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| <p>UMC Health System</p> <p>NICU PRE-OP PLAN</p> | <p>Patient Label Here</p> |
|---|---------------------------|

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 |
|--|---|
| | <input type="checkbox"/> 9.625 mEq, Every Bag <input type="checkbox"/> 62.5 units, Every Bag |
| Arterial Line Fluid | |
| | sodium acetate-heparin-sterile water 50 (sodium acetate-heparin-sterile water 50 mL) <input type="checkbox"/> intra-arterial, 0.5 mL/hr |
| Parenteral Nutrition | |
| | Choose Starter NICU TPN with Calcium for central line use. parenteral nutrition solution (Starter NICU TPN) <input type="checkbox"/> IV, mL/hr Starter TPN 10% Dextrose with heparin 0.25 units/mL. Recommended max rate is 100 mL/kg/day. |
| | parenteral nutrition solution (Starter NICU TPN with Calcium (central line)) <input type="checkbox"/> IV, mL/hr Starter TPN 10% Dextrose with heparin 0.25 units/mL. Recommended max rate is 100 mL/kg/day. |
| Medications | |
| Medication sentences are per dose. You will need to calculate a total daily dose if needed. | |
| Antibiotics | |
| | ceFAZolin (ceFAZolin neonatal) <input type="checkbox"/> 30 mg/kg, IVPB syr, syringe, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis |
| | gentamicin (gentamicin neonatal) <input type="checkbox"/> 4 mg/kg, IVPB syr, syringe, OCTOR, Infuse over 60 min, Pre-OP/Post-Op Prophylaxis <input type="checkbox"/> 4.5 mg/kg, IVPB syr, syringe, OCTOR, Infuse over 60 min, Pre-OP/Post-Op Prophylaxis <input type="checkbox"/> 5 mg/kg, IVPB syr, syringe, OCTOR, Infuse over 60 min, Pre-OP/Post-Op Prophylaxis |
| | nafcillin (nafcillin neonatal) <input type="checkbox"/> 25 mg/kg, IVPB syr, syringe, OCTOR, Infuse over 60 min, Pre-OP/Post-Op Prophylaxis |
| | vancomycin (vancomycin neonatal) <input type="checkbox"/> 10 mg/kg, IVPB syr, syringe, OCTOR, Infuse over 90 min, Pre-OP/Post-Op Prophylaxis <input type="checkbox"/> 15 mg/kg, IVPB syr, syringe, OCTOR, Infuse over 90 min, Pre-OP/Post-Op Prophylaxis |
| | metroNIDAZOLE (metroNIDAZOLE neonatal) <input type="checkbox"/> 7.5 mg/kg, IVPB syr, syringe, OCTOR, Infuse over 60 min, For patients weighing LESS than 1.2 kg., Pre-OP/Post-Op Prophylaxis <input type="checkbox"/> 15 mg/kg, IVPB syr, syringe, OCTOR, Infuse over 60 min, For patients GREATER than or equal to 1.2 kg., Pre-OP/Post-Op Prophylaxis |
| Analgesics | |
| | morphine (morphine neonatal) <input type="checkbox"/> 0.1 mg/kg, IVPush, inj, ONE TIME |
| Sedatives | |
| | LORazepam (LORazepam neonatal) <input type="checkbox"/> 0.1 mg/kg, IVPush, inj, ONE TIME |
| Laboratory | |
| | CBC with Differential |
| | Comprehensive Metabolic Panel |

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



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|--|--------------------|

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|---------------------------|--|
| | Bilirubin Direct |
| | Phosphorus Level |
| | GGT |
| | Triglycerides |
| | Magnesium Level |
| | Prothrombin Time with INR (PT with INR) |
| | PTT |
| | Procalcitonin Level |
| | BB Blood Type (ABO/Rh) Neonate |
| | BB Antibody Screen |
| | NICU BB PRBC's Blood Order |
| Diagnostic Tests | |
| | DX Chest Special View (DX Chest Lateral Decub) |
| | DX Pedi Chest/Abd (DX Pedi Chest/Abd (NICU)) |
| | DX Abdomen 2+ vw <input type="checkbox"/> T;N, Left Lateral abdominal view |
| Respiratory | |
| | Ventilator Settings (Vent Settings) |
| | Capillary Blood Gas <input type="checkbox"/> STAT, Additional Tests: Lactate Ca++ (Ionized Calcium) |
| Consults/Referrals | |
| | Consult Pediatric Surgery |
| | |

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

