Physician Orders

NICU Immunization Plan

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

Height: ___________ cm  Weight: ___________ kg

Allergies:

[ ] No known allergies

[ ] Medication allergy(s):

[ ] Latex allergy  [ ] Other:

Medications

[ ] acetaminophen ___ mg, Liq, PO, once, routine, T;N, administer one hour prior to administration of first vaccine, (10 mg/kg)

[ ] acetaminophen ___ mg, (10 mg/kg), Liq, PO, q6h (4 doses), routine, T;N

[ ] acetaminophen ___ mg, Liq, PO, q6h (8 doses), 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:

[ ] DTaP/IPV/HepB (Pediarix) 0.5 mL, Injection, IM, once, routine, T;N

Day #2:

[ ] Haemophilus B Conjugate Vaccine (Hib) (PedvaxHIB) 0.5 mL, Injection, IM, once, routine, T+1

[ ] 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:

[ ] DTaP (Infanrix) 0.5 mL, Injection, IM, once, routine, T;N

[ ] poliovirus vaccine, inactivated (IPV) (IPOL) 0.5 mL, Injection, IM, once, routine, T;N

Day #2:

[ ] Haemophilus B Conjugate Vaccine (Hib) (PedvaxHIB) 0.5 mL, Injection, IM, once, routine, T+1

[ ] Pneumococcal Conjugate Vaccine (Prevnar 13) 0.5 mL, Injection, IM, once, routine, T+1

Consults/Notifications

[ ] Consult Clinical Pharmacist  T;N, Pharmacy may substitute vaccines with same antigens.

Date  Time  Physician's Signature  MD Number