

UMC Health System NICU CHOLESTASIS PLAN	Patient Label Here
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PHYSICIAN ORDERS

Diagnosis _____

Weight _____ **Allergies** _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

ursodiol (ursodiol neonatal)
 15 mg/kg, PO, liq, BID

PHENobarbital (PHENobarbital neonatal)
 5 mg/kg, PO, liq, Daily, Consider ordering labs if toxicity suspected.
 5 mg/kg, IVPush, inj, Daily, Consider ordering labs if toxicity suspected.

Laboratory

Basic Labs

CBC with Differential

TSH

T4 Free (Free T4)

Culture Blood (Blood Culture)

Urinalysis (UA)
 Urine

Culture Urine (Urine Culture)

Congenital CMV by PCR
 Specimen Type: Urine

Nutrition Panel

Comprehensive Metabolic Panel

Bilirubin Direct

Phosphorus Level

GGT

Triglycerides

Magnesium Level

Genetic Labs

Misc Sendout Test
 Specimen Type: Blood, Label Comment Cholestasis Gene Panel-Send to Prevention Genetics

Matrix Metalloproteinase 7 - TX Children (MMP-7)

Metabolic Labs

Cortisol AM

Alpha 1 Antitrypsin

Amino Acid Analysis Quantitative

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



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ORDER	ORDER DETAILS
	Urine Random Organic Acids Quantitative (Urine Random Organic Acids Quantitative Full Panel)
Diagnostic Tests	
	US Abdomen Comp
Consults/Referrals	
	Consult MD <input type="checkbox"/> Service: Pedi Gastroenterology, Reason: Cholestasis

TO
 Read Back
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Order Taken by Signature: _____ Date _____ Time _____
 Physician Signature: _____ Date _____ Time _____