UMC Health System

NICU DELIVERY PLAN

Patient Label Here

PHYSICIAN ORDERS

Diagnosis _____

Weight _____ **Allergies** _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	Patient Care
	Apply Radiant Warmer ☐ Routine
	Continuous Pulse Oximetry (NICU) ☐ Spec Instr: to Right Arm
	Insert Gastric Tube ☐ Orogastric - OG ☐ Replogle
	Set Up for Intubation ☐ T;N
	Insert Central Line (NICU) ☐ Line Type: UVC-Umbilical Venous Catheter
	Confirm Central Line Placement (NICU) (Cleared for Use Central Line (NICU)) ☐ T;N, Line Type: UVC-Umbilical Venous Catheter, Spec Instr: blood return confirmation
	IV Solutions
	NS (NS bolus) ☐ 10 mL/kg, IVPB, ivpb, ONE TIME For NICU Delivery Plan Use Only
	Medications
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.
	EPINEPHrine (EPINEPHrine neonatal) ☐ 0.1 mg/kg, intra-tracheal, syringe, ONE TIME via ET tube, For NICU Delivery Plan Use Only
	EPINEPHrine (EPINEPHrine neonatal) ☐ 0.01 mg/kg, IV, syringe, q3min, x 5 dose For NICU Delivery Plan Use Only
	EPINEPHrine (EPINEPHrine neonatal) ☐ 0.03 mg/kg, IV, syringe, q3min, x 5 dose For NICU Delivery Plan Use Only
	beractant ☐ 4 mL/kg, intra-tracheal, susp, ONE TIME
	Laboratory
	BB PRBC for pts 25 kg or GREATER
	Respiratory
	Oxygen (O2) Therapy ☐ Via: Blow-by
	Nasal CPAP (NICU)

☐ **TO** ☐ **Read Back** ☐ **Scanned Powerchart** ☐ **Scanned PharmScan**

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ **Date** _____ **Time** _____

UMC Health System NICU DELIVERY PLAN	Patient Label Here

PHYSICIAN ORDERS	
Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.	
ORDER	**ORDER DETAILS**
	Suction Patient ☐ PRN
	PPV via Neopuff (NICU)
	...Additional Orders

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ **Date** _____ **Time** _____

UMC Health System

NICU RESPIRATORY PLAN

Patient Label Here

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	Patient Care
	Room Air Trials (NICU) ☐ Keep O2 Sat Greater Than: 90%, Freq: Daily, Spec Instr: Reapply oxygen if O2 parameter is not met.
	Wean Nasal Cannula to Room Air (NICU) ☐ Keep Sats Greater Than: 90%, Spec Instr: do not wean below 2LPM if less than 34+1 weeks
	Medications
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.
	Select the order below for as needed nebulized treatments: **albuterol (albuterol-inhalation neonatal)** ☐ 0.1 mg/kg, inhalation, soln, q3h, PRN wheezing ☐ 0.1 mg/kg, inhalation, soln, q4h, PRN wheezing ☐ 0.1 mg/kg, inhalation, soln, q6h, PRN wheezing ☐ 0.1 mg/kg, inhalation, soln, q12h, PRN wheezing
	Select the orders below for scheduled nebulized treatments: **albuterol (albuterol-inhalation neonatal)** ☐ 0.1 mg/kg, inhalation, soln, q3h ☐ 0.1 mg/kg, inhalation, soln, q4h ☐ 0.1 mg/kg, inhalation, soln, q6h ☐ 0.1 mg/kg, inhalation, soln, q8h ☐ 0.1 mg/kg, inhalation, soln, q12h
	budesonide (budesonide-inhalation neonatal) ☐ 0.25 mg, inhalation, neb, q12h
	Diagnostic Tests
	DX Chest Portable ☐ T;N
	Respiratory
	Oxygen (O2) Therapy ☐ ***See Policy and Procedure*** do not wean below 2LPM if less than 34+1 weeks
	Chest Physiotherapy ☐ q4h ☐ q6h ☐ q8h
	Nasal CPAP (NICU)
	Nitric Oxide Administration
	Ventilator Settings
	Ventilator Settings HFOV ☐ I-Time (%): 33%
	Arterial Blood Gas ☐ STAT ☐ Routine, Every AM, PRN: ☐ Routine, q24h, PRN:
	Capillary Blood Gas
	Mixed Venous Blood Gas

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ **Date** _____ **Time** _____