

UMC Health System NICU NECROTIZING ENTEROCOLITIS 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

Patient Care

Insert Gastric Tube
 Replegle, To: Low Intermittent Suction

Dietary

NPO Diet

IV Solutions

Continuous Fluids

D10W
 IV, mL/hr

D10W-heparin (D10W-heparin 0.25 units/mL)
 250 mL final vol, IV, mL/hr
 Final concentration: D10W with heparin 0.25 units/mL

D10W 1/4 NS 250 mL
 IV, mL/hr
 Final concentration = D10W 1/4 NS
 9.625 mEq, Every Bag

D10W 1/4 NS with heparin 0.25 units/mL 2 (D10W 1/4 NS with heparin 0.25 units/mL 250 mL)
 IV, mL/hr
 Final concentration = D10W 1/4 NS
 Each bag contains heparin 62.5 units (0.25 units/mL)
 9.625 mEq, Every Bag 62.5 units, Every Bag

Medications

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

Antibiotics

vancomycin (vancomycin neonatal)
 15 mg/kg, IVPB syr, syringe, q12h, x 14 days, Colitis 10 mg/kg, IVPB syr, syringe, q8h, x 14 days, Colitis
 10 mg/kg, IVPB syr, syringe, q12h, x 14 days, Colitis

gentamicin (gentamicin neonatal)
 4 mg/kg, IVPB syr, syringe, q24h, x 14 days, Colitis 4 mg/kg, IVPB syr, syringe, q36h, x 14 days, Colitis
 4.5 mg/kg, IVPB syr, syringe, q36h, x 14 days, Colitis 5 mg/kg, IVPB syr, syringe, q48h, x 14 days, Colitis

piperacillin-tazobactam (Zosyn neonatal)
 50 mg/kg, IVPB syr, syringe, q12h, x 14 days, Colitis 50 mg/kg, IVPB syr, syringe, q8h, x 14 days, Colitis

Loading Dose: If metronidazole indicated, please select both loading and maintenance dose orders.

metroNIDAZOLE (metroNIDAZOLE neonatal)
 15 mg/kg, IVPB syr, syringe, ONE TIME, Loading Dose, Colitis

Maintenance Dose:

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



PHYSICIAN ORDERS

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
	metronIDAZOLE (metronIDAZOLE neonatal) <input type="checkbox"/> 7.5 mg/kg, IVPB syr, syringe, q6h, x 14 days, Maintenance Dose, Colitis <input type="checkbox"/> 7.5 mg/kg, IVPB syr, syringe, q8h, x 14 days, Maintenance Dose, Colitis <input type="checkbox"/> 7.5 mg/kg, IVPB syr, syringe, q12h, x 14 days, Maintenance Dose, Colitis <input type="checkbox"/> 7.5 mg/kg, IVPB syr, syringe, q24h, x 14 days, Maintenance Dose, Colitis
Laboratory	
	CBC with Differential <input type="checkbox"/> STAT
	CBC with Differential <input type="checkbox"/> Next Day in AM, T+1;0300, Every AM 2 days
	C Reactive protein (CRP) <input type="checkbox"/> STAT
	C Reactive protein (CRP) <input type="checkbox"/> Next Day in AM, T+1;0300, Every AM 2 days
	Procalcitonin Level <input type="checkbox"/> STAT
	Procalcitonin Level <input type="checkbox"/> Next Day in AM, T+1;0300, for 1 days
	Culture Urine <input type="checkbox"/> Straight Catheterized Urine
	Urinalysis <input type="checkbox"/> Urine, Comment: Straight Catheterization
	Culture Blood <input type="checkbox"/> Blood, STAT, Comment: Central Line
	Lactic Acid Level <input type="checkbox"/> STAT
	Culture Blood <input type="checkbox"/> Blood, STAT, Comment: Peripheral Line
Diagnostic Tests	
	DX Abdomen Portable (DX Abdomen Portable (NICU)) <input type="checkbox"/> T;N, Routine, q8h, for 24, hr
	DX Abdomen 2 vw w/single chest Please order DX Abdomen 2 vw with KUB and left lateral decubitus 8 hours after initial x-ray of abdomen 2 vw with single chest. DX Abdomen 2+ vw <input type="checkbox"/> With KUB and left lateral decubitus
	DX Pedi Chest/Abd (DX Pedi Chest/Abd (NICU)) <input type="checkbox"/> STAT, ONE TIME
Respiratory	
	Capillary Blood Gas (CBG)

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Physician Signature: _____ Date _____ Time _____



PHYSICIAN ORDERS

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Consults/Referrals

Consult MD

Service: Pedi Surgery

...Additional Orders

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Physician Signature: _____ Date _____ Time _____



UMC Health System NICU PROCEDURE PLAN	Patient Label Here
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PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	Patient Care
	Confirm Central Line Placement (NICU) (Cleared for Use Central Line (NICU)) <input type="checkbox"/> Line Type: PAL-Peripheral Arterial Line <input type="checkbox"/> Line Type: PICC <input type="checkbox"/> Line Type: UAC-Umbilical Artery Catheter <input type="checkbox"/> Line Type: UVC-Umbilical Venous Catheter
	Insert Central Line (NICU) <input type="checkbox"/> Line Type: PAL-Peripheral Arterial Line <input type="checkbox"/> Line Type: PICC <input type="checkbox"/> Line Type: UAC-Umbilical Artery Catheter <input type="checkbox"/> Line Type: UVC-Umbilical Venous Catheter
	Insert Peripheral Line
	Maintain Chest Tube
	Protective Positioning (NICU)
	Set Up for Lumbar Puncture
	Set Up for Circumcision
	Set Up for Chest Tube
	Communication
	Obtain Consent <input type="checkbox"/> Consent for: PICC Line
	Medications
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.
	lidocaine (lidocaine 1% preservative-free injectable solution) <input type="checkbox"/> 0.5 mL, locally, inj, ONE TIME
	petrolatum topical (petrolatum topical ointment) <input type="checkbox"/> 1 app, topical, oint, 12x/day, PRN wound care Apply with each diaper change.
	acetaminophen (acetaminophen neonatal) <input type="checkbox"/> 15 mg/kg, PO, liq, ONE TIME ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***
	Diagnostic Tests
	DX Pedi Chest/Abd (DX Pedi Chest/Abd (NICU)) <input type="checkbox"/> STAT, Line placement
	DX Chest Portable <input type="checkbox"/> STAT, Line placement
	DX Abdomen Portable (DX Abdomen Portable (NICU)) <input type="checkbox"/> STAT, Line placement

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



