

**Neonatal Intensive Care Unit (NICU)
Admission Orders**

Directions: 1. Indicate choice when options are available by placing a check in the box
 2. Mark through entire line any prechecked item you ***do not*** wish to order mark through

Attending Physician: _____ Diagnosis: _____
 Observation Status Admission for Inpatient Care Admit or transfer to: NICU Unit

ALLERGIES: NKA **ALLERGIC to:**

- Birth weight in grams: _____
- ACCOMMODATION STATUS:**
 - Intensive Care Unit
 - Intermediate
 - Observation

VITAL SIGNS:

- Vital signs per unit protocol

DIET:

- NPO
- Infant Formula Fed: sterile water _____ ml; **THEN**
- Mother baby's milk (MBM) _____ ml every 3 hours; **OR**
- Infant Formula Fed: _____ formula _____ ml every 3 hours

IV SOLUTIONS:

- Dextrose 5% in water IV infuse at _____ ml/hour
- Dextrose 10% in water IV infuse at _____ ml/hour
- _____ infuse at _____ ml/hour
- Umbilical Artery Catheter
 - Dextrose 5% in water 250 ml plus 125 units **Heparin**, 1000mg **Calcium Gluconate** IV at _____ ml/hour
 - Dextrose 5% in water 500 ml plus 250 units **Heparin**, 2000mg **Calcium Gluconate** IV at _____ ml/hour
 - Dextrose 10% in water 250 ml plus 125 units **Heparin**, 1000mg **Calcium Gluconate** IV at _____ ml/hour
 - Dextrose 10% in water 500 ml plus 250 units **Heparin**, 2000mg **Calcium Gluconate** IV at _____ ml/hour

MEDICATIONS:

- Phytonadione/Vitamin K (Aqua-Mephyton)** _____ mg IM x1
- Erythromycin ointment** both eyes within 1 hour of birth (if eyes fused, apply to demarcation)
- Ampicillin** _____ mg IVPB every _____ hours (100 mg/kg/dose)
- Gentamicin** _____ mg IVPB every 24 hours (5 mg/kg/dose)
- Chlorhexidine 1%** in bath (infants greater than 30 weeks) on admission only

PATIENT CARE:

- Cardiorespiratory monitor
- Radiant warmer
- Ballard exam before 24 hours of age
- Footprint sheet before 24 hours of age
- Hypoglycemia Protocol
- Eye exam needed at _____ weeks gestation
- Age 33-35 weeks: feeding readiness assessment

Patient Identification

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LABORATORY:

- CBC with Differential on admission
- Blood gas ___ ABG (arterial blood gas) ___ VBG (venous blood gas) ___ CBG (capillary blood gas) on admission
- Blood culture
- Type and Coombs, if mother is Rh negative, on admission
- MRSA swab screen
- State metabolic screen: 48 hours after first feeding or within 1 week of age if NPO which includes PKU, and Galactosemia (galactosemia prior to first transfusion)
- Drug Screen Umbilical Cord
- AM labs: _____
- Additional labs: _____

RADIOLOGY:

- Port chest, indication: _____
- Port KUB, indication: _____

RESPIRATORY:

- Ventilator settings: ___ mode ___ rate ___ inspiratory pressure ___ inspiratory time ___ flow ___ PS ___ peep ___ FiO2
- NCPAP: ___ FiO2 ___
- SIPAP: ___ inspiratory time ___ high pressure ___ low pressure ___ FiO2 ___ rate
- Hood at ___ FiO2
- Continuous Pulse Oximetry
- Wean FiO2 to maintain saturation greater than ___

CONSULTS:

- Consult Speech Therapy, indication: developmental consult less than or equal to 32 weeks
- Consult Social Work, indication: _____
- Consult Pharmacy, indication: pharmacokinetic dosing of **Gentamicin**

ADDITIONAL ORDERS:

Physician	Pager	Date ___ / ___ / ___	Time: _____
<input type="checkbox"/> Verbal Order Verification Signature		Date ___ / ___ / ___	Time: _____

****SCAN PHYSICIAN SIGNATURE PAGE FIRST TO PHARMACY****

Patient Identification