



<p style="text-align: center;">THE UNIVERSITY OF KANSAS HOSPITAL KUMED</p> <p style="text-align: center;">3901 Rainbow Boulevard Kansas City, Kansas 66160</p> <p style="text-align: center;">PHYSICIAN'S ORDER FORM</p>	<p>Do not write in this box</p>  <p>DT0017</p>	<p>PATIENT LABEL</p>
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DATE & TIME	#	ORDERS FULL TERM NURSERY
	1.	Admit to: FTN (5641) Infant's weight _____ kg
	2.	Attending Physician: _____ Pager: _____ Resident Physician: _____ Pager: _____
	3.	Activity: Babies may room in with mother unless contraindicated or at the mother's request.
	4.	A blood glucose less than 25 mg/dL requires intravenous glucose infusion ASAP. Notify physician / PNP & start IV. IF blood glucose is less than 45 breastfeed and/or feed 15-30 mL of 20 calorie formula. Repeat blood glucose in 30 minutes. If repeat blood glucose is less than 45 send serum glucose stat. Notify physician and prepare to initiate IV therapy. If greater than 45, continue to feed every 2-3°.
	5.	Diet: Breast-fed babies: Mother to nurse ASAP. If 1 st feeding is delayed 4-6° and if mom is unable to nurse, supplement with 20 cal/oz formula. Breast feed 8-12 feedings/24° at earliest hunger cues: squirming, lip smacking, hand to mouth and rooting. If interval from previous feed exceeds 3-4°, infant should be offered an opportunity to feed. Pacifier by maternal request only. Formula-fed babies: Offer 15-30 mL 20cal/oz formula at earliest hunger cues or by 4-6° of age. Offer 30-60 mL ad lib q3-4h; if infant indicates hunger. If infant goes more than 4° without feed, initiate feed.
	6.	Vital Signs: Vital signs per routine
	7.	Nursing: <ul style="list-style-type: none"> • Obtain total bilirubin if patient is jaundiced at nurse's &/or physician's discretion. • Bath and cord care per unit protocol. • Mom needs to sign triplicate discharge papers. She is to be given a copy to bring to the follow up appointment.
	8.	Laboratory: <ul style="list-style-type: none"> • State screens to be drawn at 24 hours. • Hematocrit per protocol at 4 – 6 hours of age if infant is plethoric or infant of a diabetic mother. If the hematocrit obtained by heel stick is greater than 65 repeat a venous hematocrit and notify practioner. • If infant less than 2500 gm, greater than 4000 gm or infant of diabetic mother, draw blood glucose within 1° of life and at 2°, 3°, and 4° of life. • With the 4° blood glucose, draw a hematocrit (warm heel stick). A blood glucose may be obtained anytime the baby is symptomatic.
	9.	Medications: <ul style="list-style-type: none"> • Lidocaine injection 1% give 1 mL as a ring block prior to circumcision. • Hepatitis B immunoglobulin 0.5 mL IM within 12° of life for hepatitis B positive mother. • Phytonadione (vitamin K) 1 mg IM on admission. • Hepatitis B vaccine 0.5 mL IM with parental consent. If mother's hepatitis B status is unknown, give infant hepatitis B immunization within 12° of life and have obstetrics draw mother's hepatitis B surface antigen immediately. • Erythromycin ophthalmic ointment 0.5% to both eyes on admission.
	10.	PRN Medications: <ul style="list-style-type: none"> • Sucrose 24% 2 mL po prn prior to painful procedures. Maximum of 8 doses daily. • Sucralfate 4% cream to buttocks with diaper changes for excoriated buttocks • Zinc oxide ointment 20% to buttocks if erythema or skin breakdown



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- | 11. | <p>Males:</p> <ul style="list-style-type: none"> • Circumcision with parental consent. • Must be >12° of age and have voided. NPO 1° before procedure. • Monitor for bleeding 2° after procedure. • Acetaminophen (32mg/mL) elixir _____ mg (15-20 mg/kg) po q 6 h x 2 doses for circumcision only. Give first dose immediately after circumcision. <table border="1"> <thead> <tr> <th>Birth Weight</th> <th>Acetaminophen Dose</th> <th>Acetaminophen Volume</th> </tr> </thead> <tbody> <tr> <td>2-2.6kg</td> <td>40mg</td> <td>1.25mL</td> </tr> <tr> <td>2.61-3.2kg</td> <td>48mg</td> <td>1.5mL</td> </tr> <tr> <td>3.21-3.8kg</td> <td>64mg</td> <td>2mL</td> </tr> <tr> <td>3.81-4.4kg</td> <td>80mg</td> <td>2.5mL</td> </tr> <tr> <td>4.41-5kg</td> <td>88mg</td> <td>2.75mL</td> </tr> <tr> <td>5.1-5.6kg</td> <td>104mg</td> <td>3.25mL</td> </tr> </tbody> </table> | Birth Weight | Acetaminophen Dose | Acetaminophen Volume | 2-2.6kg | 40mg | 1.25mL | 2.61-3.2kg | 48mg | 1.5mL | 3.21-3.8kg | 64mg | 2mL | 3.81-4.4kg | 80mg | 2.5mL | 4.41-5kg | 88mg | 2.75mL | 5.1-5.6kg | 104mg | 3.25mL |
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| 12. | <p>Consults: Consult social worker at nurses &/or physician discretion (e.g. maternal age <18, known or suspected drug use, lack of support, financial assistance).</p> | | | | | | | | | | | | | | | | | | | | | |
| 13. | <p>Call Practitioner if:</p> <ul style="list-style-type: none"> • Maternal fever is greater than 38.4° while in labor • Infant of a diabetic mother • Coombs positive(+) infant • Respiratory rate is less than 35 or greater than 70 • Heart rate less than 100 or greater than 180 • Temperature is less than 36.4° or greater than 37.4° (recheck in ½ hour, if still out of range notify) • Notify if no void 24 hours after delivery or less than 3 voids in 24 hours. | | | | | | | | | | | | | | | | | | | | | |

Physician Signature: _____ Date: _____

FULL TERM NURSERY

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