UMC Health System		Patient Label Here				
	PHYSICIA	N ORDERS				
	is					
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	R 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 Breas	t Feeding Supplementation	n)			
	Medications					
	Medication sentences are per dose. You will need to calculate a tot					
	bacitracin-neomycin-polymyxin B topical (bacitracin-neomycin-poly ointment)	myxin B 400 units-3.5 mg-5	000 units/g topical			
	□ 1 app, topical, oint, as needed, PRN skin care	1 app, topical, oint, Daily				
	Iidocaine (lidocaine 1% preservative-free injectable solution) Image: 1 mL, locally, inj, ONE TIME, circumcision					
	lidocaine topical (lidocaine 4% topical cream)					
	 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					
П то	Read Back	Scanned Powerchart	Scanned PharmScan			
Order Take	en by Signature:	Date	Time			
Physician Signature: Date						
			1001			

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		Patient Label Here					
NEWBORN GENERAL PLAN							
	PHYSICIAN ORDERS						
	Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific ord	er detail box(es) where applicable.				
ORDER	ORDER DETAILS						
	EKG-12 Lead						
	Pediatric TTE						
	DX Chest Portable						
	DX Clavicle (Left)						
	DX Clavicle (Right)						
	DX Cystourethrogram Voiding						
	DX Pedi Chest/Abd						
	US Echoencephalogram						
	US Spine						
	US Renal						
	US Aorta Retroperitoneal						
	US Scrotal/Testicular						
	Respiratory						
	Oxygen (O2) Therapy 40 % O2, Via: Nasal cannula, For Oxygen Saturation less than 90%.	Do NOT exceed 1 liter O2.	NOTIFY On-Call Physician				
	Physical Medicine and Rehab						
	Consult Speech Therapy for Eval & Treat						
	Consults/Referrals Consult MD Service: Urology : Pediatric Urology						
	Consult MD						
	Consult MD Service: Urology : Pediatric Urology Consult MD Service: Pedi Cardiology Social Services for Assessment and Eval Teen mother Mother with drug or alcohol abuse Infant has siblings in custody of Children's Protective Services	☐ Mother with late or no pre	natal care				
	Consult MD Service: Urology : Pediatric Urology Consult MD Service: Pedi Cardiology Social Services for Assessment and Eval Teen mother Mother with drug or alcohol abuse	Mother with late or no pre	natal care				
	Consult MD Service: Urology : Pediatric Urology Social Services for Assessment and Eval Teen mother Mother with drug or alcohol abuse Infant has siblings in custody of Children's Protective Services Mother with history of mood disorder	Mother with late or no pre Scanned Powerchart	natal care				
	Consult MD Service: Urology : Pediatric Urology Social Services for Assessment and Eval Teen mother Mother with drug or alcohol abuse Infant has siblings in custody of Children's Protective Services Mother with history of mood disorder	Scanned Powerchart					

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UMC Health System		Patient Label Here				
BB CORD BLOOD WORKUP PLAN						
	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					
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan			
Order Taken by Signature:		Date	Time			
Physician Signature:		Date	Time			

