



# Physician Orders

## LEB NICU Jaundice Plan

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

PEDIATRIC

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

<b>Allergies:</b>		<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 Jaundice Phase
<b>Admission/Transfer/Discharge</b>		
<input type="checkbox"/>	Patient Status Initial Inpatient	Attending Physician: _____
<b>Bed Type:</b> <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: _____
<b>Outpatient Status/Service:</b> <input type="checkbox"/> OP-Ambulatory <input type="checkbox"/> OP-Diagnostic Procedure <input type="checkbox"/> OP-Observation Services		
<b>Initial status – inpatient</b> --- For a condition/dx with severity of illness or co-morbid conditions indicating a hospital stay greater than 24 hours is required.		
<b>Initial Status Outpatient – Ambulatory surgery</b> – Outpatient surgery/procedure with discharge anticipated after a routine or, in some cases, extended recovery. <ul style="list-style-type: none"> <li>• Routine recovery after outpatient surgery is estimated at 6-8 hours.</li> <li>• “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.</li> <li>• 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”.</li> <li>• Examples: Initial status outpatient is generally selected for patients undergoing PCI, diagnostic caths, EP studies, ablations, pacemaker implantations, other routine surgeries.</li> </ul>		
<b>Initial status Outpatient -Observation Services</b> – Short term treatment, assessment and reassessment - estimate discharge within 24 hours <ul style="list-style-type: none"> <li>• In some cases (for Medicare patients), this can be extended to 48 hours.</li> <li>• Observation Services can also be utilized when it is unclear (without additional assessment) whether the patient will require an inpatient stay.</li> </ul>		
<input type="checkbox"/>	Notify Physician Once	T;N, of room number on arrival to unit
<b>Vital Signs</b>		
<input type="checkbox"/>	Vital Signs	T;N, Monitor and Record T,P,R,BP, q1h x _____ hours, then q2h, obtain BP from all 4 extremities on admission
<b>Activity</b>		
<input type="checkbox"/>	Out Of Bed( Activity As Tolerated)	T;N, Up Ad Lib
<b>Food/Nutrition</b>		
<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"/>	<b>LEB Formula Orders Plan</b>	
<b>Patient Care</b>		
<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"/>	Phototherapy	T;N, Routine, bili blanket
<input type="checkbox"/>	Phototherapy	T;N, Routine, bili blanket and single lights
<input type="checkbox"/>	Phototherapy	T;N, Routine, bili blanket and double lights
<input type="checkbox"/>	Phototherapy	T;N, Routine, single bank lights
<input type="checkbox"/>	Phototherapy	T;N, Routine, double bank lights
<input type="checkbox"/>	Nursing Communication	T;N, Obtain mother's results from delivery(HBBsAG, RPR, GBS, Rubella, HIV, maternal blood type, ABO, Rh Coombs)
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N, Routine, q1h(std)
<input type="checkbox"/>	Cardiopulmonary Monitor	T;N Routine, Monitor Type: CP Monitor
Respiratory Care		
<input type="checkbox"/>	<b>LEB NICU Respiratory Plan</b>	
<input type="checkbox"/>	Oxygen Delivery	T;N, Special Instructions: titrate to keep O2 sat at 90 to 95%
Continuous Infusion		
	<b>NOTE: Use D5 for Infants less than 1000 grams. Use D10 for Infants greater than 1000 grams.</b>	
<input type="checkbox"/>	Dextrose 5% in Water (D5W)	1,000 mL, IV, STAT, mL/hr
<input type="checkbox"/>	Dextrose 10% in Water (D10W)	1,000 mL, IV, STAT, mL/hr
<input type="checkbox"/>	Dextrose 12.5% in Water 500 ml Bag (Pediatric)	375 mL, IV, STAT
<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
<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, Infuse via central or arterial line
Vasoactive Medications		
<input type="checkbox"/>	DOPamine Drip (Pediatric)	250 mL, Central IV, Routine, Reference range: 2 to 20 mcg/kg/min, Use most concentrated strengths
<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, Use most concentrated strengths

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Sedation		
[ ]	Morphine Drip (Pediatric)( MorPHINE Drip (Pediatric))	49.5 mL, Central IV, Routine, Reference range: 10 to 20 mcg/kg/hr, Use most concentrated strengths
[ ]	Fentanyl Drip (Pediatric)( FentaNYL Drip (Pediatric))	15 mL, Central IV, Routine, Reference range: 1 to 5 mcg/kg/hr, Use most concentrated strengths
[ ]	Midazolam Drip (Pediatric)	15 mL, Central IV, Routine, Reference range: 0.01 to 0.2 mg/kg/hr
Paralytics		
[ ]	Pancuronium Drip (Pediatric)	30 mL, Central IV, Routine, Reference range: 0.02 to 0.2 mg/kg/hr
[ ]	Vecuronium Drip (Pediatric)	30 mL, Central IV, Routine, Reference range: 0.02 to 0.2 mg/kg/hr
Diuretics		
[ ]	Furosemide Drip (Pediatric)	100 mg, mg/kg/day
[ ]	Bumetanide Drip (Pediatric)	30 mL, Central IV, Routine, Reference range: 2.5 to 10 mcg/kg/hr
Medicine		
[ ]	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
Laboratory		
[ ]	Newborn Screen, TN Health Dept	Routine, T+1;N, once, Type: Blood
[ ]	CBC	STAT, T;N, once, Type: Blood
[ ]	Hematocrit	STAT, T;N, once, Type: Blood
[ ]	Reticulocyte Count	STAT, T;N, once, Type: Blood
[ ]	C-Reactive Protein( CRP)	STAT, T;N, once, Type: Blood
[ ]	Comprehensive Metabolic Panel( CMP)	STAT, T;N, once, Type: Blood
[ ]	Glucose-6-Phosphate	STAT, T;N, once, Type: Blood
[ ]	Bilirubin Total & Direct	STAT, T;N, once, Type: Blood
[ ]	Bilirubin Total	STAT, T;N, once, Type: Blood
[ ]	Bilirubin Direct	STAT, T;N, once, Type: Blood
[ ]	Coombs, Direct	STAT, T;N, once, Type: Blood
[ ]	Antibody Screen	STAT, T;N, once, Type: Blood
[ ]	Blood Type ABO/Rh	STAT, T;N, once, Type: Blood
[ ]	Fetal Maternal Smear( Kleihauer-Betke)	STAT, T;N, once, Type: Blood
[ ]	Urine Culture	STAT, T;N, Specimen Source: Urine, Nurse Collect
[ ]	Urinalysis w/Reflex Microscopic Exam	STAT, T;N, once, Type: Urine, Nurse Collect
[ ]	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.
<b>LEB Transfusion Less Than 4 Months of Age Plan</b>		
<b>LEB Transfusion 4 Months of Age or Greater Plan</b>		



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Laboratory continued	
<input type="checkbox"/>	Hepatic Panel STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Hepatitis Profile (A,B & C) STAT, T;N, once, Type: Blood
<input type="checkbox"/>	GGT STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Herpes Simplex Culture Viral STAT, T;N, once, Nurse Collect
Diagnostic Tests	
<input type="checkbox"/>	Chest 1VW Frontal T;N, Routine, Portable
<input type="checkbox"/>	Chest 2VW Frontal & Lat( Chest PA & Lateral) T;N, Routine, Infant Transport
<input type="checkbox"/>	Abd Sing AP VW T;N, Routine, Infant Transport
Consults/Notifications	
<input type="checkbox"/>	Notify Physician For Vital Signs Of T;N, Oxygen Sat < 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 T;N, Resp Rate < 85%
<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
<b>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)</b>	
<input type="checkbox"/>	Physician Consult T;N, Reason for Consult: Retinal Prematurity Consultation
<input type="checkbox"/>	PICC Consult Ped - for Line T;N
<input type="checkbox"/>	Nutritional Support Team Consult Start at: T;N, Priority: Stat, 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( 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: Family Support   Baptism
<input type="checkbox"/>	Consult Case Management T;N, Reason for Consult: Discharge Planning

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