| ITEMS WITH BOXES/PARENTHASES MUST BE CHECKED TO BE ORDERED. Orders the<br>PHYSICIAN'S ORDER  | at have been cl                                |   |  | UID and MEDICATION  |  |  |
|--|--|---|--|---|--|--|
| (EXCLUDING IV Fluids and MEDICATIONS)  |  | ORDERS  |  |   |  |  |
| DATE: TIME:  |  | ALLERGY:  |  | WEIGHT:   |  |  |
| ADMIT to Intermediate Care Nursery (ICN)   | SONLY  | MEDICATION  | S:   |   |  |  |
| DIAGNOSIS:   |  | <b>Prophylactic Medications</b><br>Experimentation Distance a ribbon of                       |  |   |  |  |
| CONDITION:   | CATION   | ointment acr  | oss each eye                                 | e, one time   |  |  |
| VITAL SIGNS:<br>Every 4 hours<br>Every 4 hour with BP<br>Every 4 hours with BP x24 hours, then daily<br>BP every shift<br>BP daily<br>BP on all extremities x1   | ORDERS ONLY IVF and MEDICATION ORDERS ONLY     |   | vaccine- 5 m<br>mmune Glol<br>er of infant i | rface Antigen positive  |  |  |
| Other  | IOI  |   | adequate pre                                 |   |  |  |
| Goal BP MAP<br><u>O2 saturation monitoring:</u><br>Continuous until specified Every 4 hours Every<br>shift Daily Spot check Prior to discharge<br>Other<br><u>Cardiac monitoring:</u><br>Continuous until specified Not needed at this time  | A IVF and MEDIC                                |   | ntment- to b                                 | e used topically for any<br>ectrode lesions, or for open<br>led |  |  |
| Other:<br><b>DIET:</b><br><u>Mode of feeding:</u><br>□NPO □Oral □OGT/NGT □PO/gavage feed   | IVF and MEDICATION ORDERS ONLY                 |   | 5 mg/kg/dos                                  | e IV every 12 hours:<br>e IV every 12 hours:                    |  |  |
| Type of feeding:         □Breastmilk       □Term infant formula         □Preterm infant formula       □Soy-based infant formula         □Other:  | VF and MEDICATION ORDERS ONLY                  |   | 4 mg/kg/dose                                 | e IV every 24 hours:<br>ese IV every 36 hours:                  |  |  |
| <u>Caloric value:</u><br>□20 cal/oz □22 cal/oz □24 cal/oz<br>□Other  |  | □Gentamicin 5 mg/kg/dose IV every 48 hours:   |  |   |  |  |
| □Total fluids  | H  |   |  |   |  |  |
| <ul> <li>Summary/Blanket orders are unacceptable.</li> <li>Medication orders must be complete.</li> <li>PRN medication orders must include an indication.</li> <li>Write legibly.</li> <li>Rewrite orders upon transfer and/or post-operatively.</li> <li>Date, time, and sign verbal &amp; telephone orders within 48 hours.</li> </ul> | DO NO'<br>U<br>IU<br>Q.D.<br>Q.O.D.<br>Lack of | <b>Γ USE:</b><br>MS<br>MSO <sub>4</sub><br>MgSO <sub>4</sub><br>Trailing zero<br>leading zero | Physician's<br>Initials                      |   |  |  |

## Physician's Order Form ICN Admission Orders

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| PHYSICIAN'S ORDER<br>(EXCLUDING IV Fluids and MEDICATIONS)   |                                    | INTRAVENOUS FLUID and MEDICATION<br>ORDERS  |   |                    |  |  |
|--|------------------------------------|---|---|--------------------|--|--|
| OXYGENATION:<br>Oxygen hood at%<br>Nasal cannula (straight)LPM<br>Nasal cannula (blender)LPM, FiO2<br>CPAP at cm H20, FiO2<br>May wean O2 to keep SpO2 at least<br>Room air Room air trial   | and MEDICATION ORDERS ONLY         | $\Box$ D10W at 70 m   | ) ml/kg/day now at<br>ml/kg/day now at<br>ml/kg/day now at<br>lus at 2 ml/kg: | _ ml/hr<br>_ ml/hr |  |  |
| LABORATORY:<br>CBC with differential CRP Blood culture<br>ABG CBG Chem 7 Calcium Glucose<br>Magnesium Phosphorus Total bilirubin<br>Gentamicin trough before the 3 <sup>rd</sup> dose, withhold dose<br>while waiting for result<br>Gentamicin trough before the 4 <sup>th</sup> dose, withhold dose<br>while waiting for result<br>Gentamicin trough after 3 <sup>rd</sup> dose, if above 1 mg/dL,<br>defer dose and repeat trough 36 hours after last done<br>Gentamicin peak an hour after start of administration of<br>last dose<br>Other | IVF and MEDICATION ORDERS ONLY IVF | <ul> <li>NS IV bolus</li> <li>Other:</li> <li>Physician (Print</li> <li>Physician (Signation)</li> <li>Date:</li> </ul> | at 10 ml/kg:  |                    |  |  |
| DIAGNOSTICS:         X-Ray:       Chest       KUB       Chest + KUB         Ultrasound       Head       Abdomen       Renal         Echocardiogram       EKG       EEG         Portable       Other  |                                    |   |   |                    |  |  |
| ✓     Medication orders must be complete.     U       ✓     PRN medication orders must include an indication.     III.       ✓     Write legibly.     Q       ✓     Rewrite orders upon transfer and/or post-operatively.     Q  | r<br>D.<br>O.D.                    | T USE:<br>MS<br>MSO <sub>4</sub><br>MgSO <sub>4</sub><br>Trailing zero<br>leading zero                                  |   |                    |  |  |

## Physician's Order Form ICN Admission Orders

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