

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

Date & Time Ordered	BILLINGS CLINIC – CODY ROUTINE ORDERS NEONATAL FEBRILE ILLNESS (R/O SEPSIS) LESS THAN 60 DAYS ORDER SHEET	Signature of Physician & Nurse attending to order
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(ADMIT AFTER BLD, URINE AND CSF CX OBTAINED)
(check or circle all that apply)

- Admit to Dr. _____
- Diagnosis: Febrile Illness, R/O sepsis
- Weight _____
- Condition: [stable guarded]
- Vitals:
 - pulse ox with vitals
 - check vitals Q ___ X ___ hrs; then Q ___ X hrs
- Allergies: _____
- Nursing: per routine plus
 - Daily weights and record on TPR sheet
 - Strict ins/outs.
- Diet:
 - Breastfeed ad lib
 - [Enfamil Prosobee Nutramagen Similac] _____ ml every 3-4 hr minimum to equal 12-15ml/kg Q3 to 4hr
 - NPO
 - Breast Pump if desired/Lactation Consultant if desired
- IVF:
 - D5 1/4NS with 20KCl/L at 4 ml/kg/hr (if less than 10 kg) to equal _____ ml/hr
 - NS to keep IV open
 - Saline Lock IV
- Meds:
 - Ampicillin 100mg/kg/DOSE to equal _____ q12hrs via IV
 - Cefotaxime 100mg/kg/DOSE to equal _____ q12 hrs via IV
 - Gentamicin based on gestational and postnatal age:
 - Gest Age: 30-36 wk and postnatal age 0-14 days give Gentamicin 3mg/kg/DOSE to equal _____ q 24 hrs
 - Gest Age: 30-36 wk and postnatal age greater than 14 days, give Gentamicin 2.5 mg/kg/DOSE to equal _____ q 12 hrs
 - Gest Age: greater than 37 wks and postnatal age 0-7 days, give Gentamicin 2.5 mg/kg/DOSE to equal _____ q 12 hrs
 - Gest Age: greater than 37 wks and postnatal age greater than 7 days, give Gentamicin 2.5 mg/kg/DOSE to equal _____ q 8 hrs.
 - Consult pharmacy for dosing titration and Gentamicin levels per hospital protocol.
 - Meds Continued Page 2**

Physician Signature

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- Meds: (Continued from page 1)
 - Acyclovir 20 mg/kg/DOSE to equal _____ q 8 hrs via IV
 - Tylenol 15mg/kg/dose to equal _____ q 6 hrs prn for temp >101

- 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
- Notify MD on Call if:
 - Temp greater than 103, 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

Physician Signature