

attach patient label here



Physician Orders NICU Synagis 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

Pharmacy will verify dose and coordinate with Nursing for administration time since 6 hour stability

palivizumab (Synagis) _____ mg, Injection, IM, once, routine, T;N, (15 mg/kg)

Nursing Communication T;N, Administer palivizumab (Synagis) after consent obtained and pharmacy and nursing have verified that dose is due. Nursing to coordinate with pharmacy correct time of administration (6 hour stability).

Consults/Notifications

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

Date

Time

Physician's Signature

MD Number

