

UMC Health System NEWBORN GENERAL 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

Apply Phototherapy Lights
 Double Phototherapy Triple Phototherapy

Perform Gastric Lavage
 Use 8 French orogastric tube and sterile water until clear

Dietary

Medically Indicated Breast Feeding Suppl (Medically Indicated Breast Feeding Supplementation)
 See Reference Text

Medications

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

bacitracin-neomycin-polymyxin B topical (bacitracin-neomycin-polymyxin B 400 units-3.5 mg-5000 units/g topical ointment)
 1 app, topical, oint, as needed, PRN skin care 1 app, topical, oint, Daily

lidocaine (lidocaine 1% preservative-free injectable solution)
 1 mL, locally, inj, ONE TIME, circumcision

lidocaine topical (lidocaine 4% topical cream)
 1 app, topical, cream, as needed, PRN circumcision

petrolatum topical (petrolatum topical ointment)
 1 app, topical, oint, as needed, PRN circumcision
 Apply to penis after circumcision.

Laboratory

- Basic Metabolic Panel**
- Bilirubin Direct**
- Bilirubin Total**
- C Reactive protein**
- CBC with Differential**
- Comprehensive Metabolic Panel**
- Culture Blood**
- Lactic Acid Level**
- Meconium Drug Screen**
- Urinalysis**
- Urine Random Drug Screen**
- Umbilical Cord Tissue Basic Drug Screen**
- Congenital CMV by PCR**

Diagnostic Tests

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

Order Taken by Signature: _____ Date _____ Time _____
 Physician Signature: _____ Date _____ Time _____

UMC Health System BB CORD BLOOD WORKUP PLAN	Patient Label Here
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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
	Laboratory
	BB Blood Type (ABO/Rh) Cord
	BB Direct Coombs Cord

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TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

