

Location: _____

General

Admission (Required)

Admit to inpatient Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine Comments: Initiate transition/admission protocol

Question(s):

Admitting Physician:

Level of Care:

Patient Condition:

Bed request comments:

Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.

Code Status

@CERMSGREFRESHOPT(674511:21703,,,1)@

Code Status

DNR and Modified Code orders should be placed by the responsible physician.

Full code Frequency: Continuous Priority: Routine

Question(s):

Code Status decision reached by:

DNR (Do Not Resuscitate) (Required)

DNR (Do Not Resuscitate) Frequency: Continuous Priority: Routine

Question(s):

Did the patient/surrogate require the use of an interpreter?

Did the patient/surrogate require the use of an interpreter?

Does patient have decision-making capacity?

I acknowledge that I have communicated with the patient/surrogate/representative that the Code Status order is NOT Active until Signed by the Responsible Attending Physician.:

Code Status decision reached by:

Consult to Palliative Care Service

Consult to Palliative Care Service Frequency: Once Priority: Routine

Question(s):

Priority:

Reason for Consult?

Order?

Name of referring provider:

Enter call back number:

Reason for Consult?

Process Instructions:

Note: Please call Palliative care office 832-522-8391. Due to current resource constraints, consultation orders received after 2:00 pm M-F will be seen the following business day. Consults placed over weekend will be seen on Monday.

Consult to Social Work Frequency: Once Priority: Routine

Question(s):

Reason for Consult:

Reason for Consult?

Modified Code Frequency: Continuous Priority: Routine

Question(s):

Did the patient/surrogate require the use of an interpreter?

Did the patient/surrogate require the use of an interpreter?

Does patient have decision-making capacity?

Modified Code restrictions:

I acknowledge that I have communicated with the patient/surrogate/representative that the Code Status order is NOT Active until Signed by the Responsible Attending Physician.:

Code Status decision reached by:

Sign: _____ Printed Name: _____ Date/Time: _____

Treatment Restrictions ((For use when a patient is NOT in a cardiopulmonary arrest)) Frequency: Continuous -

Treatment Restrictions **Priority:** Routine

Question(s):

I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided.:

Treatment Restriction decision reached by:

Specify Treatment Restrictions:

Code Status decision reached by:

Process Instructions:

Treatment Restrictions is NOT a Code Status order. It is NOT a Modified Code order. It is strictly intended for Non Cardiopulmonary situations.

The Code Status and Treatment Restrictions are two SEPARATE sets of physician's orders. For further guidance, please click on the link below: [Guidance for Code Status & Treatment Restrictions](#)

Examples of Code Status are Full Code, DNR, or Modified Code. An example of a Treatment Restriction is avoidance of blood transfusion in a Jehovah's Witness patient.

If the Legal Surrogate is the Primary Physician, consider ordering a Biomedical Ethics Consult PRIOR to placing this order. A Concurring Physician is required to second sign the order when the Legal Surrogate is the Primary Physician.

Isolation

Airborne isolation status

Airborne isolation status Frequency: Continuous **Priority:** Routine

Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.
Frequency: Once **Priority:** Routine

Contact isolation status Frequency: Continuous **Priority:** Routine

Droplet isolation status Frequency: Continuous **Priority:** Routine

Enteric isolation status Frequency: Continuous **Priority:** Routine

Precautions

Latex precautions Frequency: Continuous **Priority:** Routine

Seizure precautions Frequency: Continuous **Priority:** Routine

Question(s):

Increased observation level needed:

Nursing

Routine Vital Signs

Vital signs - T/P/R Frequency: Per unit protocol **Priority:** Routine

Vital signs - T/P/R Frequency: Every 6 hours **Priority:** Routine

Vital signs - T/P/R Frequency: Every 4 hours **Priority:** Routine

Vital Signs With Heart Murmur

Measure blood pressure Frequency: Once **Frequency Limit:** 1 Occurrences **Priority:** Routine **Comments:** If heart murmur is noted after 24 hours of life or if loud murmur is noted prior to 24 hours of life, perform pulse oximetry on right arm and one lower extremities and then four extremity blood pressure. Notify the physician during morning rounds.

Assessments

[Click here for CCHD Algorithm](http://\epic-nas.et0922.epichosted.com\static\OrderSets\CCHD Algorithm 1.2026.pdf)

Daily weights Frequency: Daily **Priority:** Routine

Frontal occipital circumference Frequency: Once **Priority:** Routine

Measure length Frequency: Once **Priority:** Routine

Gestational assessment Frequency: Once **Priority:** Routine

Sign: _____ Printed Name: _____ Date/Time: _____

Neonatal BiliTool Frequency: Once **Priority:** Routine **Comments:** -If baby is at least 35 weeks gestational age and at least 18 hours of life, enter bilirubin level on Bilitool and record risk level (Click reference link below, or go to www.bilitool.org). -If bilirubin level is in a high risk zone, follow recommended Hyperbilirubinemia Protocol for your site. Include immediate physician notification if baby is Coomb's positive. -If bilirubin level is in a high intermediate risk zone, notify physician/physician team during morning rounds.

Primary Ordering Comments:

-If baby is at least 35 weeks gestational age and at least 18 hours of life, enter bilirubin level on Bilitool and record risk level (Click reference link below, or go to www.bilitool.org).

-If bilirubin level is in a high risk zone, follow recommended Hyperbilirubinemia Protocol for your site. Include immediate physician notification if baby is Coomb's positive.

-If bilirubin level is in a high intermediate risk zone, notify physician/physician team during morning rounds.

Congenital Cyanotic Heart Disease screen Frequency: Until discontinued **Priority:** Routine **Comments:** -Screen after 24 hours of age. Conduct when infant is awake and calm. -Perform in right hand, RH (pre ductal) and one foot (post ductal), in parallel or one after the other. If GREATER than or EQUAL to 95% in RH or foot AND LESS than or EQUAL to 3% difference between RH and foot, PASSED screen. If LESS than 90% in RH or foot: FAILED screen, then notify MD. If 90 - 94% in RH and/or foot OR GREATER than or EQUAL to 4% difference between RH and foot: REPEAT in 1 hr. If the newborn fails the second test, notify MD.

HYPOglycemia Management for Newborns

HYPOglycemia Management for Newborns

Implement Intravenous (IV) HYPOglycemia Management for Newborns Frequency: Until discontinued **Priority:** Routine **Comments:** Click the reference links for algorithms and orders

Implement ORAL HYPOglycemia Management for Newborns Frequency: Until discontinued **Priority:** Routine **Comments:** Click the reference links for algorithms and orders

Bedside glucose Frequency: Conditional Frequency **Frequency Limit:** -1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Comments:** As needed per HYPOglycemia Management for Newborns

Glucose level Frequency: Conditional Frequency **Frequency Limit:** 4 Weeks **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** As needed per HYPOglycemia Management for Newborns

Notify MD/NNP immediately for any of the following for Infant less than 4 hours of age: Frequency: Until discontinued **Priority:** Routine **Comments:** Any glucose screen less than 25 mg/dl OR any glucose screen less than or equal to 40 mg/dl if infant has already received 2 doses of the dextrose gel since birth.

Notify MD/NNP immediately for any of the following for Infant 4 to 24 hours of age: Frequency: Until discontinued **Priority:** Routine **Comments:** Any glucose screen less than 35 mg/dl OR any glucose screen less than or equal to 45 mg/d, if infant has already received 2 doses of glucose gel since birth.

Notify Physician Neo/Pedi team per HYPOglycemia Management for Newborns Frequency: Until discontinued **Priority:** Routine **Comments:** Signs of hypoglycemia are non-specific but may include: tachypnea, apnea, respiratory distress, jitteriness, tremors, seizures, temperature instability, irritability, feeding difficulty, lethargy, hypotonia, diaphoresis, cyanosis, etc.

Insert peripheral IV - As needed per HYPOglycemia Management for Newborns Frequency: Once **Priority:** Routine **Comments:** As needed per HYPOglycemia Management for Newborns

dextrose 10% (D10W) IV bolus 2 mL/kg Dose: 2 mL/kg **Route:** intravenous **Frequency:** PRN **PRN Comment:** per HYPOglycemia Management for Newborns

dextrose (SWEET CHEEKS) gel 40% (neo) Dose: 200 mg/kg **Route:** buccal **Frequency:** PRN **PRN Reasons:** asymptomatic hypoglycemia

Admin Instructions:

Do not use beyond 24 hours of age.

Interventions

Move to open crib Frequency: Until discontinued **Priority:** Routine **Comments:** Move when vital signs criteria met (infant is able to maintain stable vital signs with axillary temperature 97.7-99 degrees F, pulse 100-160 BPM, RR 30-60 breaths per minute)

Cord care Frequency: Per unit protocol **Priority:** Routine

Question(s):

Care:

Bathe baby Frequency: Once **Frequency Limit:** 1 Occurrences **Priority:** Routine **Comments:** Bathe once or as needed. If mother HIV positive then bathe immediately after birth. Bathe if vital signs are stable and axillary temperature 97.7-99 degrees F, pulse 100-160 BPM, RR 30-60 breaths per minute. Monitor temperature after bath to ensure axillary temperature remains at or above 97.7 degrees.

Sign: _____ Printed Name: _____ Date/Time: _____

Radiant warmer Frequency: Conditional Frequency **Priority:** Routine **Comments:** For axillary temperature less than 97.7F. Place infant on radiant warmer, obtain capillary serum glucose and notify MD is still low after one hour.

Question(s):

Servo Control: 36.5

Hearing screen prior to discharge Frequency: Once **Priority:** Routine **Comments:** With parental consent; If Infant has not passed hearing screen prior to discharge, swab infant for CMV testing

Car seat challenge Frequency: Once **Priority:** Routine **Comments:** Prior to discharge if less than 37 weeks or less than 2500 grams. Notify physician if challenge fails.

Conditional

Pulse oximetry Frequency: Conditional Frequency **Priority:** Routine **Comments:** If signs and symptoms of respiratory distress.

Question(s):

Current FIO2 or Room Air:

Cardio respiratory monitoring Frequency: Conditional Frequency **Priority:** Routine **Comments:** Place on cardio-respiratory monitor IF signs and symptoms of respiratory distress.

Question(s):

Low Heart Rate Alarm? 100

High Heart Rate Alarm? 200

Keep Oxygen Saturation (or low limit) Greater than Equal to (%)? 90

Diet

Bottle or breast feed Frequency: Until discontinued **Priority:** Routine

Question(s):Route: POInfant nutrition # 1: BreastfeedingBreast feed frequency: Ad lib, on demand

Infant nutrition # 2:

Infant nutrition # 3:

Bottle feed frequency:

Fortifier # 1:

Fortifier # 2:

Special instructions:

Total calories/oz:

Volume minimum (mLs):

Volume maximum (mLs):

Volume per feed (mLs):

Ad lib minimum volume (mLs):

Total enteral volume per day (mLs):

Total volume per day (mLs):

Gavage times per day:

Oral times per day:

Breast Milk Labels - DO NOT DISCONTINUE Dose: 1 **Frequency:** PRN

Admin Instructions:

This order is used to provide patient-specific labels for expressed breast milk. Do not discontinue this order.

Donor Breast Milk Labels - DO NOT DISCONTINUE Dose: 1 Bottle **Frequency:** PRN **Start Date:** S

Admin Instructions:

This order is used to provide patient-specific labels for expressed donor breast milk. Do not discontinue this order.

Notify

Notify Physician for prolonged ruptured membranes over 18 hours Frequency: Until discontinued **Priority:** Routine **Comments:** prolonged ruptured membranes over 18 hours

Notify Physician infant cord blood pH less than 7.0 or HCO3 less than 10.0, or base deficit greater than 15.0

Frequency: Until discontinued **Priority:** Routine **Comments:** infant cord blood pH less than 7.0 or HCO3 less than 10.0, or base deficit greater than 15.0

Notify Physician or Nurse Practitioner immediately IF initial Phototherapy threshold minus TcB/TsB is less than 2 mg/dL OR at or above threshold at any age Frequency: Until discontinued **Priority:** Routine **Comments:** immediately IF initial Phototherapy threshold minus TcB/TsB is less than 2 mg/dL OR at or above threshold at any age

Notify Physician or Nurse Practitioner at the nearest hour of testing between 7 a.m.-10 p.m. for any Phototherapy threshold minus TcB/TsB of 2-3.4 mg/dL Frequency: Until discontinued **Priority:** Routine **Comments:** at the nearest hour of testing between 7 a.m.-10 p.m. for any Phototherapy threshold minus TcB/TsB of 2-3.4 mg/dL

Medications

Sign: _____ Printed Name: _____ Date/Time: _____

Medications

- phytonadione (AQUA-Mephyton) pediatric injection** Dose: 1 mg Route: intramuscular Frequency: once Frequency Limit: 1 Occurrences
- erythromycin 0.5% (ILOTYCIN) ophthalmic ointment** Dose: 5 mg/gram Route: Both Eyes Frequency: once Frequency Limit: 1 Occurrences Priority: STAT
- HM IP MED - HEPATITIS B IMMUNIZATION NEONATES**
 - HBsAg-Negative Mothers (for infants with birthweight greater than 2000 grams)**
 - hepatitis B (ENGERIX-B) 10 mcg/0.5 mL vaccine** Dose: 10 mcg Route: intramuscular Frequency: once Frequency Limit: 1 Occurrences
Admin Instructions:
Administer within 24 hours of birth** REQUIRES CONSENT TO BE OBTAINED PRIOR TO ADMINISTRATION **
 - HBsAg-Positive Mothers (for term or preterm infants)**
 - hepatitis B (ENGERIX-B) 10 mcg/0.5 mL vaccine** Dose: 10 mcg Route: intramuscular Frequency: once Frequency Limit: 1 Occurrences
Admin Instructions:
Administer within 12 hours of birth.** REQUIRES CONSENT TO BE OBTAINED PRIOR TO ADMINISTRATION **
 - hepatitis B immune globulin (HYPERHEP B NEONATAL) injection** Dose: 0.5 mL Route: intramuscular Frequency: once Frequency Limit: 1 Occurrences
Admin Instructions:
Give concurrently with hepatitis B (ENGERIX-B) vaccine, but at a different injection site.
Product Admin Instructions:
RN: Please document the following on the MAR- Lot number, manufacturer and expiration date per health department requirement. VIS is not required for this medication.
 - HBsAg-Unknown Mothers (for infants with birth weight greater than 2000 grams)**
 - hepatitis B (ENGERIX-B) 10 mcg/0.5 mL vaccine** Dose: 10 mcg Route: intramuscular Frequency: once Frequency Limit: 1 Occurrences
Admin Instructions:
Administer within 12 hours of birth.** REQUIRES CONSENT TO BE OBTAINED PRIOR TO ADMINISTRATION **
 - hepatitis B immune globulin (HYPERHEP B NEONATAL) injection** Dose: 0.5 mL Route: intramuscular Frequency: once PRN
Admin Instructions:
Administer as soon as mother is found to be positive or within 7 days of birth.
Product Admin Instructions:
RN: Please document the following on the MAR- Lot number, manufacturer and expiration date per health department requirement. VIS is not required for this medication.
 - hepatitis B immune globulin (HYPERHEP B NEONATAL) injection** Dose: 0.5 mL Frequency: once Frequency Limit: 1 Occurrences PRN Comment: Mother with positive surface Hepatitis B antigen
Admin Instructions:
Immunization for infants of mothers with positive Hepatitis B surface antigen. Give immediately after vaccine, within 12 hours after birth.
Product Admin Instructions:
RN: Please document the following on the MAR- Lot number, manufacturer and expiration date per health department requirement. VIS is not required for this medication.

Medications PRN (NOT HMSJ, HMTW)

- vitamin A & D ointment** Dose: 1 Application Route: Topical Frequency: PRN PRN Comment: with diaper changes
- Sucrose 24 % (Toot-Sweet)**
 - sucrose 24 % oral solution (for infants under 1000g, under 28 weeks gestational age, or NPO without NEC evidence)** Dose: 0.1 mL Route: oral Frequency: PRN PRN Comment: Procedures
Admin Instructions:
Do not use more than 3 doses during a single procedure. Do not exceed 9 doses in 24 hours.
Product Admin Instructions:
After sucrose is administered, a pacifier should be offered as a secondary source of analgesia/pacification.
 - sucrose 24 % oral solution** Dose: 0.2 mL Route: oral Frequency: PRN PRN Comment: Procedures
Admin Instructions:
Do not use more than 3 doses during a single procedure. Do not exceed 9 doses in 24 hours.
Product Admin Instructions:
After sucrose is administered, a pacifier should be offered as a secondary source of analgesia/pacification.

zinc oxide-cod liver oil (DESITIN) 40 % paste Dose: 1 Application Route: Topical Frequency: PRN PRN Comment: diaper changes (for diaper rash)

Admin Instructions:

Specify Site: ***

sodium chloride 0.9 % nasal solution Dose: 2 drop Route: nasal Frequency: 4 times daily PRN PRN Reasons: congestion

Medications - PRN - HMSJ Only

vitamin A & D ointment Dose: 1 Application Route: Topical Frequency: PRN

Sucrose 24 % (Toot-Sweet)

sucrose 24 % oral solution (for infants under 1000g, under 28 weeks gestational age, or NPO without NEC evidence) Dose: 0.1 mL Route: oral Frequency: PRN PRN Comment: Procedures

Admin Instructions:

Do not use more than 3 doses during a single procedure. Do not exceed 9 doses in 24 hours.

Product Admin Instructions:

After sucrose is administered, a pacifier should be offered as a secondary source of analgesia/pacification.

sucrose 24 % oral solution Dose: 0.2 mL Route: oral Frequency: PRN PRN Comment: Procedures

Admin Instructions:

Do not use more than 3 doses during a single procedure. Do not exceed 9 doses in 24 hours.

Product Admin Instructions:

After sucrose is administered, a pacifier should be offered as a secondary source of analgesia/pacification.

zinc oxide-cod liver oil (DESITIN) 40 % paste Dose: 1 Application Route: Topical Frequency: PRN PRN Comment: diaper changes (for diaper rash)

Admin Instructions:

Specify Site: ***

sodium chloride (OCEAN) 0.65 % nasal spray Dose: 2 spray Route: Each Naris Frequency: 4 times daily PRN PRN Reasons: congestion

Medications PRN (HMTW Only)

vitamin A and D ointment Dose: 1 Application Route: Topical Frequency: PRN

Sucrose 24 % (Toot-Sweet)

sucrose 24 % oral solution (for infants under 1000g, under 28 weeks gestational age, or NPO without NEC evidence) Dose: 0.1 mL Route: oral Frequency: PRN PRN Comment: Procedures

Admin Instructions:

Do not use more than 3 doses during a single procedure. Do not exceed 9 doses in 24 hours.

Product Admin Instructions:

After sucrose is administered, a pacifier should be offered as a secondary source of analgesia/pacification.

sucrose 24 % oral solution Dose: 0.2 mL Route: oral Frequency: PRN PRN Comment: Procedures

Admin Instructions:

Do not use more than 3 doses during a single procedure. Do not exceed 9 doses in 24 hours.

Product Admin Instructions:

After sucrose is administered, a pacifier should be offered as a secondary source of analgesia/pacification.

zinc oxide-cod liver oil (DESITIN) 40 % paste Dose: 1 Application Route: Topical Frequency: PRN PRN Comment: diaper changes (for diaper rash)

Admin Instructions:

Specify Site: ***

sodium chloride 0.9 % nasal solution Dose: 2 drop Route: nasal Frequency: 4 times daily PRN PRN Reasons: congestion

Labs

Early Onset Sepsis (EOS) Risk Calculator

Houston Methodist EOS Sequence Algorithm (\\epic-nas.et0922.epichosted.com\static\OrderSets\Houston Methodist EOS Sequence Algorithm.pdf)

Sign: _____ Printed Name: _____ Date/Time: _____

Early onset sepsis (EOS) risk calculator **Frequency:** Conditional **Frequency Priority:** Routine **Comments:** For any infant born at a gestational age 34 weeks or greater and less than 24 hours old with any one of these identified risk factors: chorioamnionitis, maternal fever, ruptured membranes > 18 hours, and maternal GBS status of positive or unknown, apply the EOS calculator with a CDC incidence of 0.5/1000 births. Perform a clinical assessment of the infant and classify the clinical appearance into well appearing, equivocal or clinical illness (See Reference Link). If the clinical presentation is equivocal or indicating clinical illness, or if a blood culture or antibiotic use is recommended, notify the physician/physician team immediately and provide results of the EOS calculator with corresponding recommendations based on clinical appearance. Follow vital signs monitoring based on EOS risk calculation.

Laboratory

Newborn metabolic screen **Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
Comments: On day of discharge/transfer to another hospital or between 24 to 48 hours of life

Primary Ordering Comments:

This order is a send-out test and will have a long turnaround time, perhaps days. For information about this specific test, please call 713-441-1866 Monday-Friday, 8 am-6 pm.

Neonatal bilirubin **Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** With first newborn screen.

Neonatal bilirubin **Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Neonatal Bilirubin under the following conditions: 1. If infant is noted to be moderately jaundiced even at less than 24 hrs of age (First NBS should NOT be done at less than 24 hrs of life). 2. For vaginal birth babies, at 5am after the infant is at least 24 hr of age, OR if mother baby is being discharged at 24 hrs. 3. For C-section babies, at 5am the first morning after the infant is at least 36 hrs of age, OR if mother/baby being discharged at less than 48 hrs.

Congenital syphilis test (RPR+TP-PA) **Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
Question(s):

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Miscellaneous referral test **Frequency:** Once **Priority:** Routine **Maximum Quantity:** 3 **Comments:** HSV viral culture TCH
Question(s):

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Process Instructions:

Enter Miscellaneous Test Name in the Comments section.

Conditional Labs

Miscellaneous referral test **Frequency:** Conditional **Frequency Limit:** 1 Weeks **Priority:** Routine **Maximum Quantity:** 3 **Comments:** CMVPCR Saliva Swab to ARUP If Infant has not passed hearing screen prior to discharge, swab infant for CMV testing

Question(s):

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Process Instructions:

Enter Miscellaneous Test Name in the Comments section.

Urine drugs of abuse screen **Frequency:** Conditional **Frequency Limit:** 1 Occurrences **Start Date:** S **End Date:** S+62 **Priority:** Routine **Specimen Type:** Urine **Comments:** One activation for infants of mothers with unknown prenatal care if mother's toxicology results are unknown or positive. Obtain 5 millileters urine for toxicology screen.

Drug of abuse, meconium **Frequency:** Conditional **Frequency Limit:** 1 Occurrences **Start Date:** S **End Date:** S+7 **Priority:** Routine **Specimen Type:** Meconium **Comments:** One activation for infants of mothers with unknown prenatal care if mother's toxicology results are unknown or positive. Obtain meconium if available for toxicology screen.

Primary Ordering Comments:

This order is a send-out test and will have a long turnaround time, perhaps days. For information about this specific test, please call 713-441-1866 Monday-Friday, 8 am-6 pm.

Rh negative or type O or antibody positive screen mother

Cord blood evaluation **Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Comments:** Order Direct Coombs' if mother's blood type is O or she is Rh negative, unknown or atypical maternal antibody. Perform on cord blood. Test includes ABO and Rh type, Direct Coombs.

Positive Cord blood Coombs

Neonatal bilirubin **Frequency:** Conditional **Frequency Limit:** 1 Occurrences **Start Date:** S **End Date:** S+7 **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** If positive Coombs, notify physician

Reticulocyte count **Frequency:** Conditional **Frequency Limit:** 1 Occurrences **Start Date:** S **End Date:** S+7 **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** If positive Coombs, notify physician

Hemoglobin & hematocrit **Frequency:** Conditional **Frequency Limit:** 1 Occurrences **Start Date:** S **End Date:** S+7 **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** If positive Coombs, notify physician

Sign: _____ Printed Name: _____ Date/Time: _____

Consults

For Physician Consult orders use sidebar

Ancillary Consults

Consult to Lactation Consultant Frequency: Once Priority: Routine

Question(s):

Reason for Lactation Consult:

Reason for Consult?

Consult to Case Management Frequency: Once Priority: Routine

Question(s):

Consult Reason:

Reason for Consult?

Process Instructions:

If Ordering IV antimicrobial therapy, an additional consult to Case Management OPAT order is needed.

Consult to Social Work Frequency: Once Priority: Routine

Question(s):

Reason for Consult:

Reason for Consult?