



An agency of the Provincial Health Services Authority

PRESCRIBER'S ORDERS FOR THE PATIENT LESS THAN OR EQUAL TO 60 DAYS OF AGE WITH A FEVER GREATER THAN OR EQUAL TO 38°C RECTAL IN THE EMERGENCY DEPARTMENT

DATE/_ DD N	/_ MM YYYY	TIME:_ HH N			
WEIGHT	kilograms	HEIGHT	centimetres	□ ALLERGY CAUTION sheet review	red
Pharmacy Use Only	WRITE FIRMLY WITH A BALLPOINT PEN WITH BLUE OR BLACK INK				Noted by RN/UC
	Investigations: STAT				
	☑ establish IV access ☑ blood culture				
	☑ CBC, differenti	tial 🗹 CRP			
			☑ electrolytes, BUN, creatinine, glucose		
	☑ bladder catheterization for urinalysis (dipstick in ED)				
	☑ bladder catheterization specimen to lab for urine routine urinalysis and microscopy culture				
	Other Investigations depending on symptoms:				
	CSF profile for chemistry, cell count, gram stain, CSF culture CSF for HSV PCR				
	☐ naso-pharyngeal wash (NPW) for rapid respiratory panel (VIRAP)				
	stool for WBC and culture if diarrhea present				
	□ chest x-ray				
	□ other:				
	Fluid therapy:				
	□ D5/0.9 NS at 10 mL/hour				
	Analgesia/Antipyretic				
	☐ Acetaminophen milligrams (mg) (10 mg/kg/dose) PO x 1 dose				
	Antibiotic/Antiviral Therapy				
	☐ Ampicillin milligrams (mg) (50mg/kg/dose) IV every 6 hours (every 8 hours if less than 1 week old)				
	☐ Cefotaxime milligrams (mg) (50mg/kg/dose) IV every 8 hours (every 12 hours				

if less than 1 week old)

☐ other: ______

 Signature:
 Pager #

 Print Name:
 College ID#

☐ Gentamicin _____ milligrams (mg) (2.5mg/kg/dose) IV every 8 hours (every 12 hours

☐ Acyclovir _____ milligrams (mg) (20mg/kg/dose) IV every 8 hours