

PHYSICIAN'S ORDERS

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

Date & Time Ordered	Billings Clinic – Neonatal Febrile Illness (R/O sepsis) Less than 60 days	Page 1 of 2
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Date/Time 1) _____

- Admit to:** _____
- Observation (Acute Care Status)
 - Inpatient
 - Cardiac Monitor
- Primary Care MD: _____
Consult MD _____
- Previous Medical Records to Department
 - No Open Chart / Reason _____
 - Do **NOT** Implement Standing PRN Orders
 - Condition: [stable guarded]
 - Weight _____ #; _____ kg

- 2) **Diagnosis:** Febrile Illness, R/O sepsis
- 3) **Allergies:** _____

- 4) **CPR Status:** No code
 Full Code
 Other

- 4) **Vital Signs:**
- Pulse ox with vitals
 - Check vitals every ___ hrs X ___ hrs; then every ___ hrs
 - Continuous pulse oximetry

- 5) **Intravenous Therapy:**
- 500 mL D5 0.2% (1/4) NS with 10 KCl/L at 4 mL/kg/hr
(if less than 10 kg) to equal _____ mL/hr
 - 500 mL NS at _____ mL/kg/hr
 - Saline Lock
 - Other _____

- 6) **Labs:**
- Verify blood culture, urine culture and CSF culture were obtained
and pending in lab, if not, notify MD.
 - CBC with manual differential in the am
 - Other _____

- 7) **Diet:**
- Breastfeed ad lib pre & post wt/grams
 - Approved infant formula _____mL every 3-4 hr minimum to equal
12-15ml/kg every 3 to 4 hr
 - NPO
 - Other _____

Physician Orders _____



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Date & Time Ordered	BILLINGS CLINIC – CODY ROUTINE ORDERS NEONATAL FEBRILE ILLNESS (R/O SEPSIS) LESS THAN 60 DAYS ORDER SHEET	Page 2 of 2
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Date/Time

8) Nursing Orders: per routine plus

- Daily weights and record on TPR sheet
- Strict ins/outs every shift
- Notify MD on Call if:
 - Temp greater than 103°, Rectal; Axillary; Temporal;
HR greater than 190, less than 90; SBP greater than 130, less than 70
 - RR greater than 60, less than 30; Pulse Ox less than 90%
 - Less than 1 ml/kg/hr of urine output over 4 hr period

9) Medications:

- Ampicillin 100mg/kg/DOSE to equal _____ every 12hrs via IV
- Cefotaxime 100mg/kg/DOSE to equal _____ every 12 hrs via IV
- Gentamicin based on gestational and postnatal age:
 - Gest Age: 30-36 wk and postnatal age 0-14 days give
Gentamicin IV 3mg/kg/DOSE to equal _____ every 24 hrs
 - Gest Age: 30-36 wk and postnatal age greater than 14
days, give Gentamicin IV 2.5 mg/kg/DOSE to equal _____
every 12 hrs
 - Gest Age: greater than 37 wks and postnatal age 0-7 days,
give Gentamicin IV 2.5 mg/kg/DOSE to equal _____ every 12 hrs
 - Gest Age: greater than 37 wks and postnatal age greater
than 7 days, give Gentamicin IV 2.5 mg/kg/DOSE to equal
_____ every 8 hrs.
 - Consult pharmacy for dosing titration and Gentamicin
levels per hospital protocol.
- Acyclovir 20 mg/kg/DOSE to equal _____ every 8 hrs via IV
- Acetaminophen (Tylenol) PO; pr 15mg/kg/dose to equal _____
every 6 hrs PRN for temp greater than 101°
- _____
- _____
- _____

Physician Signature _____

