



attach patient label here

Physician Orders

NICU Immunization Plan

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

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: _____		
Medications		
<input type="checkbox"/>	acetaminophen	_____ mg, Liq, PO, once, routine, T;N, administer one hour prior to administration of first vaccine, (10 mg/kg)
<input type="checkbox"/>	acetaminophen	_____ mg, (10 mg/kg), Liq, PO, q6h (4 dose), routine, T;N
<input type="checkbox"/>	acetaminophen	_____ mg, Liq, PO, q6h (8 dose), routine, T;N, begin to administer q6h x48h after first immunization, (10 mg/kg)
NOTE: Administer Routine 2-Month Immunizations over 2 days: (DTaP/IPV/HepB, Hib, and PCV)		
Day #1:		
<input type="checkbox"/>	DTaP/IPV/HepB (Pediarix)	0.5 mL, Injection, IM, once, routine, T;N
Day #2:		
<input type="checkbox"/>	Haemophilus B Conjugate Vaccine (Hib) (PedvaxHIB)	0.5 mL, Injection, IM, once, routine, T+1
<input type="checkbox"/>	Pneumococcal Conjugate Vaccine (Prevnar 13)	0.5 mL, Injection, IM, once, routine, T+1
NOTE: Alternative 2-Month Immunizations over 2 days: (for patients receiving Hep B within the last 30 days)		
Day #1:		
<input type="checkbox"/>	DTaP (Infanrix)	0.5 mL, Injection, IM, once, routine, T;N
<input type="checkbox"/>	poliovirus vaccine, inactivated (IPV) (IPOL)	0.5 mL, Injection, IM, once, routine, T;N
Day #2:		
<input type="checkbox"/>	Haemophilus B Conjugate Vaccine (Hib) (PedvaxHIB)	0.5 mL, Injection, IM, once, routine, T+1
<input type="checkbox"/>	Pneumococcal Conjugate Vaccine (Prevnar 13)	0.5 mL, Injection, IM, once, routine, T+1
Consults/Notifications		
<input type="checkbox"/>	Consult Clinical Pharmacist	T;N, Pharmacy may substitute vaccines with same antigens.

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

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