IP No. Paeds 2(c)

Paediatric Treatment Chart

Name: **Age :** **Wt:** **kg**

Review status	☐ Medical <6hrs ☐ Priority Nursing Observations ☐ Routine Daily review				
Stat Treatments	Dose / route	Date	Time	Sign/ name	Given by

Oxygen Date=			Oxygen Date=			Oxygen Date=		
Flow L/min	☐ Nasal ☐ Mask	Date Sign	Flow L/min	☐ Nasal ☐ Mask	Date Sign	Flow L/min	☐ Nasal ☐ Mask	Date Sign

Blood Transfusion	**Signed Date / Time**	**Total Volume**	**Duration Time (hrs)**	**Rate – mls / hr**
☐ Whole Blood ☐ Packed Cells				

Shock / Severe Dehydration	**Signed Date / Time**	**Actual Volume**	**Duration Time (hrs)**	**Other orders**
Bolus *Ringers 20mls/kg*				
Step 1 – No malnutr'n *30mls/kg Ringers*			☐ 30mins (Age 1+) ☐ 1hr (Age<12m)	
Step 2 – No malnutr'n *70mls/kg Ringers*			☐ 2.5 hrs (Age 1+) ☐ 5hrs (Age<12m)	

Shock/Severe dehydration (Severe malnutrition)	**Signed Date / Time**	**Actual Volume**	**Duration Time (hrs)**	**Route (IV/Oral/NGT)**
Bolus Ringer's in 5%Dextrose				
ReSoMal (10mls/kg/hour for 2 hrs)				
ReSoMal/ F75 (7.5mls/kg/hr for 10hrs)				
IVF Maintenance(Ringer's in 5% Dextrose) (4mls/kg/hr)				

Feeding plan	**Feed prescribed** ☐ **F75** ☐ **EBM** ☐ **Formula Milk** ☐ **Other**			
	Sign/Date/ time	**Volume per feed**	**Frequency of feeds**	**Route(Oral/NGT)**
F75(130ml/kg/day)				
F75(100ml/kg/day) severe oedema				
Feed Type:				

Vaccines to give at discharge	☐BCG ☐OPV ☐IPV ☐Penta ☐Pneumo ☐ RotaV ☐Measles ☐MR ☐VitA

Version June 2017

Regular drugs / treatments (Child is allergic to - None ☐ or ___________________________**)**

Name of Drug	Dose + Route	Frequency	Duration	Time	Date									
Start Date		Signature												

Regular drugs / treatments (Child is allergic to - None ☐ or ___________________________)

Name of Drug	Dose + Route	Frequency	Duration	Time	Date									
Start Date		Signature												