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| <b>UMC Health System</b><br><br>NICU SYPHILIS 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**

**Set Up for Lumbar Puncture**

**Insert Peripheral Line**

**Medications**

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

Congenital syphilis requires 10 days of therapy. Choose appropriate order(s) below and adjust start/stop times to ensure correct frequency based on PNA to complete entire course of therapy.

For PNA LESS than or EQUAL to 7 days, select q12h order below. Stop date should be on PNA day 7 and course completed using PNA day 8-28 order.

**penicillin G potassium (penicillin G potassium neonatal)**  
 50,000 units/kg, IVPB syr, syringe, q12h, For PNA LESS than or EQUAL to 7 days

For PNA 8-28 days, select q8h order below.

**penicillin G potassium (penicillin G potassium neonatal)**  
 50,000 units/kg, IVPB syr, syringe, q8h, For PNA 8 - 28 days

**Laboratory**

**Syphilis Screen**

**CSF VDRL**

**Diagnostic Tests**

**DX Lower Extremity - Infant (Left)**

**DX Lower Extremity - Infant (Right)**

**DX Upper Extremity Infant (Left)**

**DX Upper Extremity Infant (Right)**

**Consults/Referrals**

**Consult MD**

Service: Ophthalmology, Reason: Congenital syphilis, Routine

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TO   
  Read Back   
   
  Scanned Powerchart   
   
  Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

