



PATIENT'S ORDERS

ANOTHER BRAND OF DRUG IDENTICAL IN FORM AND CONTENT MAY BE DISPENSED BY THE HOSPITAL PHARMACY UNLESS CHECKED.

DIAGNOSIS: _____

 AGE: _____ WT. _____
 HEIGHT _____

ALLERGIES:
 1. _____
 2. _____
 3. _____
 4. _____

PATIENT INFORMATION

ALL ORDERS MUST BE WRITTEN IN THE METRIC SYSTEM AND INCLUDE DATE, TIME, AND PRESCRIBER'S SIGNATURE

	ORDERED		HYPERBILIRUBINEMIA ADMISSION ORDERS
	DATE	TIME	
<p><u>DO NOT USE the following abbreviations:</u></p> <p>U IU QD QOD MS MSO₄ MgSO₄ ug TIW AS AD AU OS OD OU & Trailing zero after whole number (i.e. 5.0 mg)</p>			Resident: _____ Attending: _____
			1. <input type="checkbox"/> Assign to AHU <input type="checkbox"/> Admit to 3 West
			2. Diagnosis: Hyperbilirubinemia
			3. Allergies:
			4. Vital signs Q 4 hours, BP on admission; Call HO for any temperature instability Axillary temperature Q 1 hour x two, then Axillary temperature Q 2 hours x two, then Axillary temperature, Q 4 hours if temperature is stable
			5. Cardiorespiratory monitor
			6. Diet: breast or formula feeding on demand (encourage PO feeds Q 2-3 hours)
			7. Infant may be out from under lights during feeding only (for maximum of 30 minutes per feed)
			8. <input type="checkbox"/> Lactation consult for breastfeeding
			9. Strict intake/output
			10. <input type="checkbox"/> IV access (check which applies): <input type="checkbox"/> None <input type="checkbox"/> Saline Lock IV <input type="checkbox"/> IV fluids: Give _____ at _____ ml/hour
			11. <input type="checkbox"/> Medications: _____
			12. Phototherapy: cover eyes at all times while under phototherapy; remove mask and perform eye care every shift as needed <input type="checkbox"/> Standard phototherapy: one bili-blanket and one bank of bili-lights in bassinet <input type="checkbox"/> If total bilirubin does not decrease under conventional phototherapy, initiate intensive phototherapy with one bili-blanket and two banks of bili-lights
			13. Labs: <input type="checkbox"/> Total bilirubin Q 8 hours <input type="checkbox"/> Other: _____
	<p><u>MUST USE the following abbreviation:</u></p> <p>Leading zero before a less than whole number (i.e. 0.5 mg)</p>		
			15. Initiate the above order set <input type="checkbox"/> Now or at <input type="checkbox"/> _____ (date/time)
			Received from _____ for _____ First/Last Name of Person Calling/Title Practitioner's Name
			_____ Nurse's Signature Date/Time
			_____ Practitioner's Signature MD/DO/APN