### PHYSICIAN’S ORDER

**(EXCLUDING IV Fluids and MEDICATIONS)**

**DATE:** ____________  **TIME:** ____________

ADMIT to:
- Intermediate Care Nursery (ICN)
- Neonatal Intensive Care Unit (NICU)

**DIAGNOSES:**

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**CONDITION:**

**VITAL SIGNS:**

- Every 3 hours
- Every 4 hours
- Every 3 hours with BP
- Every 4 hours with BP
- Every 3 hours with BP x24 hours, then daily
- Every 4 hours with BP x24 hours, then daily
- BP every shift
- BP daily
- BP on all extremities
- Other

Goal BP MAP

**O2 saturation monitoring:**

- Continuous until specified
- Every 4 hours
- Every shift
- Daily
- Spot check
- Prior to discharge
- Other

Cardiac monitoring:

- Continuous until specified
- Not needed at this time
- Other

**DIET:**

**Mode of feeding:**
- NPO
- Oral
- OGT/NGT
- PO/gavage feed

**Type of feeding:**
- Breastmilk
- Term infant formula
- Preterm infant formula
- Soy-based infant formula
- Other

**Caloric value:**

- 20 cal/oz
- 22 cal/oz
- 24 cal/oz
- Other

**Total fluids**

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**OXYGENATION:**

- Oxygen hood at _____%
- Nasal cannula (straight) _____LPM
- Nasal cannula (blender) _____LPM, _____ FiO2
- CPAP at _____ cm H2O, _____ FiO2
- May wean O2 to keep SpO2 at least
- Room air
- Room air trial

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**INTRAVENOUS FLUID and MEDICATION ORDERS**

**ALLERGY:**

**WEIGHT:**

**MEDICATIONS:**

- Erythromycin ophthalmic ointment- place a ribbon of ointment across each eye, one time
- Aquamephyton- 1 mg IM to thigh, one time
- Hepatitis B vaccine- 5 mcg IM to thigh, one time
- Hepatitis B Immune Globulin- 0.5 ml IM to thigh, one time if mother of infant is/has:
  - Hepatitis B Surface Antigen positive
  - No prenatal care
  - Inadequate prenatal care
- Bacitracin ointment- to be used topically for any abrasions, fetal scalp electrode lesions, or for open wounds
  - TID, until healed
  - as needed, until healed
- Ampicillin 50 mg/kg/dose IV every 12 hours:_______
- Ampicillin 75 mg/kg/dose IV every 12 hours:_______
- Ampicillin 100 mg/kg/dose IV every 12 hours:_______
- Gentamicin 4 mg/kg/dose IV every 24 hours:_______
- Gentamicin 4.5 mg/kg/dose IV every 36 hours:_______
- Gentamicin 5 mg/kg/dose IV every 48 hours:_______
- Surfactant 4 ml/kg via ETT x1: ___________________
- Other: __________________

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**DO NOT USE:**

- U  
- MS
- IU  
- MSO4
- Q.D.  
- MgSO4
- Q.O.D.  
- Trailing zero
- Lack of leading zero

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**Physician’s Initials**

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**Physician’s Order Form**

**NICU/ICN Admission Orders**

Guam Memorial Hospital Authority

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**PATIENT ID LABEL**
**PHYSICIAN’S ORDER**

*(EXCLUDING IV Fluids and MEDICATIONS)*

**VENTILATOR:**

- Mode:  
  - □ CPAP  
  - □ NIPPV  
  - □ SIMV  
  - □ HFOV

Settings:

- Rate: __________
- PIP: __________
- PEEP: __________
- FiO2: __________

May wean FiO2 with SpO2 goal: ________

**LABORATORY:**

- □ CBC with differential  
- □ CRP  
- □ Blood culture  
- □ ABG  
- □ CBG  
- □ Chem 7  
- □ Calcium  
- □ Glucose  
- □ Magnesium  
- □ Phosphorus  
- □ Total bilirubin  
- □ Gentamicin trough before the 3rd dose, withhold dose while waiting for result  
- □ Gentamicin trough before the 4th dose, withhold dose while waiting for result  
- □ Gentamicin trough after 3rd dose, if above 1 mg/dL, defer dose and repeat trough 36 hours after last done  
- □ Gentamicin peak an hour after start of administration of last dose  
- □ Other: ____________________________

**DIAGNOSTICS:**

- □ Chest  
- □ KUB  
- □ Chest + KUB  
- □ Ultrasound  
- □ Head  
- □ Abdomen  
- □ Renal  
- □ Echocardiogram  
- □ EKG  
- □ EEG  
- □ Portable  
- □ Other: ____________________________

**OTHERS:**

- □ Newborn hearing screening prior to discharge  
- □ Newborn metabolic screening prior to discharge  
- □ Point-of-care glucose testing- obtain at least 50 mg/dL x2 or 40 mg/dL x3 results  
- □ Consults  
- □ Referral  
- □ Other: ____________________________

**INTRAVENTOUS FLUID and MEDICATION ORDERS**

**IV FLUIDS:**

- □ D10W at 60 ml/kg/day now at _____________ ml/hr
- □ D10W at 70 ml/kg/day now at _____________ ml/hr
- □ D10W at 80 ml/kg/day now at _____________ ml/hr
- □ D10W IV bolus at 2 ml/kg: _______________ ml
- □ NS IV bolus at 10 ml/kg: _______________ ml
- □ Other: ____________________________

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**Physician’s Order Form**

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