**Physician’s Order Form**

**ICN 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 003

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**Physician’s Orders**

<table>
<thead>
<tr>
<th>PHYSICIAN’S ORDER</th>
<th>INTRAVENOUS FLUIDS AND MEDICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE: ____________</td>
<td>ALLERGY:</td>
</tr>
<tr>
<td>TIME: ____________</td>
<td>WEIGHT:</td>
</tr>
</tbody>
</table>

**ADMIT to Intermediate Care Nursery (ICN)**

**DIAGNOSIS:**

**CONDITION:**

**VITAL SIGNS:**

- Every 4 hours
- Every 4 hour with BP
- Every 4 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
- 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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**Medical Orders**

- **Prophylactic 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

- **Antibiotics**
  - 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:_______
  - Other: ____________________________________________________________________

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**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.**

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**Physician’s Initials**

**PATIENT ID LABEL**

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**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

**LABORATORY:**
- CBC with differential  CRP  Blood culture
- ABG  CBG  Chem 7  Calcium  Glucose
- Magnesium  Phosphorus  Total bilirubin
- Gentamicin trough before the 3\textsuperscript{rd} dose, withhold dose while waiting for result
- Gentamicin trough before the 4\textsuperscript{th} dose, withhold dose while waiting for result
- Gentamicin trough after 3\textsuperscript{rd} 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 _____________________________

**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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**DO NOT USE:**
- U  MS
- IU  MSO\textsubscript{4}
- Q.D.  MgSO\textsubscript{4}
- Q.O.D.  Trailing zero
- Lack of leading zero