s) a day (3 - 5 mg/kg/day; Max 400 mg/day) □ Prednisonemilligrams potime(s) a day (3 - 5 mg/kg/day; Max 400 mg/day) □ Other		Date 8	k Time	ne PROVIDE PHYSICIAN NAME, COI			LEGE NUMBER, PAGER NUMBER, SIGNATURE			Noted By RN / UC
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