



CULLMAN
REGIONAL

PHYSICIAN'S ORDERS

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

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

Neonatal Hyperbilirubinemia Order Set

Admit to Dr. _____ ☐ Admit Inpatient ☐ Place in Observation Services

Dx: Neonatal Hyperbilirubinemia

Vitals: ☐ Per floor routine ☐ Daily weights ☐ Strict I&O

Nursing: Page MD with any acute changes
• BiliTool all bilirubin results and page MD

Diet: ☐ Breastfeeding / Formula of choice Po ad lib
☐ Breastfeeding with Formula Supplementation Po ad lib
☐ Minimum q _____ hour feeds

IV Fluids: ☐ D10W @ _____ cc/hr ☐ D10¼ NS @ _____ cc/hr ☐ Other: _____

Labs: ☐ Serial Total Bilirubin q _____ hours
☐ Total Bilirubin _____ hours after start of phototherapy
☐ Total, Direct, and Indirect Bilirubin
☐ Direct Coombs
☐ CBC no Diff
☐ Serial CBC / Hct & Hgb q _____ hours
☐ Total Bilirubin on _____ (date) at _____ hour
☐ Other: _____

Consults: ☐ Breastfeeding education from Nursery

Other: ☐ Single Phototherapy with NeoBlue Lights
☐ Single Phototherapy with BiliBlanket
☐ Double Phototherapy with NeoBlue Lights and BiliBlanket
☐ Other: _____

MD Signature: _____ Date/Time: _____

Created: 01/20/15

DO NOT USE: U IU QD QOD MS MSO4 MgSO4