



Physician Orders

LEB Neonatal Sepsis Admit Plan

PEDIATRIC

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

Height: _____ cm Weight: _____ kg

Allergies: _____ No known allergies

Admission/Transfer/Discharge

Admit Patient to Dr. _____

Admit Status: Inpatient Routine Post Procedure <24hrs 23 hour OBS

Bed Type: Med/Surg Critical Care Stepdown Telemetry; Specific Unit Location: _____

Admit Patient T;N

Notify Physician-Once T;N, Of room number on arrival to unit.

Primary Diagnosis: _____

Secondary Diagnosis: _____

Vital Signs

Vital Signs T;N, Routine Monitor and Record T,P,R,BP

Vital Signs T;N, Monitor and Record T,P,R,BP, q4h(std)

Vital Signs w/Neuro Checks T;N, Routine Monitor and Record T,P,R,BP, q4h(std)

Activity

Activity As Tolerated T;N, Up Ad Lib

Food/Nutrition

NPO Start at: T;N

Breastfeed T;N

Formula Per Home Routine T;N

Formula _____

Regular Pediatric Diet Start at: T;N

Clear Liquid Diet Start at: T;N

Patient Care

Advance Diet As Tolerated T;N, start clear liquids and advance to regular diet as tolerated.

Isolation Precautions T;N, Isolation Type: Contact Precautions

Isolation Precautions T;N, Isolation Type: Airborne Precautions

Isolation Precautions T;N, Isolation Type: Droplet Precautions

Isolation Precautions T;N, Isolation Type: Contact Precautions, Droplet Precautions

Strict I/O T;N, Routine, q2h(std)

Daily Weights T;N, Routine, qEve

O2 Sat Spot Check-NSG T;N, with vital signs

O2 Sat Monitoring NSG T;N,

Cardiopulmonary Monitor T;N Routine, Monitor Type: CP Monitor

Respiratory Care

Oxygen Delivery T; N, _____ L/min, Titrate to keep O2 sat => 92%. Wean to room air.

Continuous Infusions

Sodium Chloride 0.9% 1000mL,IV,Routine,T:N, at _____ mL/hr

D51/2NS 1000mL,IV,Routine,T:N, at _____ mL/hr

D5 1/4 NS 1000mL,IV,Routine,T:N, at _____ mL/hr

D51/2 NS KCl 20 mEq/L 1000mL,IV,Routine,T:N, at _____ mL/hr

D51/4 NS KCl 20 mEq/L 1000mL,IV,Routine,T:N, at _____ mL/hr



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Medications		
<input type="checkbox"/>	Heparin 10 unit/mL flush	5 mL (10units/mL), Ped Injectable, IVPush, prn, PRN Catheter Clearance, routine, T;N, peripheral or central line per nursing policy
<input type="checkbox"/>	acetaminophen	_____mg(10 mg/kg), Liq, PO, q4h, PRN, Pain or Fever, T;N, Max Dose = 90mg/kg/day up to 4 g/day
<input type="checkbox"/>	acetaminophen	_____mg(10 mg/kg), Supp, PR, q4h, PRN, Pain or Fever, T;N, Max Dose = 90mg/kg/day up to 4 g/day
Antibiotics- Sepsis		
<input type="checkbox"/>	ampicillin	_____mg (50mg/kg), Injection, IV Piggyback, q6h, (14 day), Routine, T;N
<input type="checkbox"/>	cefotaxime	_____mg (100mg/kg), Injection, IV Piggyback, q8h, (14 day), Routine, T;N
<input type="checkbox"/>	gentamicin	_____mg (2.5mg/kg), Injection, IV Piggyback, q8h, (14 day), Routine, T;N
<input type="checkbox"/>	vancomycin	_____mg (10mg/kg), Ped Injectable, IV Piggyback, q6h, (14 day), Routine, T;N
<input type="checkbox"/>	clindamycin	_____mg (10mg/kg), Injection, IV Piggyback, q8h, (14 day), Routine, T;N
<input type="checkbox"/>	acyclovir	_____mg (20mg/kg), Injection, IV Piggyback, q8h, (14 day), Routine, T;N
Antibiotics- Meningitis/Encephalitis		
<input type="checkbox"/>	ampicillin	_____mg (75mg/kg), Injection, IV Piggyback, q6h, (14 day), Routine, T;N
<input type="checkbox"/>	cefotaxime	_____mg (100mg/kg), Injection, IV Piggyback, q8h, (14 day), Routine, T;N
<input type="checkbox"/>	vancomycin	_____mg (15mg/kg), Ped Injectable, IV Piggyback, q6h, (14 day), Routine, T;N
<input type="checkbox"/>	acyclovir	_____mg (20mg/kg), Injection, IV Piggyback, q8h, (14 day), Routine, T;N
Laboratory		
<input type="checkbox"/>	CBC	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	CMP	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	C-Reactive Protein (CRP)	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	Blood Culture	Routine, T;N, once, Specimen Source: Peripheral Blood
<input type="checkbox"/>	Urine Culture	Routine, T;N, Specimen Source: Urine, Nurse Collect
<input type="checkbox"/>	Urinalysis w/Reflex Microscopic Exam	Routine, T;N, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Stool Culture	Routine, T;N, Specimen Source: Stool, Nurse Collect
<input type="checkbox"/>	CSF Culture and Gram Stain	Routine, T;N, Specimen Source: Cerebrospinal Fluid(CSF), Nurse Collect
<input type="checkbox"/>	CSF Cell Count & Diff	Routine, T;N, once, Type: CSF, Nurse Collect, Tube # <u> 4 </u>
<input type="checkbox"/>	Glucose CSF	Routine, T;N, once, Type: CSF, Nurse Collect, Tube # <u> 3 </u>
<input type="checkbox"/>	Protein CSF	Routine, T;N, once, Type: CSF, Nurse Collect, Tube # <u> 3 </u>
<input type="checkbox"/>	Enterovirus by RT-PCR CSF	Routine, T;N, once, Type: CSF, Nurse Collect, Tube # <u> 4 </u>
<input type="checkbox"/>	Herpes Simplex Virus CSF by PCR (HSV CSF by PCR)	Routine, T;N, once, Type: CSF, Nurse Collect, Tube # <u> 4 </u>
<input type="checkbox"/>	HSV Antigen, DFA	Routine, T;N, once, Type: Lesion, Nurse Collect
<input type="checkbox"/>	Herpes Simplex Culture Viral (HSV Culture Viral)	Routine, T;N, once, Specimen Source: Lesion, Nurse Collect
<input type="checkbox"/>	Herpes Simplex Culture Viral (HSV Culture Viral)	Routine, T;N, once, Specimen Source: Conjunctiva Eye, symptomatic, Nurse Collect
<input type="checkbox"/>	Herpes Simplex Culture Viral (HSV Culture Viral)	Routine, T;N, once, Specimen Source: Stool Anus, Nurse Collect
<input type="checkbox"/>	Herpes Simplex Culture Viral (HSV Culture Viral)	Routine, T;N, once, Specimen Source: Nasopharyngeal(N-P) Nasopharynx, Nurse Collect



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Laboratory continued		
<input type="checkbox"/>	Respiratory Culture, Viral	Routine, T;N, Specimen Source: Nasopharyngeal(N-P) Nasopharynx, Nurse Collect
<input type="checkbox"/>	Varicella Zoster Antigen DFA	Routine, T;N, once, Type: Slide, Nurse Collect
<input type="checkbox"/>	Culture, Viral Varicella Zoster	Routine, T;N, once, Specimen Source: Lesion, Nurse Collect
<input type="checkbox"/>	Chlamydia Culture	Routine, T;N, once, Specimen Source: Conjunctiva Eye, symptomatic, Nurse Collect
<input type="checkbox"/>	Chlamydia Culture	Routine, T;N, once, Body Site: Nasopharynx
<input type="checkbox"/>	GC Culture	Routine, T;N, once, Specimen Source: Discharge Eye, symptomatic, Nurse Collect
<input type="checkbox"/>	Stool Viral Culture	Routine, T;N, Specimen Source: Stool, Nurse Collect
<input type="checkbox"/>	Blood Culture, Viral	Routine, T;N, once, Specimen Source: Peripheral Blood, Nurse Collect
<input type="checkbox"/>	CSF Culture, Viral	Routine, T;N, Specimen Source: Cerebrospinal Fluid(CSF), Nurse Collect
Diagnostic Tests		
<input type="checkbox"/>	CT Brain/Head W Cont	T;N, routine, Reason: _____, Transport: Wheelchair
<input type="checkbox"/>	EEG	T;N, routine, Reason: _____, Transport: Wheelchair
<input type="checkbox"/>	Chest 2VW Frontal & Lat	T;N, routine, Reason: _____, Transport: Wheelchair
Consults/Notifications		
<input type="checkbox"/>	Notify Resident-Continuing	T;N, Who: _____, For: _____
<input type="checkbox"/>	Notify Resident-Once	T;N, Who: _____, For: _____
<input type="checkbox"/>	Consult MD Group	T;N, Consult Who: _____, Reason: _____
<input type="checkbox"/>	Consult MD	T;N, Consult Who: _____, Reason: _____

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