

DRUG:		DOSE:						INTERVAL:					
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TIME OF SCORING													
CRYING / AGITATED													
25-50% of INTERVAL	2												
>50% of INTERVAL	3												
SLEEP: CHOOSE ONE													
<25% of INTERVAL	3												
26-75% of INTERVAL	2												
>75% of INTERVAL	1												
MORO: CHOOSE ONE													
HYPERACTIVE	2												
MARKEDLY HYPERACTIVE	3												
TREMORS: MILD	1												
TREMORS: MOD-SEVERE	2												
↑ MUSCLE TONE	2												
TEMP 37.2 - 38.4	1												
TEMP >38.4	2												
RR > 60 EXTUBATED	2												
ET SUCTIONED >2 TIMES / INTERVAL	2												
SWEATING	1												
YAWNING >3-4 / INTERVAL	1												
SNEEZES >3-4 / INTERVAL	1												
NASAL STUFFINESS	1												
EMESIS	2												
PROJECTILE VOMITING	3												
LOOSE STOOLS	2												
WATERY STOOLS	3												
SKIN EXCORIATION	1												
TOTAL SCORE													
ADJUSTED SCORE													

**Score every 4 hours unless total / adjusted score is > 8 then score every two hours. If total / adjusted score is > 8 for three times or >12 notify physician to change dosage. If score is < 8 for 24 hours notify physician to adjust dosage. Reassess score within 2 hours of any change in dosage.

INITIALS	PRINTED, LEGIBLE NAME	INITIALS	PRINTED, LEGIBLE NAME