

PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)	INTRAVENOUS FLUID and MEDICATION ORDERS		
<p>DATE: _____ TIME: _____</p> <p>ADMIT to:  <input type="checkbox"/> Intermediate Care Nursery (ICN)  <input type="checkbox"/> Neonatal Intensive Care Unit (NICU)</p> <p>DIAGNOSES: _____</p> <hr/> <p>CONDITION: _____</p> <p><b>VITAL SIGNS:</b>  <input type="checkbox"/> Every 3 hours                      <input type="checkbox"/> Every 4 hours  <input type="checkbox"/> Every 3 hours with BP      <input type="checkbox"/> Every 4 hours with BP  <input type="checkbox"/> Every 3 hours with BP x24 hours, then daily  <input type="checkbox"/> Every 4 hours with BP x24 hours, then daily  <input type="checkbox"/> BP every shift    <input type="checkbox"/> BP daily    <input type="checkbox"/> BP on all extremities  <input type="checkbox"/> Other _____</p> <p>Goal BP MAP _____</p> <p><u>O2 saturation monitoring:</u>  <input type="checkbox"/> Continuous until specified    <input type="checkbox"/> Every 4 hours    <input type="checkbox"/> Every shift  <input type="checkbox"/> Daily    <input type="checkbox"/> Spot check    <input type="checkbox"/> Prior to discharge  <input type="checkbox"/> Other _____</p> <p><u>Cardiac monitoring:</u>  <input type="checkbox"/> Continuous until specified    <input type="checkbox"/> Not needed at this time                  Other: _____</p> <p><b>DIET:</b>  <u>Mode of feeding:</u>  <input type="checkbox"/> NPO    <input type="checkbox"/> Oral    <input type="checkbox"/> OGT/NGT    <input type="checkbox"/> PO/gavage feed</p> <p><u>Type of feeding:</u>  <input type="checkbox"/> Breastmilk    <input type="checkbox"/> Term infant formula  <input type="checkbox"/> Preterm infant formula    <input type="checkbox"/> Soy-based infant formula  <input type="checkbox"/> Other: _____</p> <p><u>Caloric value:</u>  <input type="checkbox"/> 20 cal/oz    <input type="checkbox"/> 22 cal/oz    <input type="checkbox"/> 24 cal/oz  <input type="checkbox"/> Other _____  <input type="checkbox"/> Total fluids _____</p> <p><b>OXYGENATION:</b>  <input type="checkbox"/> Oxygen hood at ____%  <input type="checkbox"/> Nasal cannula (straight) ____ LPM  <input type="checkbox"/> Nasal cannula (blender) ____ LPM, ____ FiO2  <input type="checkbox"/> CPAP at ____ cm H2O, ____ FiO2  <input type="checkbox"/> May wean O2 to keep SpO2 at least ____  <input type="checkbox"/> Room air    <input type="checkbox"/> Room air trial</p>	<p><b>ALLERGY:</b> _____ <b>WEIGHT:</b> _____</p> <p><b>MEDICATIONS:</b>  <input type="checkbox"/> Erythromycin ophthalmic ointment- place a ribbon of ointment across each eye, one time</p> <p><input type="checkbox"/> Aquamephyton- 1 mg IM to thigh, one time</p> <p><input type="checkbox"/> Hepatitis B vaccine- 5 mcg IM to thigh, one time</p> <p><input type="checkbox"/> Hepatitis B Immune Globulin- 0.5 ml IM to thigh, one time if mother of infant is/has:  <input type="checkbox"/> Hepatitis B Surface Antigen positive  <input type="checkbox"/> No prenatal care  <input type="checkbox"/> Inadequate prenatal care</p> <p><input type="checkbox"/> Bacitracin ointment- to be used topically for any abrasions, fetal scalp electrode lesions, or for open wounds  <input type="checkbox"/> TID, until healed  <input type="checkbox"/> as needed, until healed</p> <p><input type="checkbox"/> Ampicillin 50 mg/kg/dose IV every 12 hours: _____</p> <p><input type="checkbox"/> Ampicillin 75 mg/kg/dose IV every 12 hours: _____</p> <p><input type="checkbox"/> Ampicillin 100 mg/kg/dose IV every 12 hours: _____</p> <p><input type="checkbox"/> Gentamicin 4 mg/kg/dose IV every 24 hours: _____</p> <p><input type="checkbox"/> Gentamicin 4.5 mg/kg/dose IV every 36 hours: _____</p> <p><input type="checkbox"/> Gentamicin 5 mg/kg/dose IV every 48 hours: _____</p> <p><input type="checkbox"/> Surfactant 4 ml/kg via ETT x1: _____</p> <p><input type="checkbox"/> Other: _____</p>		
<p>✓ Summary/Blanket orders are unacceptable.                  ✓ Medication orders must be complete.                  ✓ PRN medication orders must include an indication.                  ✓ Write legibly.                  ✓ Rewrite orders upon transfer and/or post-operatively.                  ✓ Date, time, and sign verbal &amp; telephone orders within 48 hours.</p>	<p><b>DO NOT USE:</b>                  U                      MS                  IU                     MSO<sub>4</sub>                  Q.D.                  MgSO<sub>4</sub>                  Q.O.D.                Trailing zero                  Lack of leading zero</p>		
<table border="1" style="width: 100px; height: 40px; margin-left: auto;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> <p>Physician's Initials</p>			

IVF and MEDICATION ORDERS ONLY

**Physician's Order Form  
NICU/ICN Admission Orders**

PATIENT ID LABEL

**PHYSICIAN'S ORDER  
(EXCLUDING IV Fluids and MEDICATIONS)**

**VENTILATOR:**

Mode:

- CPAP   NIPPV   SIMV   HFOV

Settings:

Rate: \_\_\_\_\_

PIP: \_\_\_\_\_

PEEP: \_\_\_\_\_

FiO2: \_\_\_\_\_

May wean FiO2 with SpO2 goal: \_\_\_\_\_

**LABORATORY:**

- CBC with differential   CRP   Blood culture  
ABG   CBG   Chem 7   Calcium   Glucose  
Magnesium   Phosphorus   Total bilirubin  
Gentamicin trough before the 3<sup>rd</sup> dose, withhold dose while waiting for result  
Gentamicin trough before the 4<sup>th</sup> dose, withhold dose while waiting for result  
Gentamicin trough after 3<sup>rd</sup> dose, if above 1 mg/dL, defer dose and repeat trough 36 hours after last done  
Gentamicin peak an hour after start of administration of last dose  
Other \_\_\_\_\_

**DIAGNOSTICS:**

- X-Ray: Chest   KUB   Chest + KUB  
 Ultrasound Head   Abdomen   Renal  
Echocardiogram   EKG   EEG  
Portable   Other \_\_\_\_\_  
Indication: \_\_\_\_\_

**OTHERS:**

- Newborn hearing screening prior to discharge  
Newborn metabolic screening prior to discharge  
Point-of-care glucose testing- obtain at least 50 mg/dL x2 or 40 mg/dL x3 results
- Consults \_\_\_\_\_
- Referral \_\_\_\_\_
- Other \_\_\_\_\_

**INTRAVENOUS FLUID and MEDICATION  
ORDERS**

**IV FLUIDS:**

- D10W at 60 ml/kg/day now at \_\_\_\_\_ ml/hr  
 D10W at 70 ml/kg/day now at \_\_\_\_\_ ml/hr  
 D10W at 80 ml/kg/day now at \_\_\_\_\_ ml/hr  
 D10W IV bolus at 2 ml/kg: \_\_\_\_\_ ml  
 NS IV bolus at 10 ml/kg: \_\_\_\_\_ ml  
 Other: \_\_\_\_\_

Physician (Print): \_\_\_\_\_

Physician (Signature): \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

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