

ANOTHER BRAND OF DRUG IDENTICAL IN FORM AND CONTENT MAY BE DISPENSED UNLESS CHECKED

Date & Time Ordered	<b>BILLINGS CLINIC – CODY ROUTINE ORDERS HYPERBILIRUBINEMIA ORDER SHEET</b>	PAGE 1 OF 1
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Date/Time \_\_\_\_\_ (check or circle all that apply)

- Admit to** \_\_\_\_\_
  - Inpatient
  - Other: \_\_\_\_\_
- Diagnosis:** Hyperbilirubinemia  Weight: \_\_\_\_\_ kg  Condition: stable  guarded
- Allergies:** \_\_\_\_\_
- CPR Status:**  No Code  Full Code  Other \_\_\_\_\_
- Vital Signss:**
  - check vitals \_\_\_\_\_ Q shift; \_\_\_\_\_ other \_\_\_\_\_
  - pulse ox with vitals
- Labs:**
  - Admission Labs:
    - Total Serum Bilirubin
    - Direct (conjugated) Bilirubin
  - Check Total Serum Bilirubin \_\_\_\_\_ hours after initiation of light therapy  
If Total Serum Bilirubin has not decreased from admit, notify physician, and
  - Check: blood type, Coombs', CBC with manual differential and peripheral smear.
  - Check Total Serum Bilirubin every \_\_\_\_\_ hrs, if continues to decline after two levels, may decrease checking Total Serum Bilirubin to every \_\_\_\_\_ hrs.
  - If Direct Bilirubin is elevated:  
Check UA, urine culture, blood culture, CRP, serum albumin
- Diet:**
  - Breastfeed every 2-3 hours, wake infant up for feeds if needed.
  - Formula of choice \_\_\_\_\_ ml every 3-4 hr minimum to equal 12-15ml/kg Q 3-4hr
- Nursing Orders:** per routine plus
  - Daily weights
  - Strict ins/outs. Weigh diapers.
  - Obtain mother's blood type, Rh and Coombs information and place on chart
  - Phototherapy: \_\_\_\_\_ continuous lights; cover infant's eyes/genitals when phototherapy is on. Interrupt phototherapy for feedings.
  - If jaundice at less than 24 hours of age or severe, check:
    - CBC with manual differential
    - Peripheral smear
    - Blood Type
    - Coombs
    - Albumin
    - G6PD
  - Notify MD on Call if:
    - Temp greater than 100.4°; HR greater than 190 or less than 90; RR greater than 60 or less than 30; Less than 1ml/kg/hr of UOP over 4 hr period
    - Infant is lethargic, has poor feeding, or greater than 12% weight loss per day.

\_\_\_\_\_  
Physician Signature

