



attach patient label

Physician Orders

LEB NICU Necrotizing Entercolitis Plan

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PEDIATRIC

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/>	Initiate Powerplan Phase	T;N, Phase: LEB NICU Necrotizing Entercolitis Phase
Admission/Transfer/Discharge		
	Patient Status Initial Inpatient	Attending Physician: _____
Bed Type: <input type="checkbox"/> Med Surg <input checked="" type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Other		
<input type="checkbox"/>	Patient Status Initial Outpatient	Attending Physician: _____
Outpatient Status/Service: <input type="checkbox"/> OP-Ambulatory <input type="checkbox"/> OP-Diagnostic Procedure <input type="checkbox"/> OP-Observation Services		
Initial status – inpatient --- For a condition/dx with severity of illness or co-morbid conditions indicating a hospital stay greater than 24 hours is required.		
Initial Status Outpatient – Ambulatory surgery – Outpatient surgery/procedure with discharge anticipated after a routine or, in some cases, extended recovery. <ul style="list-style-type: none"> • Routine recovery after outpatient surgery is estimated at 6-8 hours. • “Extended” routine recovery may be required for a patient to stay longer (could be overnight) to recover from anticipated sequela of surgery including effects of anesthesia, nausea, pain. • For unanticipated sequela of surgery or a complicated post operative course, the patient may require a status change to inpatient. Please consult with a case manager before making this choice of “status change”. • Examples: Initial status outpatient is generally selected for patients undergoing PCI, diagnostic caths, EP studies, ablations, pacemaker implantations, other routine surgeries. 		
Initial status Outpatient -Observation Services – Short term treatment, assessment and reassessment - estimate discharge within 24 hours <ul style="list-style-type: none"> • In some cases (for Medicare patients), this can be extended to 48 hours. • Observation Services can also be utilized when it is unclear (without additional assessment) whether the patient will require an inpatient stay. 		
<input type="checkbox"/>	Notify Physician Once	T;N, of room number on arrival to unit
Vital Signs		
<input type="checkbox"/>	Vital Signs	T;N, Monitor and Record T,P,R,BP, q1h X _____h, then q2h
Activity		
<input type="checkbox"/>	Out Of Bed	T;N, Up Ad Lib
Food/Nutrition		
<input type="checkbox"/>	NPO	Start at: T;N
<input type="checkbox"/>	Breastmilk (Expressed)	T;N, mL
<input type="checkbox"/>	Breastmilk, Donor	T;N, mL
<input type="checkbox"/>	LEB Formula Orders Plan- see separate sheet	
Patient Care		
<input type="checkbox"/>	Consent Signed For	T;N, Procedure: Transfusion of Blood/Blood Products
<input type="checkbox"/>	Consent Signed For	T;N, Procedure: Insertion of PICC Line
<input type="checkbox"/>	Isolation Precautions	T;N
<input type="checkbox"/>	Intake and Output	T;N, Routine, q2h(std)
<input type="checkbox"/>	Daily Weights	T;N, Routine, qEve
<input type="checkbox"/>	Pediatric Bed Type NSG(NICU Bed Type NSG)	T;N
<input type="checkbox"/>	Position Patient	T;N
<input type="checkbox"/>	Minimal Stimulation	T;N, Routine



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Patient Care continued		
<input type="checkbox"/>	Measure Circumference	T;N, q4h(std), Of: Abdominal Girth
<input type="checkbox"/>	Nasogastric Tube (Replogle (NGT))	T;N, NG Tube Type: Replogle, Tube to Suction, Suction Strength: Low Intermittent
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N, q1h(std)
<input type="checkbox"/>	Cardiopulmonary Monitor	T;N Routine, Monitor Type: CP Monitor
Nursing Communication		
<input type="checkbox"/>	Nursing Communication	T;N, Obtain mother's results from delivery hospital (HBBsAG, RPR, GBS, Rubella, HIV, maternal blood type, ABO, Rh Coombs.
Respiratory Care		
<input type="checkbox"/>	LEB NICU Respiratory Plan- see separate sheet	
<input type="checkbox"/>	Oxygen Delivery	T;N, Special Instructions: titrate to keep O2 sat 90-95%
<input type="checkbox"/>	ISTAT POC (RT Collect)	T;N, Stat once, Test Select: ABG, Preferred Specimen Type: Arterial
<input type="checkbox"/>	ISTAT POC (RT Collect)	T;N, Stat once, Test Select: ABG, Preferred Specimen Type: Arterial, Special Instructions: draw from UAC
<input type="checkbox"/>	ISTAT POC (RT Collect)	T;N, Stat once, Test Select: CBG, Preferred Specimen Type: Capillary
<input type="checkbox"/>	ISTAT POC (RT Collect)	T;N, Stat once, Test Select: VBG, Preferred Specimen Type: Venous
<input type="checkbox"/>	ISTAT POC (RT Collect)	T;N, Stat once, Test Select: Electrolytes
Continuous Infusions		
NOTE: Use D5 for infants less than 1000 grams. Use D10 for infants greater than 1000 grams		
<input type="checkbox"/>	Dextrose 5% in Water	1,000 mL, IV, STAT, mL/hr
<input type="checkbox"/>	Dextrose 7.5% in Water	1,000 mL, IV, STAT, mL/hr
<input type="checkbox"/>	Dextrose 10% in Water	1,000 mL, IV, STAT, mL/hr
<input type="checkbox"/>	Dextrose 12.5% in Water 500 ml Bag (Pediatric)	375 mL, IV, STAT, mL/hr
<input type="checkbox"/>	Dextrose 5% with 0.2% NaCl(D5 1/4 NS)	1,000 mL, IV, STAT, mL/hr)
<input type="checkbox"/>	D10 1/4 NS (Pediatric)	250 mL, STAT
<input type="checkbox"/>	potassium chloride (D5 1/4 NS KCl 20 mEq/L)	1,000 mL, IV, STAT, mL/hr
<input type="checkbox"/>	D10 1/4 NS + 20 KCL (Pediatric)	250 mL, STAT
<input type="checkbox"/>	potassium chloride (D5 1/2 NS KCl 20 mEq/L)	1,000 mL, IV, STAT, mL/hr
<input type="checkbox"/>	D10 1/2 NS 250 + 20 mEq/L KCL (Pediatric)	250 mL, IV, STAT
<input type="checkbox"/>	1/2 NS + heparin 1 unit/ml	500 mL, IV, Routine, mL/hr, Infuse via central or arterial line

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Continuous Infusions continued		
[]	sodium bicarbonate (sodium bicarbonate 4/2% intravenous solution)	____mEq, Injection, IV, once, STAT
[]	Sodium Chloride 0.9%(Chloride 0.9% Bolus)	mL, IV, once, STAT, (infuse over 30 min), (Bolus)
[]	Stock Neonatal TPN 250 mL	T;N, 250 mL, Injection, IV, q24h, Routine, add 10 mEq/L Calcium Gluconate
[]	potassium chloride (D5 1/4 NS KCl 20 mEq/L)	1,000 mL, IV, STAT, mL/hr, add 10 mEq/L Calcium Gluconate
[]	D10 1/4 NS + 20 KCL (Pediatric)	250 mL, IV, STAT, add 10 mEq/L Calcium Gluconate
[]	potassium chloride (D5 1/2 NS KCl 20 mEq/L)	1,000 mL, IV, STAT, mL/hr, add 10 mEq/L Calcium Gluconate
[]	D10 1/2 NS 250 + 20 mEq/L KCL (Pediatric)	250 mL, IV, STAT, add 10 mEq/L Calcium Gluconate
Vasoactive Medications		
[]	DOPamine Drip (Pediatric)	250 mL, Central IV, Routine, Reference range: 2 to 20 mcg/kg/min
Insulins		
[]	Insulin Drip (Pediatric)	248.75 mL, Central IV, Routine, unit/kg/hr, Reference range: 0.01 to 0.1 units/kg/hr, use most concentrated strengths
Sedation		
[]	Fentanyl Drip (Pediatric)(FentaNYL Drip (Pediatric))	15 mL, Central IV, Routine, Reference range: 1 to 5 mcg/kg/hr
[]	Midazolam Drip (Pediatric)	15 mL, Central IV, Routine, Reference range: 0.01 to 0.2 mg/kg/hr
Paralytics		
[]	Vecuronium Drip (Pediatric)	30 mL, Central IV, Routine, Reference range: 0.02 to 0.2 mg/kg/hr
Replacement Fluids		
[]	1/2 NS + 20 mEq/L KCL (pediatric)	1,000 mL, IV, Routine, Replacement fluids, Replace ml : ml q4h over 4 hours
[]	1/2 NS + 20 mEq/L KCL (pediatric)	1,000 mL, IV, Routine, Replacement fluids, Replace 1/2ml : ml q4h over 4 hours
[]	Lactated Ringers	1,000 mL, IV, Routine, Replacement fluids, Replace ml : ml q4h over 4 hours
[]	Lactated Ringers	1,000 mL, IV, Routine, Replacement fluids, Replace 1/2ml : ml q4h over 4 hours
Medications		
[]	calcium gluconate	100 mg/kg, Ped Injectable, IV, once, Routine
[]	albuterol (albuterol 2.5 mg/3 mL (0.083%) inhalation solution)	0.1 mg/kg, Inh Soln, NEB, prn, PRN Wheezing, Routine, (3mL = 2.5 mg)
[]	albuterol (albuterol (MDI))	2 puff, MDI, INH, q6h, PRN Wheezing, Routine, (180 mcg = 2 puffs)

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Anti-infectives		
<input type="checkbox"/>	LEB NICU Anti-infective Plan- see separate sheet	
Laboratory		
<input type="checkbox"/>	Newborn Screen, TN Health Dept	Routine, T+1;N, once, Type: Blood
<input type="checkbox"/>	CBC	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	CBC	Routine, T+1, 0400, once, Type: Blood
<input type="checkbox"/>	Basic Metabolic Panel (BM)	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Comprehensive Metabolic Panel (CMP)	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Comprehensive Metabolic Panel(CMP)	Routine, T+1, 0400, once, Type: Blood
<input type="checkbox"/>	C-Reactive Protein (CRP)	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	C-Reactive Protein (CRP)	Routine, T+1, 0400, once, Type: Blood
<input type="checkbox"/>	Electrolytes	STAT,T;N, once, Type: Blood
<input type="checkbox"/>	Basic Metabolic Panel (BMP)	STAT,T;N, once, Type: Blood
<input type="checkbox"/>	Magnesium Level	STAT,T;N, once, Type: Blood
<input type="checkbox"/>	Phosphorus Level	STAT,T;N, once, Type: Blood
<input type="checkbox"/>	Triglyceride	STAT,T;N, once, Type: Blood
<input type="checkbox"/>	Lactic Acid Level	STAT,T;N, once, Type: Blood
<input type="checkbox"/>	Prothrombin Time (PT)	STAT,T;N, once, Type: Blood
<input type="checkbox"/>	Partial Thromboplastin Time (PTT)	STAT,T;N, once, Type: Blood
<input type="checkbox"/>	Blood Culture	STAT, T;N, once, Specimen Source: Peripheral Blood, Nurse Collect
<input type="checkbox"/>	Blood Culture	Stat,T;N, once, Specimen Source: Line, Arterial, Nurse Collect
<input type="checkbox"/>	LEB Transfusion Less Than 4 Months of Age Plan- see separate sheet	
<input type="checkbox"/>	Nursing Communication	T;N, Obtain mother's type and screen results, if results not available, obtain a FIN# for the mother and place order for Type and Screen Maternal STAT on the mother's chart. Order comment: Registration forms can be obtained from the Access Department and faxed back to 287-5562. Once the FIN is obtained for the mother, log onto mother's chart and place the order "Type and Screen Maternal Blood", be sure to include the baby's name & FIN in the comments
Diagnostic Tests		
<input type="checkbox"/>	Chest 2VW Frontal & Lat(Chest PA & Lateral)	T;N, Routine, Portable, Reason for Exam: Other, Enter in Comments, Comments: abdominal distention/bloody stools
<input type="checkbox"/>	Chest 1VW Frontal (Chest 1VW)	T;N, Routine, Portable, Reason for Exam: Other, Enter in Comments, Comments: suspect pneumoperitoneum, Position: left lateral decubitus
<input type="checkbox"/>	Abd Sing AP VW (KUB)	T;N, Routine, Portable, Reason for Exam: Pneumoperitoneum, Position; left lateral decubitus



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Diagnostic Tests continued		
[]	Abd Sing AP VW (KUB)	T;N, Routine, Portable, Reason for Exam: Abdominal Distention
[]	Abd Sing AP VW (KUB)	T;N, Routine, Portable, Reason for Exam: Bloody Stools
[]	Abd Sing AP VW (KUB)	T;N + 360 min, Routine, Portable, Reason for Exam: Pneumoperitoneum, Position; left lateral decubitus
[]	Abd Sing AP VW (KUB)	T;N + 360 min, Routine, Portable, Reason for Exam: Abdominal Distention
[]	Abd Sing AP VW (KUB)	T;N + 360 min, Routine, Portable, Reason for Exam: Bloody Stools
[]	Abd Sing AP VW (KUB)	T;N + 720 min, Routine, Portable, Reason for Exam: Pneumoperitoneum, Position; left lateral decubitus
[]	Abd Sing AP VW (KUB)	T;N + 720min, Routine, Portable, Reason for Exam: Abdominal Distention
[]	Abd Sing AP VW (KUB)	T;N + 720 min, Routine, Portable, Reason for Exam: Bloody Stools
[]	Abd Sing AP VW (KUB)	T;N + 18 hr, Routine, Portable, Reason for Exam: Pneumoperitoneum, Position; left lateral decubitus
[]	Abd Sing AP VW (KUB)	T;N + 18 hr, Routine, Portable, Reason for Exam: Abdominal Distention
[]	Abd Sing AP VW (KUB)	T;N + 18 hr, Routine, Portable, Reason for Exam: Bloody Stools
[]	Abd Sing AP VW (KUB)	T;N + 24 hr, Routine, Portable, Reason for Exam: Pneumoperitoneum, Position; left lateral decubitus
[]	Abd Sing AP VW (KUB)	T;N + 24 hr, Routine, Portable, Reason for Exam: Abdominal Distention
[]	Abd Sing AP VW (KUB)	T;N + 24 hr, Routine, Portable, Reason for Exam: Bloody Stools
[]	LEB CT Abdomen w/VO Cont Plan- see separate sheet	
[]	LEB CT Pelvis W/VO Cont Plan- see separate sheet	
[]	LEB GI Upper W/VO Delayed Films W KUB w/Delay Diet Plan- see separate sheet	
[]	LEB GI Upper W/VO Delayed Films WO KUB w/Delay Diet Plan- see separate sheet	
[]	LEB GI Upper W Sm Bowel W Multi Serial Films w/Delay Diet Plan- see separate sheet	
Consults/Notifications		
[]	Notify Physician For Vital Signs Of	T;N, Oxygen Sat < 85
[]	Notify Physician-Continuing	T;N
[]	Notify Nurse Practitioner For Vital Signs Of	T;N, Oxygen Sat < 85
[]	Notify Nurse Practitioner-Continuing	T;N
[]	Physician Group Consult(Consult MD Group)	T;N, General Surgery
[]	Physician Group Consult(Consult MD Group)	T;N
[]	Physician Group Consult(Consult MD Group)	T;N



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Consults/Notifications continued	
<input type="checkbox"/>	NOTE: Please Physician Consult order below for Retinopathy of Prematurity Consultation at 4 to 6 weeks after birth or at 31 weeks post-menstrual age (whichever comes later)
<input type="checkbox"/>	Physician Consult T;N, Reason for Consult: Retinopathy of Prematurity consultation
<input type="checkbox"/>	PICC Consult Ped - for Line Placement T;N
<input type="checkbox"/>	Nutritional Support Team Consult Start at: T;N, Reason: Total Parenteral Nutrition
<input type="checkbox"/>	Dietitian Consult T;N, Type of Consult: Nutrition Management
<input type="checkbox"/>	Lactation Consult T;N
<input type="checkbox"/>	Child Life Consult T;N
<input type="checkbox"/>	PT Ped Eval & Tx(Physical Therapy Ped Eval & Tx) T;N
<input type="checkbox"/>	OT Ped Eval & Tx(Occupational Therapy Ped Eval & Tx) T;N
<input type="checkbox"/>	ST Ped Eval & Tx(Speech Therapy Ped Eval & Tx) T;N
<input type="checkbox"/>	Medical Social Work Consult T;N, Reason: Assistance at Discharge
<input type="checkbox"/>	Audiology Consult T;N, Initial newborn hearing screen, Routine
<input type="checkbox"/>	Pastoral Care Consult T;N, Reason for Consult: Family Support Baptism
<input type="checkbox"/>	Consult Case Management T;N, Reason for Consult: Discharge Planning

Date

Time

Physician's Signature

MD Number