



# Physician Orders

## PED Neonatal Sepsis Admit Plan

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

PEDIATRIC

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<input type="checkbox"/>	Initiate Powerplan Phase	T;N, Phase: PED Neonate Sepsis Admit Phase
<b>Admission/Transfer/Discharge</b>		
<input type="checkbox"/>	Admit Patient to Dr. _____	
<b>Admit Status:</b> <input type="checkbox"/> Inpatient <input type="checkbox"/> Routine Post Procedure <24hrs <input type="checkbox"/> 23 hour OBS		
<b>Bed Type:</b> <input type="checkbox"/> Med/Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Telemetry; Specific Unit Location: _____		
<input type="checkbox"/>	Admit Patient	T;N
<input type="checkbox"/>	Notify Physician-Once	T;N, Of room number on arrival to unit.
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
<b>Vital Signs</b>		
<input type="checkbox"/>	Vital Signs	T;N, Routine Monitor and Record T,P,R,BP
<input type="checkbox"/>	Vital Signs	T;N, Monitor and Record T,P,R,BP, q4h(std)
<input type="checkbox"/>	Vital Signs w/Neuro Checks	T;N, Routine Monitor and Record T,P,R,BP, q4h(std)
<b>Activity</b>		
<input type="checkbox"/>	Activity As Tolerated	T;N, Up Ad Lib
<b>Food/Nutrition</b>		
<input type="checkbox"/>	NPO	Start at: T;N
<input type="checkbox"/>	Breastfeed	T;N
<input type="checkbox"/>	Formula Per Home Routine	T;N
<input type="checkbox"/>	Regular Pediatric Diet	Start at: T;N, <b>Age Group:</b> _____
<input type="checkbox"/>	Clear Liquid Diet	Start at: T;N, <b>Age Group:</b> _____
<b>Patient Care</b>		
<input type="checkbox"/>	Advance Diet As Tolerated	T;N, start clear liquids and advance to regular diet as tolerated.
<input type="checkbox"/>	Isolation Precautions	T;N, Isolation Type: Contact Precautions
<input type="checkbox"/>	Isolation Precautions	T;N, Isolation Type: Airborne Precautions
<input type="checkbox"/>	Isolation Precautions	T;N, Isolation Type: Droplet Precautions
<input type="checkbox"/>	Isolation Precautions	T;N, Isolation Type: Contact Precautions, Droplet Precautions
<input type="checkbox"/>	Strict I/O	T;N, Routine, q2h(std)
<input type="checkbox"/>	Daily Weights	T;N, Routine, qEve
<input type="checkbox"/>	O2 Sat Spot Check-NSG	T;N, with vital signs
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N,
<input type="checkbox"/>	Cardiopulmonary Monitor	T;N Routine, Monitor Type: CP Monitor
<b>Respiratory Care</b>		
<input type="checkbox"/>	Simple Facemask	T; N, _____ L/min, Titrate to keep O2 sat =/> 92%. Wean to room air.
<input type="checkbox"/>	O2-Nasal Cannula	T; N, _____ L/min, Titrate to keep O2 sat =/> 92%. Wean to room air.
<b>Continuous Infusions</b>		
<input type="checkbox"/>	Sodium Chloride 0.9%	1000mL,IV,Routine,T;N, at _____ mL/hr
<input type="checkbox"/>	D5 1/2NS	1000mL,IV,Routine,T;N, at _____ mL/hr
<input type="checkbox"/>	D5 1/4 NS	1000mL,IV,Routine,T;N, at _____ mL/hr
<input type="checkbox"/>	D5 1/2 NS KCl 20 mEq/L	1000mL,IV,Routine,T;N, at _____ mL/hr
<input type="checkbox"/>	D5 1/4 NS KCl 20 mEq/L	1000mL,IV,Routine,T;N, at _____ mL/hr



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Medications		
[ ]	acetaminophen	_____mg(10 mg/kg), Liq, PO, q4h, PRN, Pain or Fever, T;N,Max Dose = 90mg/kg/day up to 4 g/day
[ ]	acetaminophen	_____mg(10 mg/kg), Supp, PR, q4h, PRN, Pain or Fever, T;N,Max Dose = 90mg/kg/day up to 4 g/day
Antibiotics- Sepsis		
[ ]	ampicillin	_____mg (50mg/kg), Injection, IV Piggyback, q6h, (14 day),Routine, T;N
[ ]	cefotaxime	_____mg (100mg/kg), Injection, IV Piggyback, q8h, (14 day),Routine, T;N
[ ]	gentamicin	_____mg (2.5mg/kg), Injection, IV Piggyback, q8h, (14 day),Routine, T;N
[ ]	vancomycin	_____mg (10mg/kg), Ped Injectable, IV Piggyback, q6h, (14 day),Routine, T;N
[ ]	clindamycin	_____mg (10mg/kg), Injection, IV Piggyback, q8h, (14 day),Routine, T;N
[ ]	acyclovir	_____mg (20mg/kg), Injection, IV Piggyback, q8h, (14 day),Routine, T;N
Antibiotics- Meningitis/Encephalitis		
[ ]	ampicillin	_____mg (75mg/kg), Injection, IV Piggyback, q6h, (14 day),Routine, T;N
[ ]	cefotaxime	_____mg (100mg/kg), Injection, IV Piggyback, q8h, (14 day),Routine, T;N
[ ]	vancomycin	_____mg (15mg/kg), Ped Injectable, IV Piggyback, q6h, (14 day),Routine, T;N
[ ]	acyclovir	_____mg (20mg/kg), Injection, IV Piggyback, q8h, (14 day),Routine, T;N
Laboratory		
[ ]	CBC	Routine, T;N, once, Type: Blood
[ ]	CMP	Routine, T;N, once, Type: Blood
[ ]	C-Reactive Protein ( CRP )	Routine, T;N, once, Type: Blood
[ ]	CRP High Sensitivity	Routine, T;N, once, Type: Blood
[ ]	Blood Culture	Routine, T;N, once, Specimen Source: Peripheral Blood
[ ]	Urinalysis	Routine, T;N, once, Type: Urine, Nurse Collect
[ ]	Urinalysis w/Reflex Microscopic Exam	Routine, T;N, once, Type: Urine, Nurse Collect
[ ]	Stool Culture	Routine, T;N, Specimen Source: Stool, Nurse Collect
[ ]	CSF Culture and Gram Stain	Routine, T;N, Specimen Source: Cerebrospinal Fluid(CSF), Nurse Collect
[ ]	CSF Cell Count & Diff	Routine, T;N, once, Type: CSF, Nurse Collect, Tube # _____4_____
[ ]	CSF Profile	Routine, T;N, once, Type: CSF, Nurse Collect, Tube # _____4_____
[ ]	Glucose CSF	Routine, T;N, once, Type: CSF, Nurse Collect, Tube # _____3_____
[ ]	Protein CSF	Routine, T;N, once, Type: CSF, Nurse Collect, Tube # _____3_____
[ ]	Enterovirus by RT-PCR CSF	Routine, T;N, once, Type: CSF, Nurse Collect, Tube # _____4_____
[ ]	Herpes Simplex Virus CSF by PCR ( HSV CSF by PCR )	Routine, T;N, once, Type: CSF, Nurse Collect, Tube # _____4_____
[ ]	HSV Antigen, DFA	Routine, T;N, once, Type: Lesion, Nurse Collect
[ ]	Herpes Simplex Culture Viral ( HSV Culture Viral )	Routine, T;N, once, Specimen Source: Lesion, Nurse Collect
[ ]	Herpes Simplex Culture Viral ( HSV Culture Viral )	Routine, T;N, once, Specimen Source: Conjunctiva Eye, symptomatic, Nurse Collect
[ ]	Herpes Simplex Culture Viral ( HSV Culture Viral )	Routine, T;N, once, Specimen Source: Stool Anus, Nurse Collect
[ ]	Herpes Simplex Culture Viral ( HSV Culture Viral )	Routine, T;N, once, Specimen Source: Nasopharyngeal(N-P) Nasopharynx, Nurse Collect

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Laboratory continued		
<input type="checkbox"/>	Respiratory Culture, Viral	Routine, T;N, Specimen Source: Nasopharyngeal(N-P) Nasopharynx, Nurse Collect
<input type="checkbox"/>	Varicella Zoster Antigen DFA	Routine, T;N, once, Type: Slide, Nurse Collect
<input type="checkbox"/>	Varicella Zoster Culture Viral	Routine, T;N, once, Specimen Source: Lesion, Nurse Collect
<input type="checkbox"/>	Chlamydia Culture	Routine, T;N, once, Specimen Source: Conjunctiva Eye, symptomatic, Nurse Collect
<input type="checkbox"/>	Chlamydia Culture	Routine, T;N, once, Body Site: Nasopharynx
<input type="checkbox"/>	GC Culture	Routine, T;N, once, Specimen Source: Discharge Eye, symptomatic, Nurse Collect
<input type="checkbox"/>	Stool Culture, Viral	Routine, T;N, Specimen Source: Stool, Nurse Collect
<input type="checkbox"/>	Blood Culture, Viral	Routine, T;N, once, Specimen Source: Peripheral Blood, Nurse Collect
<input type="checkbox"/>	CSF Culture, Viral	Routine, T;N, Specimen Source: Cerebrospinal Fluid(CSF), Nurse Collect
Diagnostic Tests		
<input type="checkbox"/>	CT Brain/Head W Cont Plan	T;N, routine, Transport: Wheelchair
<input type="checkbox"/>	EEG	T;N, Routine, Wheelchair
<input type="checkbox"/>	Chest 2 VW	T;N, Routine, Wheelchair
Consults/Notifications		
<input type="checkbox"/>	Consult MD Group	T;N, Consult Who: _____, Reason: _____
<input type="checkbox"/>	Consult MD	T;N, Consult Who: _____, Reason: _____

Date

Time

Physician's Signature

MD Number