



Physician Orders

LEB NICU Sepsis Plan

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PEDIATRIC

Height: _____ cm Weight: _____ kg

Allergies:		<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 Sepsis Phase	
Admission/Transfer/Discharge		
<input type="checkbox"/> Patient Status Initial Inpatient	Attending Physician: _____	
Bed Type: <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: _____	
Outpatient Status/Service: <input type="checkbox"/> OP-Ambulatory <input type="checkbox"/> OP-Diagnostic Procedure <input type="checkbox"/> OP-Observation Services		
Initial status – inpatient --- For a condition/dx with severity of illness or co-morbid conditions indicating a hospital stay greater than 24 hours is required.		
Initial Status Outpatient – Ambulatory surgery – Outpatient surgery/procedure with discharge anticipated after a routine or, in some cases, extended recovery. <ul style="list-style-type: none"> • Routine recovery after outpatient surgery is estimated at 6-8 hours. • “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. • 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”. • Examples: Initial status outpatient is generally selected for patients undergoing PCI, diagnostic caths, EP studies, ablations, pacemaker implantations, other routine surgeries. 		
Initial status Outpatient -Observation Services – Short term treatment, assessment and reassessment - estimate discharge within 24 hours <ul style="list-style-type: none"> • In some cases (for Medicare patients), this can be extended to 48 hours. • Observation Services can also be utilized when it is unclear (without additional assessment) whether the patient will require an inpatient stay. 		
<input type="checkbox"/> Notify Physician Once	T;N, of room number on arrival to unit	
Vital Signs		
<input type="checkbox"/> Vital Signs	T;N, Monitor and Record T,P,R,BP, q1h x _____ hours, then q2h	
Activity		
<input type="checkbox"/> Out Of Bed(Activity As Tolerated)	T;N, Up Ad Lib	
Food/Nutrition		
<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"/> LEB Formula Orders Plan		
Patient Care		
<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	



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Patient Care continued		
<input type="checkbox"/>	Nasogastric Tube(Replogle (NGT))	T;N, Suction Strength: To Gravity
<input type="checkbox"/>	Oral Gastric Tube Insert(Replogle (OGT))	T;N, OG Tube Type: Replogle, to gravity drainage
<input type="checkbox"/>	Oral Gastric Tube Insert(Replogle (OGT))	T;N, OG Tube Type: Replogle
<input type="checkbox"/>	Oral Gastric Tube Insert(Replogle (OGT))	T;N, OG Tube Type: Replogle, to low intermittent wall suction
<input type="checkbox"/>	Suction Patient	T;N, prn, PRN, Oral, esophageal
<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"/>	Nursing Communication	T;N, Give HBIG within 12 hours of birth if mother is positive for HBSAg
<input type="checkbox"/>	Cardiopulmonary Monitor	T;N Routine, Monitor Type: CP Monitor
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N, titrate to keep O2 sat 85-95%
Respiratory Care		
<input type="checkbox"/>	LEB NICU Respiratory Plan	
<input type="checkbox"/>	Oxygen Delivery	T;N, Special Instructions: titrate to keep O2 Sat 90-95%
Continuous Infusion		
	NOTE: Use D5 for Infants less than 1000 grams. Use D10 for Infants greater than 1000 grams.	
<input type="checkbox"/>	Dextrose 5% in Water	1,000 mL, IV, STAT, mL/hr
<input type="checkbox"/>	Dextrose 10% in Water	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"/>	potassium chloride (D5 1/4 NS KCl 20 mEq/L)	1,000 mL, IV, STAT, mL/hr, Infuse via central or arterial line
<input type="checkbox"/>	D10 1/4 NS + 20 KCL (Pediatric)	250 mL, IV, STAT, Infuse via central or arterial line
<input type="checkbox"/>	potassium chloride (D5 1/2 NS KCl 20 mEq/L)	1,000 mL, IV, STAT, mL/hr, Infuse via central or arterial line
<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, Use most concentrated strengths
Paralytics		
[]	Pancuronium Drip (Pediatric)	30 mL, Central IV, Routine, Reference range: 0.02 to 0.2 mg/kg/hr, Use most concentrated strengths
[]	Vecuronium Drip (Pediatric)	30 mL, Central IV, Routine, Reference range: 0.02 to 0.2 mg/kg/hr, Use most concentrated strengths
Diuretics		
[]	Furosemide Drip (Pediatric)	100 mg, mg/kg/day, Use most concentrated strengths
[]	Bumetanide Drip (Pediatric)	30 mL, Central IV, Routine, Reference range: 2.5 to 10 mcg/kg/hr, Use most concentrated strengths
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
[]	albuterol(albuterol 2.5 mg/3 mL (0.083%) inhalation solution)	0.1 mg/kg, Inh Soln, INH, q6h, PRN Wheezing, Routine, (3 mL = 2.5 mg)
[]	albuterol(albuterol (MDI))	2 puff, MDI, INH, q6h, PRN Wheezing, Routine, (2 puffs = 180 mcg)
NOTE: Give HBIG within 12 hours of birth if mother is positive for HBSAg		
[]	hepatitis B immune globulin	0.5 mL, Injection, IM, once, Routine
Anti-infectives		
[]	ampicillin	100 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day)
[]	gentamicin	5 mg/kg, Ped Injectable, IV Piggyback, q48h, Routine, (for 14 day), PMA less than or equal to 29 weeks
[]	gentamicin	4 mg/kg, Ped Injectable, IV Piggyback, q36h, Routine, (for 14 day), PMA less than or equal to 29 weeks
[]	gentamicin	4 mg/kg, Ped Injectable, IV Piggyback, q24h, Routine, (for 14 day), PMA less than or equal to 29 weeks
[]	gentamicin	4.5 mg/kg, Ped Injectable, IV Piggyback, q36h, Routine, (for 14 day), PMA = 30 to 34 weeks
[]	gentamicin	4 mg/kg, Ped Injectable, IV Piggyback, q24h, Routine, (for 14 day), PMA = 30 to 34 weeks
[]	gentamicin	4 mg/kg, Ped Injectable, IV Piggyback, q24h, Routine, (for 14 day), PMA greater than or equal to 35 weeks
[]	amikacin	18 mg/kg, Ped Injectable, IV Piggyback, q48h, Routine, (for 14 day), PMA less than or equal to 29 weeks
[]	amikacin	15 mg/kg, Ped Injectable, IV Piggyback, q36h, Routine, (for 14 day), PMA less than or equal to 29 weeks

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Anti-infectives continued		
[]	amikacin	15 mg/kg, Ped Injectable, IV Piggyback, q24h, Routine, (for 14 day), PMA less than or equal to 29 weeks
[]	amikacin	18 mg/kg, Ped Injectable, IV Piggyback, q36h, Routine, (for 14 day), PMA = 30 to 34 weeks
[]	amikacin	15 mg/kg, Ped Injectable, IV Piggyback, q24h, Routine, (for 14 day), PMA = 30 to 34 weeks
[]	amikacin	15 mg/kg, Ped Injectable, IV Piggyback, q24h, Routine, (for 14 day), PMA greater than or equal to 35 weeks
[]	cefotaxime	50 mg/kg, Ped Injectable, IV, q12h, Routine, (for 14 day)
[]	vancomycin	15 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 14 day), PMA = to 37 to 44 weeks
[]	vancomycin	15 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 14 day), PMA = to 30 to 36 weeks
[]	vancomycin	15 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day), PMA = to 37 to 44 weeks
[]	vancomycin	15 mg/kg, Ped Injectable, IV Piggyback, q6h, Routine, (for 14 day), PMA greater than or equal to 45 weeks
[]	vancomycin	15 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day), PMA = to 30 to 36 weeks
[]	vancomycin	15 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day), PMA less than or equal to 29 weeks
[]	vancomycin	15 mg/kg, Ped Injectable, IV Piggyback, q18h, Routine, (for 14 day), PMA less than or equal to 29 weeks
[]	vancomycin	10 mg/kg, Ped Injectable, IV Piggyback, q18h, Routine, (for 14 day), PMA less than or equal to 29 weeks
[]	vancomycin	10 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day), PMA less than or equal to 29 weeks
[]	vancomycin	10 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day), PMA = to 30 to 36 weeks
[]	vancomycin	10 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 14 day), PMA = to 30 to 36 weeks
[]	vancomycin	10 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day), PMA = to 37 to 44 weeks
[]	vancomycin	10 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 14 day), PMA = to 37 to 44 weeks
[]	vancomycin	10 mg/kg, Ped Injectable, IV Piggyback, q6h, Routine, (for 14 day), PMA greater than or equal to 45 weeks
[]	ceftazidime	30 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 14 day)
[]	ceftazidime	30 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day)
[]	clindamycin	7.5 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day)
[]	meropenem	20 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day), Sepsis
[]	meropenem	40 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 14 day), Meningitis

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Anti-infectives continued		
[]	acyclovir	20 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine
[]	amphotericin B	1 mg/kg, Ped Injectable, IV Piggyback, q24h, Routine
[]	amphotericin B liposomal	5 mg/kg, Ped Injectable, IV Piggyback, q24h, Routine
[]	metroNIDAZOLE	15 mg/kg, Ped Injectable, IV Piggyback, once, Routine, Loading Dose
[]	metroNIDAZOLE	7.5 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day)
[]	metroNIDAZOLE	7.5 mg/kg, Ped Injectable, IV Piggyback, q24h, Routine, (for 14 day)
[]	fluconazole	12 mg/kg, Ped Injectable, IV Piggyback, once, Routine, Loading dose
[]	fluconazole	6 mg/kg, Ped Injectable, IV Piggyback, q72h, Routine, PMA less than or equal to 29 weeks, PNA = 0 to 14 days
[]	fluconazole	6 mg/kg, Ped Injectable, IV Piggyback, q48h, Routine, PMA less than or equal to 29 weeks, PNA greater than 14 days
[]	fluconazole	6 mg/kg, Ped Injectable, IV Piggyback, q48h, Routine, PMA = 30 to 36 weeks, PNA = 0 to 14 days
[]	fluconazole	6 mg/kg, Ped Injectable, IV Piggyback, q24h, Routine, PMA = 30 to 36 weeks, PNA greater than 14 days
[]	fluconazole	6 mg/kg, Ped Injectable, IV Piggyback, q48h, Routine, PMA = 37 to 44 weeks, PNA = 0 to 7 days
[]	fluconazole	6 mg/kg, Ped Injectable, IV Piggyback, q24h, Routine, PMA = 37 to 44 weeks, PNA greater than 7 days
[]	fluconazole	6 mg/kg, Ped Injectable, IV Piggyback, q24h, Routine, PMA greater than or equal to 45 weeks. PNA = All ages
Laboratory		
[]	Newborn Screen, TN Health Dept	Routine, T+1;N, once, Type: Blood
[]	CBC	STAT, T;N, once, Type: Blood
[]	Comprehensive Metabolic Panel (CMP)	STAT, T;N, once, Type: Blood
[]	C-Reactive Protein(CRP)	STAT, T;N, q12h x 3 occurrence, Type: Blood
[]	Basic Metabolic Panel (BMP)	STAT, T;N, once, Type: Blood
[]	Prothrombin Time (PT/INR)	STAT, T;N, Type: Blood
[]	Partial Thromboplastin Time (PTT)	STAT, T;N, Type: Blood
[]	Fibrinogen Level	STAT, T;N, Type: Blood
[]	Fetal Maternal Smear (Kleihauer-Betke)	STAT, T;N, once, Type: Blood
[]	Blood Culture	STAT, T;N, Specimen Source: Peripheral Blood
[]	Blood Culture	STAT, T;N, Specimen Source: Line, Central, Nurse Collect

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Laboratory continued	
[]	Respiratory Culture and Gram Stain(STAT, T;N, Specimen Source: Secretion Body Site: Trachea, Nurse Collect Culture, Sputum and Gram Stain)
[]	Respiratory Culture and Gram Stain(STAT, T;N, Specimen Source: Secretion Body Site: Tracheostomy Site, Nurse Collect Culture, Sputum and Gram Stain)
[]	Urine Culture STAT, T;N, Specimen Source: Urine, Catheterized, Nurse Collect
[]	Urine Culture STAT, T;N, Specimen Source: Urine, Suprapubic, Nurse Collect
[]	Urinalysis w/Reflex Microscopic Exam STAT, T;N, once, Type: Urine, Nurse Collect
[]	Stool Culture STAT, T;N, Specimen Source: Stool, Nurse Collect
[]	CSF Culture and Gram Stain STAT, T;N, Specimen Source: Cerebrospinal Fluid(CSF), Nurse Collect
[]	Cell Count & Diff CSF (CSF Cell Count & Diff) STAT, T;N, Type: CSF, Nurse Collect, Tube #4
[]	Glucose CSF STAT, T;N, Type: CSF, Nurse Collect, Tube # 3
[]	Protein CSF STAT, T;N, Type: CSF, Nurse Collect, Tube #3
[]	Enterovirus by RT-PCR CSF STAT, T;N, Type: CSF, Nurse Collect, Tube # 4
[]	CSF Culture, Viral (Culture, Viral CSF) STAT, T;N, Specimen Source: Cerebrospinal Fluid(CSF), Nurse Collect
[]	Herpes Simplex Virus CSF by PCR (HSV CSF by PCR) STAT, T;N, Type: CSF, Nurse Collect, Tube # 4
[]	HSV Antigen, DFA STAT, T;N, Type: Lesion, Nurse Collect
[]	Herpes Simplex Culture Viral STAT, T;N, Specimen Source: Conjunctiva Body Site: Eye, non-specified, Nurse Collect
[]	Herpes Simplex Culture Viral STAT, T;N, Specimen Source: Nasopharyngeal(N-P) Body Site: Nasopharynx, Nurse Collect
[]	Herpes Simplex Culture Viral STAT, T;N, Specimen Source: Tissue Body Site: Rectum, Nurse Collect
[]	Respiratory Culture, Viral STAT, T;N, Specimen Source: Nasopharyngeal(N-P), Nurse Collect
[]	Varicella Zoster Antigen DFA STAT, T;N, Type: Slide, Nurse Collect
[]	Varicella Zoster Culture Viral (Culture, Viral Varicella Zoster) STAT, T;N, Nurse Collect
[]	Chlamydia Culture STAT, T;N, Specimen Source: Secretion Body Site: Bronchus, Nurse Collect
[]	Chlamydia Culture STAT, T;N, Specimen Source: Conjunctiva Body Site: Eye, non-specified, Nurse Collect
[]	GC Culture STAT, T;N, Specimen Source: Drainage Body Site: Eye, non-specified
[]	Stool Culture, Viral(Stool Viral Culture) STAT, T;N, Specimen Source: Stool, Nurse Collect
[]	Blood Culture, Viral(Culture, Viral Blood) STAT, T;N, once, Specimen Source: Peripheral Blood, Nurse Collect



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Laboratory continued		
<input type="checkbox"/>	LEB Transfusion Less Than 4 Months of Age Plan	
<input type="checkbox"/>	LEB Transfusion 4 Months of Age or Greater Plan	
<input type="checkbox"/>	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 mother's chart and place the order "Type and Screen Maternal Blood", be sure to include the baby's name & FIN in the comments
Diagnostic Tests		
<input type="checkbox"/>	Chest 1VW Frontal	T;N, Routine, Portable
<input type="checkbox"/>	US Head Neonatal/Echoencephalogram	T;N, Routine, Portable, Reason: Genetic Screening
<input type="checkbox"/>	LEB CT Brain Head W Cont Plan	
<input type="checkbox"/>	EEG	T;N, Routine, Infant Transport
Consults/Notifications		
<input type="checkbox"/>	Notify Physician-Continuing	T;N, O2 sats less than 85%
<input type="checkbox"/>	Notify Physician-Continuing	T;N
<input type="checkbox"/>	Notify Physician-Once	T;N
<input type="checkbox"/>	Notify Nurse Practitioner-Continuing	T;N, for O2 sats less than 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, Infectious Disease
<input type="checkbox"/>	Physician Group Consult (Consult MD Group)	T;N
<input type="checkbox"/>	Physician Consult (Consult MD)	T;N
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)		
<input type="checkbox"/>	Physician Consult	T;N, Reason for Consult: Retinal Prematurity Consultation
<input type="checkbox"/>	PICC Consult Ped - for Line Placement	T;N, Insert PICC
<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



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Consults/Notifications continued		
<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, Other, enter in comments Initial newborn hearing screen, Routine
<input type="checkbox"/>	Pastoral Care Consult (Consult Pastoral Care)	T;N
<input type="checkbox"/>	Consult Case Management	T;N, Reason for Consult: Discharge Planning

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