

UMC Health System NICU SEIZURE 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 Peripheral Line

Maintain Total Fluids (Maintain Total Fluid Volume)

Dietary

NPO Diet

IV Solutions

Continuous Fluids

Choose one of the following if being used peripherally:

D10W
 IV, mL/hr
 Final concentration = D10W

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

D10W 1/2 NS 250 mL
 IV, mL/hr
 Final concentration = D10W 1/2 NS.
 19.25 mEq, Every Bag

Choose one of the following if being used with central line:

D10W with heparin 0.25 units/mL 250mL
 IV, mL/hr
 Final concentration = D10W
 Each bag contains heparin 62.5 units (0.25 units/mL)
 62.5 units, 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

D10W 1/2 NS with heparin 0.25 units/mL 2 (D10W 1/2 NS with heparin 0.25 units/mL 250 mL)
 IV, mL/hr
 Final concentration = D10W 1/2 NS
 Each bag contains heparin 62.5 units (0.25 units/mL)
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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



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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"/> 19.25 mEq, Every Bag <input type="checkbox"/> 62.5 mEq, Every Bag

Parenteral Nutrition

Choose Starter NICU TPN with Calcium for central line use.

parenteral nutrition solution (Starter NICU TPN)

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))

IV, mL/hr
 Starter TPN 10% Dextrose + Calcium 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.

LORazepam (LORazepam neonatal)

0.1 mg/kg, IVPush, inj, ONE TIME

levETIRAcetam (levETIRAcetam neonatal)

50 mg/kg, IVPB syr, syringe, ONE TIME, Infuse over 15 min
 Dilute with NS

PHENobarbital (PHENobarbital neonatal)

20 mg/kg, IVPush, inj, ONE TIME

Laboratory

CBC with Differential
Comprehensive Metabolic Panel
Bilirubin Direct
Phosphorus Level
GGT
Triglycerides
Magnesium Level
Culture Blood (Blood Culture)
HSV DNA Texas Children's Hospital
HSV 1.2 by PCR
Procalcitonin Level
Urinalysis
Culture Urine (Urine Culture)
Culture CSF with Gram Stain
CSF Cell Count and Differential
CSF Protein
HSV 1.2 by PCR (CSF HSV 1.2 by PCR)

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ORDER	ORDER DETAILS
	CSF Glucose Level
	CSF Enterovirus by PCR
Diagnostic Tests	
	US Echoencephalogram (US Head) <input type="checkbox"/> T;N, STAT
	CT Head w/o
	EEG Request <input type="checkbox"/> T;N, STAT
	MRI Brain w/o

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Physician Signature: _____ Date _____ Time _____

