ITEMS WITH BOXES/PARENTHASES **MUST BE CHECKED** TO BE ORDERED. Orders that have been changed (additions, deletions, or strike outs) **must be initialed** by the ordering MD for the order to be valid.

PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)

DATE: ______________ TIME: ________________

ADMIT to Neonatal Intensive Care Unit (NICU)

DIAGNOSES:_____________________________________
____

CONDITION: ____________________________________

VITAL SIGNS:

☐Every 3 hours with BP
☐Every 3 hours with BP x24 hours, then daily
☐BP every shift ☐BP daily ☐BP on all extremities x1
☐Other____
Goal BP MAP ____________________________________

O2 saturation monitoring:
☐Continuous until specified ☐Every 4 hours ☐Every shift ☐Daily ☐Spot check ☐Prior to discharge
☐Other ____

Cardiac monitoring:
☐Continuous until specified ☐Not needed at this time
Other: ____

DIET:

Mode of feeding:
☐NPO ☐Oral ☐OGT/NGT ☐PO/gavage feed
Type of feeding:
☐Breastmilk ☐Term infant formula
☐Preterm infant formula ☐Soy-based infant formula
☐Other: ____
Caloric value:
☐20 cal/oz ☐22 cal/oz ☐24 cal/oz
☐Other ____
☐Total fluids _____________________________________

OXYGENATION:

☐Oxygen hood at ____%
☐Nasal cannula (straight) ____LPM
☐Nasal cannula (blender) ____LPM, ____ FiO2
☐CPAP at ____ cm H20, ____ FiO2
☐May wean O2 to keep SpO2 at least ____
☐Room air ☐Room air trial

IVF and MEDICATION ORDERS ONLY

INTRAVENOUS FLUID and MEDICATION ORDERS

ALLERGY: **WEIGHT:**

MEDICATIONS:

☐Erythromycin ophthalmic ointment- place a ribbon of ointment across each eye, one time

☐Aquamephyton- 1 mg IM to thigh, one time

☐Hepatitis B vaccine- 5 mcg IM to thigh, one time

☐Hepatitis B Immune Globulin- 0.5 ml IM to thigh, one time if mother of infant is/has:
- ☐Hepatitis B Surface Antigen positive
- ☐No prenatal care
- ☐Inadequate prenatal care

☐Bacitracin ointment- to be used topically for any abrasions, fetal scalp electrode lesions, or for open wounds
- ☐TID, until healed
- ☐as needed, until healed

☐Ampicillin 50 mg/kg/dose IV every 12 hours:________

☐Ampicillin 75 mg/kg/dose IV every 12 hours:________

☐Ampicillin 100 mg/kg/dose IV every 12 hours:_______

☐Gentamicin 4 mg/kg/dose IV every 24 hours:________

☐Gentamicin 4.5 mg/kg/dose IV every 36 hours:______

☐Gentamicin 5 mg/kg/dose IV every 48 hours:________

☐Surfactant 4 ml/kg via ETT x1: ___________________

☐Other: _______________________________________

- ✓ 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 & telephone orders within 48 hours.

DO NOT USE:

U	MS
IU	MSO_4
Q.D.	$MgSO_4$
Q.O.D.	Trailing zero
Lack of leading zero	

Physician's Initials

Physician's Order Form
NICU Admission Orders

Guam Memorial Hospital Authority

PATIENT ID LABEL

 Approved: PEDS 3/16, P&T 3/16, MEC 3/16, HIMC 5/16
Form #: CPOE 002

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 3rd dose, withhold dose while waiting for result

☐Gentamicin trough before the 4th dose, withhold dose while waiting for result

☐Gentamicin trough after 3rd 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 ______________________________________

IVF and MEDICATION ORDERS ONLY

IVF and MEDICATION ORDERS ONLY

IVF and MEDICATION ORDERS ONLY

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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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NICU Admission Orders

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