UMC Health System

NICU HSV INFECTION PLAN

Patient Label Here

| PHYSICIAN ORDERS | | | | |
|---------------------------|---|-----------------------|---------------------|--|
| Diagnosis | | | | |
| Weight | t Allergies | 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 tota Antiviral Agents | daily dose if needed. | | |
| | acyclovir (acyclovir neonatal) 20 mg/kg, IVsyr, syringe, q8h | | | |
| | Laboratory | | | |
| | CBC with Differential | | | |
| | Comprehensive Metabolic Panel (CMP) | | | |
| | Bilirubin Direct | | | |
| | Phosphorus Level | | | |
| | GGT | | | |
| | Triglycerides | | | |
| | Magnesium Level | | | |
| | HSV DNA Texas Children's Hospital | | | |
| | DIC Panel | | | |
| | Culture Blood (Blood Culture) | | | |
| | HSV 1.2 by PCR ☐ Label Comment use one swab for eye, nose, anus | | | |
| | HSV 1.2 by PCR (CSF HSV 1.2 by PCR) | | | |
| | CSF Cell Count and Differential | | | |
| | CSF Glucose Level | | | |
| | CSF Protein | | | |
| | Culture CSF with Gram Stain | | | |
| | Cytomegalovirus DNA Qualitative Real-Tim (CMV DNA Qualitative PC | ₹) | | |
| | Diagnostic Tests | | | |
| | US Echoencephalogram (US Head) | | | |
| | MRI Brain w/o | | | |
| | Consults/Referrals | | | |
| | Consult MD ☐ Service: Pedi Infectious Disease | | | |
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| ∟ □ то | □ Read Back □ | Scanned Powerchart | ☐ Scanned PharmScan | |
| | | | | |
| Order Taken by Signature: | | Date | | |
| Physician | n Signature: | Date | Time | |