

<p>UMC Health System</p> <p>NICU DART PLAN</p>	<p>Patient Label Here</p>
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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.

	<p>dexamethasone</p> <p><input type="checkbox"/> 0.075 mg/kg, PO, liq, q12h, x 6 dose DART Protocol: 1st dexamethasone order</p> <p><input type="checkbox"/> 0.075 mg/kg, IVPush, syringe, q12h, x 6 dose DART Protocol: 1st dexamethasone order</p>
	<p>dexamethasone</p> <p><input type="checkbox"/> 0.05 mg/kg, PO, liq, q12h, x 6 dose DART Protocol: 2nd dexamethasone order. To begin 3 days after initial dose.</p> <p><input type="checkbox"/> 0.05 mg/kg, IVPush, syringe, q12h, x 6 dose DART Protocol: 2nd dexamethasone order. To begin 3 days after initial dose.</p>
	<p>dexamethasone</p> <p><input type="checkbox"/> 0.025 mg/kg, PO, liq, q12h, x 4 dose DART Protocol: 3rd dexamethasone order. To begin 6 days after initial dose.</p> <p><input type="checkbox"/> 0.025 mg/kg, IVPush, syringe, q12h, x 4 dose DART Protocol: 3rd dexamethasone order. To begin 6 days after initial dose.</p>
	<p>dexamethasone</p> <p><input type="checkbox"/> 0.01 mg/kg, PO, liq, q12h, x 4 dose DART Protocol: 4th dexamethasone order. To begin 8 days after initial dose.</p> <p><input type="checkbox"/> 0.01 mg/kg, IVPush, syringe, q12h, x 4 dose DART Protocol: 4th dexamethasone order. To begin 8 days after initial dose.</p>

TO
 Read Back
 Scanned Powerchart
 Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____
Physician Signature: _____ Date _____ Time _____

