### PHYSICIAN’S ORDER

(Excluding IV Fluids and Medications)

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

**Admit to Neonatal Intensive Care Unit (NICU)**

**Diagnoses:** ____________________________________________________________

**Condition:** __________________________________________________________

**Vital Signs:**

- Every 3 hours with BP
- Every 3 hours with BP x24 hours, then daily
- BP every shift  BP daily  BP on all extremities x1
- 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 __________________________**

**Oxygenation:**

- Oxygen hood at ______%  Nasal cannula (straight) ______ LPM
- Nasal cannula (blender) ______ LPM, _____ FiO2  CPAP at _____ cm H20, _____ FiO2
- May wean O2 to keep SpO2 at least _____
- Room air  Room air trial

### 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: ________________________________

**Physician’s Initials**

**Summary/Blanket orders are unacceptable.**
- Medication orders must be complete.
- PRN medication orders must include an indication.
- Write legibly.
- Rewrite orders upon transfer and/or post-operatively.
- Date, time, and sign verbal & telephone orders within 48 hours.

**DO NOT USE:**

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

**Physician’s Order Form**

**NICU Admission Orders**

Guam Memorial Hospital Authority

Page 1 of 2 Approved: PEDS 3/16, P&T 3/16, MEC 3/16, HIMC 5/16

Form #: CPOE 002
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:
X-Ray: ☐ Chest  ☐ KUB  ☐ Chest + KUB
Ultrasound  ☐ Head  ☐ Abdomen  ☐ Renal
☐ Echocardiogram  ☐ EKG  ☐ EEG
☐ Portable  ☐ Other __________
☐ Indication: __________

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 __________

DO NOT USE:
☐ U  ☐ MS
☐ IU  ☐ MSO₄
Q.D.  ☐ MgSO₄
Q.O.D.  ☐ Trailing zero
Lack of leading zero

Physician’s Order Form
NICU Admission Orders
Guam Memorial Hospital Authority
Page 2 of 2 Approved: PEDS 3/16, P&T 3/16, MEC 3/16, HIMC 5/16
Form #: CPOE 002