3-Hole 1/4 1 3/8 c-to-c

Hilo Medical Center
We Care for Our Community

NEWBORN ABX ORDERS

1. Calculated Weight: _____ kilograms
2. Gestational Age: _____ weeks
3. Ampicillin (100 mg/kg/dose):

   Give _____ mg IV every 12 hours

4. Gentamicin:
   Place check mark next to the appropriate dose below

GEST. AGE (weeks)	POSTNATAL (days)	DOSE (mg/kg)	INTERVAL (hours)
≤ 29	0 to 7	☐ 5	48
	8 to 28	☐ 4	36
	≥ 29	☐ 4	24
30 to 34	0 to 7	☐ 4.5	36
	≥8	☐ 4	24
≥ 35	ALL	☐ 4	24

Give _____ mg IV every _____ hours. Infuse over 30 minutes.

5. Gentamicin levels: (Optional)

   ☐ Obtain trough level immediately before and peak level 30 minutes after the _____ dose

   ☐ Notify physician for trough level > _____ .

   ☐ Notify physician for peak level < _____ or > _____ .

Physician Signature: _____ Date: _____ Time: _____

PERMANENT MEDICAL RECORD - FAX COPY TO PHARMACY