



Physician Orders

LEB NICU Genetic Workup Plan

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PEDIATRIC

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/>	Latex allergy	<input type="checkbox"/> Other: _____
<input type="checkbox"/>	Initiate Powerplan Phase	T;N, Phase: LEB NICU Genetic Workup Phase
Admission/Transfer/Discharge		
<input type="checkbox"/>	Patient Status Initial Inpatient	Attending Physician: _____
Bed Type: <input type="checkbox"/> Med Surg <input 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 _____ hours, then q2h
Activity		
<input type="checkbox"/>	Out Of Bed(Activity As Tolerated)	T;N, Up Ad Lib
<input type="checkbox"/>	Out Of Bed(Activity-Peds)	T;N, Up Kangaroo Care (Peds)
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	
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), strict
<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
<input type="checkbox"/>	Nursing Communication	T;N, STAT: request that referring hospital send placenta to pathology



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<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)
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N, q1h(std)
<input type="checkbox"/>	Cardiopulmonary Monitor	T;N Routine, Monitor Type: CP Monitor
Respiratory Care		
<input type="checkbox"/>	LEB NICU Respiratory Plan	
<input type="checkbox"/>	Oxygen Delivery	T;N, Special Instructions: titrate to keep O2 sat 90-95%
Continuous Infusion		
	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 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, IV, STAT, mL/hr
<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, IV, 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
Vasoactive Medications		
<input type="checkbox"/>	DOPamine Drip (Pediatric)	250 mL, Central IV, Routine, Reference range: 2 to 20 mcg/kg/min
<input type="checkbox"/>	EPINEPHrine Drip (Pediatric)	95 mL, Central IV, Routine, Reference range: 0.1 to 1 mcg/kg/min, Use most concentrated strengths
<input type="checkbox"/>	DOBUTamine Drip (Pediatric)	250 mL, Central IV, Routine, Reference range: 2 to 25 mcg/kg/min
Sedation		
<input type="checkbox"/>	Morphine Drip (Pediatric)(MorPHINE Drip (Pediatric))	49.5 mL, Central IV, Routine, Reference range: 10 to 20 mcg/kg/hr, Use most concentrated strengths
<input type="checkbox"/>	Fentanyl Drip (Pediatric)(FentaNYL Drip (Pediatric))	15 mL, Central IV, Routine, Reference range: 1 to 5 mcg/kg/hr
<input type="checkbox"/>	Midazolam Drip (Pediatric)	15 mL, Central IV, Routine, Reference range: 0.01 to 0.2 mg/kg/hr
Paralytics		
<input type="checkbox"/>	Pancuronium Drip (Pediatric)	30 mL, Central IV, Routine, Reference range: 0.02 to 0.2 mg/kg/hr
<input type="checkbox"/>	Vecuronium Drip (Pediatric)	30 mL, Central IV, Routine, Reference range: 0.02 to 0.2 mg/kg/hr
Diuretics		
<input type="checkbox"/>	Furosemide Drip (Pediatric)	30 mL, Central IV, Routine, Reference range: 2.5 to 10 mg/kg/day
<input type="checkbox"/>	Bumetanide Drip (Pediatric)	30 mL, Central IV, Routine, Reference range: 2.5 to 10 mcg/kg/hr
Medicine		
<input type="checkbox"/>	heparin flush (Heparin 10 units/mL Flush (peds))	1 mL, Ped Injectable, IV Push, prn, PRN Cath Clearance, Routine, peripheral or central line per nursing policy

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Laboratory		
<input type="checkbox"/>	Newborn Screen, TN Health Dept	Routine, T+1;N, once, Type: Blood
<input type="checkbox"/>	TORCH Ab Panel Pediatric w/ Reflex	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Chromosome Analysis Blood	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Chromosome Analysis, Tissue	STAT, T;N, once, Type: Tissue
<input type="checkbox"/>	FISH Study, t(22;11)	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	FISH Study, (for Prader Willi)	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Organic Acid by GC Urine	STAT, T;N, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Combi SNP Array	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Amino Acids Quantitative Blood	
<input type="checkbox"/>	CBC	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	C-Reactive Protein(CRP)	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Comprehensive Metabolic Panel	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Basic Metabolic Panel	STAT, T;N, once, Type: Blood
LEB Transfusion Less Than 4 Months of Age Plan		
LEB Transfusion 4 Months of Age or Greater Plan		
<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 on to the 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 1VW Frontal(CXR Portable)	T;N, Routine, Portable
<input type="checkbox"/>	US Head Neonatal/Echoencephalogram	T;N, Reason for Exam: Other, Enter in Comments, Stat, Portable, Genetic Screening
<input type="checkbox"/>	Echocardiogram Pediatric (0-18 yrs)	Start at: T;N, Priority: Stat, Reason: Other, specify, Other reason: Genetic Screening, Transport: Portable
<input type="checkbox"/>	US Retroperitoneal B Scan/Real Time Comp(Renal Ultrasound)	T;N, Reason for Exam: Other, Enter in Comments, Stat, Portable, Genetic Screening
LEB US Abd Comp w/Delay Diet Plan		
<input type="checkbox"/>	Osseous Survey Infant	T;N, Reason for Exam: Other, Enter in Comments, Stat, Infant Transport, Genetic Screening
Consults/Notifications		
<input type="checkbox"/>	Notify Physician For Vital Signs Of	T;N, Oxygen Sat < less than 85%
<input type="checkbox"/>	Notify Physician-Continuing	T;N
<input type="checkbox"/>	Notify Physician-Once	T;N
<input type="checkbox"/>	Notify Nurse Practitioner For Vital Signs Of	T;N, Oxygen Sat < less than 85%



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Consults/Notifications continued	
<input type="checkbox"/>	Notify Nurse Practitioner-Continuing T;N
<input type="checkbox"/>	Notify Nurse Practitioner-Once T;N
<input type="checkbox"/>	Physician Group Consult(Consult MD Group) T;N
<input type="checkbox"/>	Physician Consult(Consult MD) T;N
<input type="checkbox"/>	Physician Group Consult(Consult MD Group) T;N, Cardiology
<input type="checkbox"/>	Physician Group Consult(Consult MD Group) T;N, Cardiovascular Surgery
<input type="checkbox"/>	Physician Group Consult(Consult MD Group) T;N, Endocrinology
<input type="checkbox"/>	Physician Group Consult(Consult MD Group) T;N, ENT
<input type="checkbox"/>	Physician Group Consult(Consult MD Group) T;N, General Surgery
<input type="checkbox"/>	Physician Group Consult(Consult MD Group) T;N, Genetics
<input type="checkbox"/>	Physician Group Consult(Consult MD Group) T;N, Infectious Disease
<input type="checkbox"/>	Physician Group Consult(Consult MD Group) T;N, Neurology
<input type="checkbox"/>	Physician Group Consult(Consult MD Group) T;N, Neurosurgery
<input type="checkbox"/>	Physician Group Consult(Consult MD Group) T;N, Nephrology
<input type="checkbox"/>	Physician Group Consult(Consult MD Group) T;N, Opthamology
<input type="checkbox"/>	Physician Group Consult (Consult MD Group) T;N, Urology
	NOTE: Place 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, Priority: Stat, Reason: Parenteral Nutrition Support
<input type="checkbox"/>	Dietitian Consult T;N, Type of Consult: Nutrition Management
<input type="checkbox"/>	Lactation Consult T;N



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<input type="checkbox"/>	Child Life Consult(Consult Child Life)	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
<input type="checkbox"/>	Pastoral Care Consult(Consult Pastoral Care)	T;N, Reason for Consult: Baptism Family Support
<input type="checkbox"/>	Consult Case Management	T;N, Reason for Consult: Discharge Planning

Date **Time** **Physician's Signature** **MD Number**