PHYSICIAN'S ORDERS

CULLMAN REGIONAL

NAME:
ROOM NO:
(ADDRESS)
HOSP. NO.
PHYSICIAN

Another brand of drug identical in form and content may be dispensed unless checked. ❑

Febrile Neonate/Possible Sepsis Pediatric Order Set

Inpatient Admit to Dr. _____

Dx: Febrile Neonate; Possible Sepsis

Vitals: ❑ Per floor routine ❑ Daily weights ❑ Strict I&O ❑ Prefense Monitor

Nursing: Page MD with any acute changes

Diet: ❑ Breastfeeding / Formula of choice Po ad lib

IV Fluids: ❑ Saline Lock ❑ D5½ NS @ _____ cc/hr ❑ D10¼ NS @ _____ cc/hr
❑ KVO @ _____ cc/hr ❑ Other: _____

Meds:
- ❑ Ampicillin _____ mg (_____ mg/Kg/dose) IV q _____ hours
- ❑ Gentamicin _____ mg (_____ mg/Kg/dose) IV q _____ hours
- ❑ Cefotaxime _____ mg (_____ mg/Kg/dose) IV q _____ hours
- ❑ Acylovir _____ mg (20 mg/Kg/dose) IV q 8 hours
- ❑ Vancomycin _____ mg (_____ mg/Kg/dose) IV q _____ hours
- ❑ Ceftriaxone _____ mg (_____ mg/Kg/dose) IV q _____ hours
- ❑ Tylenol _____ mg (15 mg/Kg/dose) Po/PR q 4 hours PRN for temp ≥ 100.4
- Saline nose spray with bulb suction to bedside q 1 hour PRN for congestion
- ❑ Other: _____

Labs:
- ❑ CBC with manual Diff
- ❑ Pediatric Blood Culture
- ❑ Cath UA with Culture
- ❑ CSF:
  - Tube #1 – Gram Stain and Culture
  - Tube #2 – Glucose and Protein
  - Tube #3 – Cell Count with differential
  - ❑ Tube #4 – Herpes Simple Virus (HSV) Polymerase Chain Reaction (PCR) /Enteroviral PCR
  - Save all remaining CSF
- ❑ Rapid Respiratory Syncytial Virus (RSV) Swab
- ❑ Rapid Flu Swab
- ❑ Other: _____

Imaging: ❑ PA & Lateral CXR – Dx: Fever ❑ Other: _____

Other: ❑ Droplet Precautions.

MD Signature: _____Date/Time:_____

DO NOT USE: U IU QD QOD MS MSO4 MgSO4