**Physician Orders**  
**PED Newborn Nursery Antibiotics Plan**

[R] = will be ordered  
T= Today; N = Now (date and time ordered)  
Height: ___________ cm  
Weight: __________ kg

| Allergies: | [ ] No known allergies  
[ ] Medication allergy(s):  
[ ] Latex allergy  
[ ] Other: |
| --- | --- |

### Non Categorized

- Initiate Powerplan Phase  
  T;N, Phase: Newborn Nursery Antibiotic Phase

### Patient Care

**NOTE:** Please order Gentamicin trough level prior to the third dose if antibiotic is ordered for a duration of greater than 48hrs.

- [ ] Trough Level- Nurse to Order  
  T;N, Drug: gentamicin, Draw: prior to third dose

#### Medications

- Ampicillin  
  50 mg/kg, Injection, IV, q12h, Routine, T;N
- Ampicillin  
  50 mg/kg, Injection, IM, q12h, Routine, T;N
- Ampicillin  
  100 mg/kg, Injection, IV, q12h, Routine, T;N
- Ampicillin  
  100 mg/kg, Injection, IM, q12h, Routine, T;N

**NOTE:** Gentamicin orders below are for infants with gestational age greater than or equal to 35 weeks.

- Gentamicin  
  4 mg/kg, Injection, IV, q24h, Routine, T;N
- Gentamicin  
  4 mg/kg, Injection, IM, q24h, Routine, T;N

#### Laboratory

- Blood Culture  
  T;N, STAT, once, Specimen Source: Peripheral Blood
- CBC  
  T;N, STAT, once, blood
- CBC  
  T;N+720, Routine, once, blood
- C-Reactive Protein  
  T;N, STAT, once, blood
- C-Reactive Protein  
  T;N+720, Routine, once, blood

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Date                              Time                              Physician's Signature                                          MD Number