Methodist
Le Bonheur Healthcare

Physician Orders ADULT: NICU Quick Admit Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans

- ☐ Initiate Powerplan Phase
  T;N, Phase: NICU Quick Admit Phase, When to Initiate: When patient arrives to unit

NICU Quick Admit Phase
Admission/Transfer/Discharge

- ☑ Patient Status Initial Inpatient
  T;N, Admitting Physician: _____
  Reason for Visit:_____
  Bed Type: Other - see Special Instructions, NICU
  Specific Unit: _____   Care Team: _____
  Anticipated LOS: 2 midnights or more

Continuous Infusion

- ☐ D10W
  1,000 mL, IV, Routine, mL/hr, (80 mL/kg/day)
- ☐ Stock Neonatal TPN
  250 mL, IV, q24h, Routine, mL/hr, (80 mL/kg/day)

Medications

- ☐ **+1 Hours** ampicillin
  50 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine
- ☐ **+1 Hours** gentamicin
  5 mg/kg, Injection, IV Piggyback, q48h, Routine, (for 14 day), PMA less than or equal to 29 weeks, PNA=0 to 7 days
- ☐ **+1 Hours** gentamicin
  4.5 mg/kg, Injection, IV Piggyback, q36h, Routine, (for 14 day), PMA= 30 to 34 weeks, PNA= 0 to 7 days
- ☐ **+1 Hours** gentamicin
  4 mg/kg, Injection, IV Piggyback, q24h, Routine, (for 14 day), PMA greater than or equal to 35 weeks
- ☐ **+1 Hours** 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
- ☐ **+1 Hours** vancomycin
  15 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day), PMA= to 30 to 36 weeks, PNA= 0 to 14 days, meningitic dose
- ☐ **+1 Hours** vancomycin
  15 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day), PMA= to 37 to 44 weeks, PNA= 0 to 7 days, meningitic dose

Laboratory

- ☑ CBC
  STAT, T;N, once, Type: Blood

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☑ C-Reactive Protein
STAT, T;N, once, Type: Blood

☑ Blood Culture
STAT, T;N, Specimen Source: Peripheral Blood

Diagnostic Tests: Include Reason for Exam

☐ Chest 2VW Frontal & Lat
T;N, Reason for Exam: Respiratory Distress, Stat, Portable

Consults/Notifications/Referrals

☐ Notify Physician-Once
T;N, of room number on arrival to unit

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

*Report Legend:
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase, see separate sheet
R-Required order