

**Physician Orders Pediatric
LEB NICU Quick Admit Plan**
Related Order Sets: NICU Admit Plan

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
Admission/Transfer/Discharge		
<input type="checkbox"/>	Patient Status Initial Inpatient	
Bed Type: <input type="checkbox"/> Med Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Obstetrics <input checked="" type="checkbox"/> Other: NICU		
<input type="checkbox"/>	Patient Status Initial Outpatient	
Outpatient Status/Service: <input type="checkbox"/> OP-Ambulatory <input type="checkbox"/> OP-Diagnostic Procedure <input type="checkbox"/> OP-Observation Services		
NOTE to MD:		
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
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
Continuous Infusions		
<input type="checkbox"/>	Dextrose 10% in Water (D10W)	1000mL, IV, Routine, _____ mL/hr (80 mL/kg/day)
<input type="checkbox"/>	Stock Neonatal TPN	250mL, IV, Routine, q24h Comment: (80 mL/kg/day)
Medications		
<input type="checkbox"/>	ampicillin	50 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine (for 14 day)
<input type="checkbox"/>	gentamicin	5 mg/kg, Ped Injectable, IV Piggyback, q48h, Routine, (for 14 day), PMA less than or equal to 29 weeks, PNA=0 to 7 days
<input type="checkbox"/>	gentamicin	4.5 mg/kg, Ped Injectable, IV Piggyback, q36h, Routine, (for 14 day), PMA= 30 to 34 weeks, PNA= 0 to 7 days
<input type="checkbox"/>	gentamicin	4 mg/kg, Injection, Ped Injectable, IV Piggyback, q24h, Routine, (for 14 day), PMA greater than or equal to 35 weeks
<input type="checkbox"/>	vancomycin	15 mg/kg, Ped Injectable, IV Piggyback, q18h, Routine, (for 14 day), PMA less than or equal to 29 weeks, PNA= 0 to 14 days, meningitic dose
<input type="checkbox"/>	vancomycin	15 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day), PMA= to 30 to 36 weeks, PNA= 0 to 14 days, meningitis dose
<input type="checkbox"/>	vancomycin	15 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day), PMA= to 37 to 44 weeks, PNA= 0 to 7 days, meningitis dose





attach patient label here

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Laboratory		
<input type="checkbox"/>	CBC	STAT, T;N, Type: Blood
<input type="checkbox"/>	C-Reactive Protein	STAT, T;N, Type: Blood
<input type="checkbox"/>	Blood Culture	STAT, T;N, once, Specimen Source: Peripheral Blood
<input type="checkbox"/>	CMP	STAT, T;N, Tyoe: Blood
Diagnostic Tests		
<input type="checkbox"/>	Chest 2VW Frontal & Lat	T;N, STAT, Portable, Reason for Exam: respiratory distress

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