

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/ Time last page

Diagnosis: _____

Allergies with reaction type: _____

NICU Circumcision

Version 1 3/31/14

General

- Order for procedure
Specific Procedure: Circumcision
Date of Procedure: _____
Time of Procedure: _____
- ***Obtain the Written Authorization for Ordered Procedure Except for Procedures Performed In Interventional Radiology***

Medications

- Anesthetics: Local
lidocaine 1% 2 mL PF vial
- 1 milliliter subcutaneously once as needed procedure

Analgesics

- sucrose 24% solution (SWEET EASE): each pacifier dip is less than 0.2 milliliters
- 0.5 - 1 milliliter orally as needed 2 minutes prior to a painful procedure; for infants 32-36 weeks
 - 1 -2 milliliter orally as needed 2 minutes prior to a painful procedure; for infants greater than 37 weeks
- acetaminophen (TYLENOL)
- 10 milligram/kilogram orally every 6 hours as needed for pain X 4 doses

Provider Signature: _____ Date: _____ Time: _____