UMC Health System

NICU VACCINE PLAN

Patient Label Here

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
	Communication
	Obtain Consent ☐ T;N, Routine, Consent for: Obtain consent from parents for vaccines - 1.) Pediarix (DTaP -hepatitis B-polio vaccine) 2.) ActHIB (Haemophilus b conjugate vaccine) 3.) Pneumococcal 13-valent conjugate vaccine 4.) Synagis 15m
	Medications
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.
	DTaP-hepatitis B-polio vaccine ☐ 0.5 mL, IM, syringe, ONE TIME
	haemophilus b conjugate (PRP-T) vaccine ☐ 0.5 mL, IM, inj, ONE TIME
	pneumococcal 13-valent conjugate vaccine (pneumococcal 13-valent conjugate vaccine intramuscular suspension) ☐ 0.5 mL, IM, syringe, ONE TIME
	palivizumab ☐ 15 mg/kg, IM, inj, ONE TIME

☐ **TO** ☐ **Read Back** ☐ **Scanned Powerchart** ☐ **Scanned PharmScan**

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ **Date** _____ **Time** _____