

(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
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Diagnosis: _____

Allergies with reaction type: _____

NICU Common Medications

Version 2 9/13/18

Medications

Analgesics/Sedatives (Non Drip)

morphine

- 0.05 milligram/kilogram orally every 3 hours as needed for pain
- 0.05 milligram/kilogram intravenously every 3 hours as needed for pain

midazolam (VERSED) 2mg/2mL

- 0.1 milligram/kilogram bolus intravenously every 3 hours as needed for sedation

fentaNYL

- 1 microgram/kilogram intravenously every 3 hours as needed for moderate-to-severe pain

Antibacterial or Antiviral Agents

- For specific dosing and interval recommendations please refer to NeoFax

ampicillin (OMNIPEN)

- 100 milligram/kilogram intravenously every 12 hours
- 100 milligram/kilogram intravenously every 8 hours
- 75 milligram/kilogram intravenously every 6 hours

gentamicin

- 5 milligram/kilogram intravenously every 48 hours
- 4.5 milligram/kilogram intravenously every 36 hours
- 4 milligram/kilogram intravenously every 36 hours
- 4 milligram/kilogram intravenously every 24 hours
- Gentamicin level, trough before 3rd dose (if gentamicin continued > 48 hrs). If trough > 2 hold dose and recheck in 6 hours

cefotaxime (CLAFORAN)

- 50 milligram/kilogram intravenously every 12 hours
- 50 milligram/kilogram intravenously every 8 hours
- 50 milligram/kilogram intravenously every 6 hours

acyclovir (ZOVIRAX)

- 20 milligram/kilogram intravenously every 12 hours postmenstrual age less than 34 weeks
- 20 milligram/kilogram intravenously every 8 hours postmenstrual age greater than 34 weeks

vancomycin

- 10 milligram/kilogram intravenously every 18 hours
- 10 milligram/kilogram intravenously every 12 hours
- 10 milligram/kilogram intravenously every 8 hours
- 10 milligram/kilogram intravenously every 6 hours

piperacillin-tazobactam (ZOSYN)

- 100 milligram/kilogram intravenously every 12 hours
- 100 milligram/kilogram intravenously every 8 hours

Central Nervous System Stimulants: Methylxanthines

caffeine citrate (CAFCIT)

- 20 milligram/kilogram intravenously once loading dose
- 10 milligram/kilogram intravenously every 24 hours maintenance dose (start 24 hours after loading dose)

caffeine citrate (CAFCIT)

- 10 milligram/kilogram orally every 24 hours

Initials _____

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GI Medications

- ranitidine (ZANTAC)
 - 2 milligram/kilogram orally every 8 hours
- metoclopramide (REGLAN)
 - 0.1 milligram/kilogram intravenously every 8 hours
 - 0.1 milligram/kilogram orally every 8 hours
- glycerin
 - 1 milliliter rectally once
- lansoprazole (PREVACID)
 - 1.5 milligram/kilogram orally once a day

Surfactant

- poractant alfa (CUROSURF)
 - 2.5 milliliter/kilogram endotracheally once

Vitamins

- POLY-VI-SOL WITH IRON DROPS
 - 0.5 milliliter orally 2 times a day
 - 0.2 milliliter/kilogram orally 2 times a day
 - 1 milliliter orally once a day
 - 0.4 milliliter/kilogram orally once a day

Immunizations

- hepatitis B virus vaccine (preserv free) (ENGERIX)
 - 0.5 milliliter (10 micrograms) intramuscularly once
- Hep B-DP(acellular)-Polio vac-preserv free (PEDIARIX)
 - 0.5 milliliter intramuscularly once
- pneumococcal 13-val conj-dip crm (preserv free) 0.5 mL IM syringe (PREVNAR 13)
 - 0.5 milliliter intramuscularly once
- haemophilus B polysaccharid conj-tetanus tox (preserv free) 10 mcg IM (ACTHIB)
 - 0.5 milliliter intramuscularly once
- palivizumab (SYNAGIS)
 - 15 milligram/kilogram intramuscularly once

Provider Signature: _____ Date: _____ Time: _____