

# Physician Orders

## LEB ED Febrile Neonate Plan

[X or R] = will be ordered unless marked out.

attach patient label here

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
<b>Initial Orders</b>		
<input checked="" type="checkbox"/>	Vital signs	T;N, T,P,R, BP, STAT,q1h until stable, then q2h
<input checked="" type="checkbox"/>	NPO	T;N
<input checked="" type="checkbox"/>	IV Insert/Site Care LEB	T;N, STAT
<input checked="" type="checkbox"/>	O2 Sat-Spot Check (Nsg)	T;N, with vitals
<input checked="" type="checkbox"/>	Cardiopulmonary Monitor	T;N, STAT,monitor type: CP monitor
<input checked="" type="checkbox"/>	CBC	T;N, STAT, blood,once
<input checked="" type="checkbox"/>	Comprehensive Metabolic Panel ( CMP )	T;N, STAT, blood,once
<input checked="" type="checkbox"/>	C-Reactive Protein ( CRP )	T;N, STAT, blood,once
<input checked="" type="checkbox"/>	Blood Culture	T;N, STAT, once, Specimen source: Peripheral blood,Nurse collect
<input checked="" type="checkbox"/>	ALT	T;N, STAT, blood,once
<input checked="" type="checkbox"/>	AST	T;N, STAT, blood,once
<input checked="" type="checkbox"/>	Bilirubin Total ( Total Bilirubin )	T;N, STAT, blood,once
<input checked="" type="checkbox"/>	Urinalysis w/Reflex Microscopic Exam (catheterized)	T;N, STAT, urine, catheterized, once, nurse collect
<input checked="" type="checkbox"/>	Urine Culture (catheterized)	T;N, STAT, urine, catheterized, once, Nurse collect
<input type="checkbox"/>	Initiate Powerplan Phase	T;N, Phase: ED Febrile Neonate Phase When to Initiate: _____
<b>Vital Signs</b>		
<input type="checkbox"/>	Vital signs	T;N, Monitor and Record T,P,R,BP, Obtain VS before and after bolus. Reassess patient as determined by patient's condition.
<b>Patient Care</b>		
<input type="checkbox"/>	Whole Blood Glucose Nsg ( Bedside Glucose Nsg )	T;N, STAT
<input type="checkbox"/>	PO Challenge	T;N,
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N, q2h(std)
<b>Respiratory Care</b>		
<input type="checkbox"/>	ISTAT POC (RT Collect)	T;N, STAT, Test Select: Arterial Blood Gas
<input type="checkbox"/>	ISTAT POC (RT Collect)	T;N Stat once, Test Select: VBG, Anion Gap, BUN (ED Only), Electrolytes, Glucose, Hct and Hgb, Special instructions: EC8 (VBG)
<input type="checkbox"/>	Oxygen Delivery	T; N, _____L/min, Titrate to keep O2 sat =/>92%. Wean to room air.
<b>Continuous Infusions</b>		
<input type="checkbox"/>	Sodium Chloride 0.9% bolus	20 mL/kg, IV,once, (Infuse over 15 min),STAT, T;N,(Bolus)
<input type="checkbox"/>	Sodium Chloride 0.9% bolus	10 mL/kg, IV,once, (Infuse over 15 min),STAT, T;N,(Bolus)
<input type="checkbox"/>	Sodium Chloride 0.9% bolus	10 mL/kg, IV,once, (Infuse over 30 min),STAT, T;N,(Bolus)
<input type="checkbox"/>	Sodium Chloride 0.9% bolus	20 mL/kg, IV,once, (Infuse over 30 min),STAT, T;N,(Bolus)
<input type="checkbox"/>	Sodium Chloride 0.9%	1,000mL,IV,STAT,T;N, at _____mL/hr
<input type="checkbox"/>	D5 1/2NS	1,000mL,IV,STAT,T;N, at _____mL/hr
<input type="checkbox"/>	D5 1/4NS	1,000mL,IV,STAT,T;N, at _____mL/hr
<input type="checkbox"/>	D51/2 NS KCl 20 mEq/L	1,000mL,IV,STAT,T;N, at _____mL/hr
<input type="checkbox"/>	D51/4 NS KCl 20 mEq/L	1,000mL,IV,STAT,T;N, at _____mL/hr



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### PEDIATRIC

Medications	
<input type="checkbox"/>	acyclovir _____ mg(20 mg/kg),injection,IVPB,once, STAT,T;N
<input type="checkbox"/>	ampicillin _____ mg(50 mg/kg),injection,IV PUSH,once, STAT,T;N
<input type="checkbox"/>	ampicillin _____ mg(100 mg/kg),injection,IV PUSH,once, STAT,T;N
<input type="checkbox"/>	gentamicin _____ mg(2.5 mg/kg),injection,IVPB,once, STAT,T;N
<input type="checkbox"/>	gentamicin _____ mg(2.5 mg/kg),injection,IM,once, STAT,T;N
<input type="checkbox"/>	cefotaxime _____ mg(50 mg/kg),injection,IV PUSH,once, STAT,T;N
<input type="checkbox"/>	cefotaxime _____ mg(50 mg/kg),injection,IM,once, STAT,T;N
<input type="checkbox"/>	cefotaxime _____ mg(100 mg/kg),injection,IV PUSH,once, STAT,T;N
<input type="checkbox"/>	cefotaxime _____ mg(100 mg/kg),injection,IM,once, STAT,T;N
<input type="checkbox"/>	acetaminophen _____ mg(15 mg/kg), Liq, PO, once, STAT, T;N, To be used for pain or fever.
<input type="checkbox"/>	acetaminophen _____ mg(15 mg/kg), Supp, PR, once, STAT, T;N, To be used for pain or fever.
<input type="checkbox"/>	lidocaine 4% cream 1 application,cream, TOP, once, STAT, T;N, For use with lumbar puncture
Laboratory	
<input type="checkbox"/>	Lactic Acid Level ( Lactate Level ) T;N, STAT, blood,once
<input type="checkbox"/>	Chlamydia Culture T;N, STAT, conjunctiva,once, nurse collect
<input type="checkbox"/>	GC Culture T;N, STAT, Left eye,once, nurse collect
<input type="checkbox"/>	GC Culture T;N, STAT, Right eye,once, nurse collect
<input type="checkbox"/>	Herpes Simplex Culture Viral T;N, STAT, conjunctiva,once, nurse collect
<input type="checkbox"/>	Culture, Eye (Eye Culture) T;N, STAT, Left eye,once, nurse collect
<input type="checkbox"/>	Culture, Eye (Eye Culture) T;N, STAT, Right eye,once, nurse collect
<input type="checkbox"/>	Respiratory Virus Panel by PCR T;N, STAT, nasopharyngeal, once, nurse collect
<input type="checkbox"/>	Herpes Simplex Virus CSF by PCR T;N, STAT, CSF,once, nurse collect
<input type="checkbox"/>	Glucose CSF T;N, STAT, CSF,once, nurse collect
<input type="checkbox"/>	Protein CSF T;N, STAT, CSF,once, nurse collect
<input type="checkbox"/>	CSF Culture and Gram Stain T;N, STAT, CSF,once, nurse collect
<input type="checkbox"/>	Cell Count & Diff CSF ( CSF Cell Count & Diff ) T;N, STAT, CSF,once, nurse collect
<input type="checkbox"/>	Hold Specimen T;N, STAT, CSF,once, nurse collect
Diagnostic Tests	
<input type="checkbox"/>	Chest 1VW Frontal ( Chest 1 VW ) T;N,Stat, Reason: Fever, Transport: portable
<input type="checkbox"/>	Chest PA & Lateral T;N,Stat, Reason: Fever, Transport: stretcher
Consults/Notifications	
<input type="checkbox"/>	Physician Group Consult ( Consult MD Group ) T;N, Group: _____, Reason: _____

Date \_\_\_\_\_ Time \_\_\_\_\_ Physician's Signature \_\_\_\_\_ MD Number \_\_\_\_\_

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