

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
	Insert Central Line (NICU) <input type="checkbox"/> Line Type: PAL-Peripheral Arterial Line <input type="checkbox"/> Line Type: UAC-Umbilical Artery Catheter <input type="checkbox"/> Line Type: PICC <input type="checkbox"/> Line Type: UVC-Umbilical Venous Catheter
	Confirm Central Line Placement (NICU) (Cleared for Use Central Line (NICU)) <input type="checkbox"/> Line Type: PAL-Peripheral Arterial Line <input type="checkbox"/> Line Type: UAC-Umbilical Artery Catheter <input type="checkbox"/> Line Type: PICC <input type="checkbox"/> Line Type: UVC-Umbilical Venous Catheter
	Insert Peripheral Line <input type="checkbox"/> T;N
Communication	
	Notify Provider/Primary Team of Pt Admit <input type="checkbox"/> Upon Arrival to Floor/Unit
	Notify Provider of VS Parameters <input type="checkbox"/> Temp Greater Than 100.3 F, Temp Less Than 97.5 F, If patient on Whole Body Cooling Measures temperature parameters do not apply.
	Notify Provider (Misc) (Notify Provider of Results) <input type="checkbox"/> T;N, Reason: Abnormal results
	Notify Provider (Misc) <input type="checkbox"/> T;N
	Limit Stimuli <input type="checkbox"/> T;N
Dietary	
	NPO Diet <input type="checkbox"/> T;N, NPO
	Infant Nutrition (NICU)
	Cue Based Feeding @ 33wks gestation (NIC (Cue Based Feeding @ 33wks gestation (NICU)) <input type="checkbox"/> T;N, Ad Lib Feeding, PRN
	Begin Non-Nutritive Breastfeeding @ 30 W (Begin Non-Nutritive Breastfeeding @ 30 Weeks Gestation (NICU)) <input type="checkbox"/> T;N, Ad Lib Feeding, PRN
IV Solutions	
Bolus Fluids	
	NS (NS bolus) <input type="checkbox"/> 10 mL/kg, IVPB, ivpb, ONE TIME, Infuse over 1 hr <input type="checkbox"/> 20 mL/kg, IVPB, ivpb, ONE TIME, Infuse over 1 hr
	D10W (D10W bolus) <input type="checkbox"/> 2 mL/kg, IVPB, iv soln, ONE TIME, Infuse over 5 min
Continuous Fluids	
	D5W <input type="checkbox"/> IV, mL/hr
	D10W <input type="checkbox"/> IV, mL/hr
	For central line access, select fluid with heparin 0.25 unit/mL D10W-heparin (D10W-heparin 0.25 units/mL) <input type="checkbox"/> 250 mL final vol, IV, mL/hr Final concentration: D10W with heparin 0.25 units/mL

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Arterial Line Fluid	
	sodium acetate-heparin-sterile water 50 (sodium acetate-heparin-sterile water 50 mL) <input type="checkbox"/> intra-arterial, 0.5 mL/hr
Peripheral & Central Line Patency	
	NS (Normal Saline Flush PF (3 mL syr)) <input type="checkbox"/> 1 mL, IVPush, inj, as needed, PRN flush 3 mL syringe for PAL (Peripheral Arterial Line)
	NS (Normal Saline Flush PF (10 mL syr)) <input type="checkbox"/> 1 mL, IVPush, inj, as needed, PRN flush 10 mL syringe for UVC, UAC, PICC, and Broviac
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	If ordering mupirocin, select ALL 3 orders: mupirocin topical (mupirocin 2% topical ointment) <input type="checkbox"/> 1 app, topical, oint, bilateral nares, BID, x 7 days
	mupirocin topical (mupirocin 2% topical ointment) <input type="checkbox"/> 1 app, topical, oint, bilateral nares, BID, x 7 days
	mupirocin topical (mupirocin 2% topical ointment) <input type="checkbox"/> 1 app, topical, oint, bilateral nares, BID, x 7 days
Antibiotics	
	ampicillin (ampicillin neonatal) <input type="checkbox"/> 50 mg/kg, IVPB syr, inj, q12h, x 3 dose Add 5ml of sterile water to 500mg ampicillin vial for a final concentration of 100mg/ml. Administer ordered dose immediately after reconstitution.
	gentamicin (gentamicin neonatal) <input type="checkbox"/> 4 mg/kg, IVPB syr, syringe, q24h, x 1 dose Must wait at least 2 hours after ampicillin administration to administer gentamicin. <input type="checkbox"/> 4.5 mg/kg, IVPB syr, syringe, q36h, x 1 dose Must wait at least 2 hours after ampicillin administration to administer gentamicin.
Antiviral Agents	
	acyclovir (acyclovir neonatal) <input type="checkbox"/> 20 mg/kg, IVPB syr, syringe, q8h
Antifungals	
	If birth weight LESS than 1,000 grams If ordering fluconazole, select ALL 3 orders: fluconazole (fluconazole neonatal) <input type="checkbox"/> 3 mg/kg, IVPB syr, syringe, q72h, x 5 dose Fluconazole regimen: Give every 72 hours for 2 weeks, then every 48 hours for 2 weeks, then every 24 hours for 2 weeks.
	fluconazole (fluconazole neonatal) <input type="checkbox"/> 3 mg/kg, IVPB syr, syringe, q48h, x 7 dose Fluconazole regimen: Give every 72 hours for 2 weeks, then every 48 hours for 2 weeks, then every 24 hours for 2 weeks.

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<p>4</p> <p>UMC Health System</p> <p>NICU GREATER THAN 29 WEEKS PLAN</p>	<p>Patient Label Here</p>
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PHYSICIAN ORDERS

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	<p>fluconazole (fluconazole neonatal)</p> <p><input type="checkbox"/> 3 mg/kg, IVPB syr, syringe, q24h, x 14 dose Fluconazole regimen: Give every 72 hours for 2 weeks, then every 48 hours for 2 weeks, then every 24 hours for 2 weeks.</p>
Misc Meds	
	<p>erythromycin ophthalmic (erythromycin ophthalmic neonatal)</p> <p><input type="checkbox"/> 1 app, left eye, ophth oint, ONE TIME Apply at time of admission.</p>
	<p>erythromycin ophthalmic (erythromycin ophthalmic neonatal)</p> <p><input type="checkbox"/> 1 app, right eye, ophth oint, ONE TIME Apply at time of admission.</p>
	<p>beractant</p> <p><input type="checkbox"/> 4 mL/kg, intra-tracheal, susp, ONE TIME</p>
	<p>zinc oxide topical (Desitin 40% topical ointment)</p> <p><input type="checkbox"/> 1 app, topical, oint, as needed, PRN other, diaper change</p>
	<p>Vitamin K: Order 0.5 mg for birth weight LESS than 1,500 grams; 1 mg for birth weight GREATER than or EQUAL to 1,500 grams.</p> <p>phytonadione (Vitamin K1 neonatal)</p> <p><input type="checkbox"/> 0.5 mg, IM, inj, ONE TIME For birth weight LESS than 1,500 grams.</p> <p><input type="checkbox"/> 1 mg, IM, inj, ONE TIME For birth weight GREATER than or EQUAL to 1,500 grams.</p>
	<p>If neonate is 2 kg or larger, administer Hepatitis B Vaccine at birth as soon as consent is obtained. Neonates weighing less than 2 kg at birth should receive the Hepatitis B Vaccine at one month of age or prior to discharge - whichever occurs first.</p> <p>hepatitis B vaccine (hepatitis B pediatric vaccine (TVFC) 10 mcg/0.5 mL intramuscular suspension)</p> <p><input type="checkbox"/> 0.5 mL, IM, inj, ONE TIME For birth weight of 2 kilograms or greater at birth.</p>
	<p>hepatitis B vaccine (hepatitis B pediatric vaccine 10 mcg/0.5 mL intramuscular suspension)</p> <p><input type="checkbox"/> 0.5 mL, IM, inj, ONE TIME For birth weight of 2 kilograms or greater at birth.</p>
Central Nervous System Stimulants	
	<p>Caffeine Loading Dose:</p> <p>caffeine (caffeine neonatal)</p> <p><input type="checkbox"/> 20 mg/kg, IVPB syr, syringe, ONE TIME, Infuse over 30 min, [caffeine citrate] FOR IV USE ONLY. Loading Dose. Infuse over 30 minutes. Continued on next page....</p>

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ORDER	ORDER DETAILS
	<p>Caffeine Maintenance Dose: caffeine (caffeine neonatal) <input type="checkbox"/> 10 mg/kg, IVPB syr, syringe, q24h, Infuse over 10 min FOR IV USE ONLY. Start maintenance dose 24 hours after initial loading dose. Infuse over 10 minutes.</p>
Laboratory	
	<p>You must enter the date and time you want labs to be drawn on every lab order that is timed. Comprehensive Metabolic Panel (CMP) <input type="checkbox"/> Timed, Comment: this is the nutritional panel at 24 hours of life</p>
	<p>Bilirubin Direct <input type="checkbox"/> Timed, Comment: this is the nutritional panel at 24 hours of life</p>
	<p>Phosphorus Level <input type="checkbox"/> Timed, Comment: this is the nutritional panel at 24 hours of life</p>
	<p>GGT <input type="checkbox"/> Timed, Comment: this is the nutritional panel at 24 hours of life</p>
	<p>Magnesium Level <input type="checkbox"/> Timed, Comment: this is the nutritional panel at 24 hours of life</p>
	<p>Triglycerides <input type="checkbox"/> Timed, Comment: this is the nutritional panel at 24 hours of life</p>
Hematology	
	<p>CBC with Differential <input type="checkbox"/> Timed, Comment: Draw at 24 hours of life.</p>
Chemistry Panels	
	<p>Renal Function Panel <input type="checkbox"/> Next Day in AM, T+1;0300</p>
Microbiology/Virology	
	Culture Blood
	Lactic Acid Level
Blood Bank	
	<p>To order blood type and screen, you must order BB Blood Type (ABO/Rh) Neonate and BB Antibody Screen. BB Blood Type (ABO/Rh) Neonate *****To order blood type and screen, you must order BB Blood Type (ABO/Rh) Neonate and BB Antibody Screen.*****</p>
	BB Antibody Screen
	BB Direct Coombs
Drugs of Abuse	

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ORDER	ORDER DETAILS
	Meconium Drug Screen <input type="checkbox"/> Routine, T;N
	Urine Random Drug Screen
	Umbilical Cord Hold <input type="checkbox"/> Specimen Type: Tissue, Routine, T;N
	Umbilical Cord Tissue Basic Drug Screen <input type="checkbox"/> Specimen Type: Tissue, Routine, T;N
TTUHSC Cytogenetics Testing for Dr. Tonk	
	Chromosome Testing TTUHSC Cytogenetics Chromosome
	BF TTUHSC Cytogenetics Chromosome
	Tissue TTUHSC Cytogenetics Chromosome
	Microarray Testing TTUHSC Cytogenetics Microarray
	BF TTUHSC Cytogenetics Microarray
	Tissue TTUHSC Cytogenetics Microarray
	Prenatal/Constitutional FISH Testing BF TTUHSC Cytogenetics Prenatal FISH
	Tissue TTUHSC Cytogenetics Prenatal/Cons (Tissue TTUHSC Cytogenetics Prenatal/Constitutional FISH)
	TTUHSC Cytogenetics Prenatal/Constitutio (TTUHSC Cytogenetics Prenatal/Constitutional FISH)
Diagnostic Tests	
Radiography	
	DX Pedi Chest/Abd (DX Pedi Chest/Abd (NICU)) <input type="checkbox"/> T;N
	DX Pedi Chest/Abd (DX Pedi Chest/Abd (NICU)) <input type="checkbox"/> T+1;N
Ultrasound	
	US Echoencephalogram
	US Hips Infant <input type="checkbox"/> T;N, To be done at 6 weeks of life
Respiratory	
	Ca++ Only per Blood Gas <input type="checkbox"/> Draw at 24 hours of life.
Physical Medicine and Rehab	

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PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	<p>Consult Occ Therapy for Eval & Treat for (Consult Occ Therapy for Eval & Treat for Neonatal)</p> <p><input type="checkbox"/> Neurological Issues, Patients born at less than or equal to 30 weeks, initiate OT at 2 weeks of life.</p> <p><input type="checkbox"/> Prematurity, Patients born at less than or equal to 30 weeks, initiate OT at 2 weeks of life.</p> <p><input type="checkbox"/> Other, Patients born at less than or equal to 30 weeks, initiate OT at 2 weeks of life.</p> <p><input type="checkbox"/> Other, Neonatal Abstinence Syndrome</p>
Consults/Referrals	
	<p>Social Services for Assessment and Eval (Discharge Planning Evaluation by Social Services)</p> <p><input type="checkbox"/> T;N, For NICU Admission</p>
	<p>Consult Dietitian</p> <p><input type="checkbox"/> T;N, for Other Nutrition Needs</p>
	<p>Consult Ophthalmology for ROP</p> <p><input type="checkbox"/> Special Instr: For patients born at less than or equal to 30 weeks or less than 1500 grams birth weight.</p>
	<p>Consult MD</p> <p><input type="checkbox"/> Service: Palliative Care</p>
	<p>All babies <29 weeks or surgical babies must have a clergy consult.</p> <p>Clergy Consult (NICU Clergy Consult)</p>

...Additional Orders

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PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
Patient Care	
	NICU Total Parenteral Nutrition Policy/P (NICU Total Parenteral Nutrition Policy/Procedure) <input type="checkbox"/> ***See Reference Text***
	POC Blood Sugar Check <input type="checkbox"/> q12h, Until TPN is discontinued.
Communication	
	Notify Provider (Misc) <input type="checkbox"/> T;N, Reason: POC Blood Glucose is LESS than 50 mg/dL or GREATER than 150 mg/dL.
IV Solutions	
Parenteral Nutrition	
	Starter NICU TPN parenteral nutrition solution (Starter NICU TPN 5%) <input type="checkbox"/> IV, mL/hr Starter TPN 5% Dextrose with heparin 0.25 units/mL. Recommended max rate is 100 mL/kg/day.
	parenteral nutrition solution (Starter NICU TPN 10%) <input type="checkbox"/> IV, mL/hr Starter TPN 10% Dextrose with heparin 0.25 units/mL. Recommended max rate is 100 mL/kg/day.
	Starter NICU TPN with Calcium parenteral nutrition solution (Starter NICU TPN 10% with Calcium (central line)) <input type="checkbox"/> IV, mL/hr Starter TPN 10% Dextrose + Calcium with heparin 0.25 units/mL. Recommended max rate is 100 mL/kg/day.
	Please fill out electronic form to order TPN.
Continuous Fluids	
	D10W <input type="checkbox"/> IV, mL/hr
	D5W <input type="checkbox"/> IV, mL/hr
Laboratory	
	You must enter the date and time you want labs to be drawn on every lab order that is timed,
Chemistry	
	Bilirubin Direct <input type="checkbox"/> Timed, Comment: Draw at 24 hours of life.
	Bilirubin Direct <input type="checkbox"/> Timed, q24h 2 days
	Comprehensive Metabolic Panel (CMP) <input type="checkbox"/> Timed, Comment: Draw at 24 hours of life.
	Comprehensive Metabolic Panel (CMP) <input type="checkbox"/> Timed, q24h 2 days

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ORDER	ORDER DETAILS
	Magnesium Level <input type="checkbox"/> Timed, Comment: Draw at 24 hours of life.
	Magnesium Level <input type="checkbox"/> Timed, q24h 2 days
	Phosphorus Level <input type="checkbox"/> Timed, Comment: Draw at 24 hours of life.
	Phosphorus Level <input type="checkbox"/> Timed, q24h 2 days
	Triglycerides <input type="checkbox"/> Timed, Comment: Draw at 24 hours of life.
	Triglycerides <input type="checkbox"/> Timed, q24h 2 days
	GGT <input type="checkbox"/> Timed, Comment: Draw at 24 hours of life.
	GGT <input type="checkbox"/> Timed, q24h for 2 days

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NICU PROCEDURE PLAN

PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	Patient Care
	Confirm Central Line Placement (NICU) (Cleared for Use Central Line (NICU)) <input type="checkbox"/> Line Type: PAL-Peripheral Arterial Line <input type="checkbox"/> Line Type: PICC <input type="checkbox"/> Line Type: UAC-Umbilical Artery Catheter <input type="checkbox"/> Line Type: UVC-Umbilical Venous Catheter
	Insert Central Line (NICU) <input type="checkbox"/> Line Type: PAL-Peripheral Arterial Line <input type="checkbox"/> Line Type: PICC <input type="checkbox"/> Line Type: UAC-Umbilical Artery Catheter <input type="checkbox"/> Line Type: UVC-Umbilical Venous Catheter
	Insert Peripheral Line
	Maintain Chest Tube
	Protective Positioning (NICU)
	Set Up for Lumbar Puncture
	Set Up for Circumcision
	Set Up for Chest Tube
	Communication
	Obtain Consent <input type="checkbox"/> Consent for: PICC Line
	Medications
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.
	lidocaine (lidocaine 1% preservative-free injectable solution) <input type="checkbox"/> 0.5 mL, locally, inj, ONE TIME
	petrolatum topical (petrolatum topical ointment) <input type="checkbox"/> 1 app, topical, oint, 12x/day, PRN wound care Apply with each diaper change.
	acetaminophen (acetaminophen neonatal) <input type="checkbox"/> 15 mg/kg, PO, liq, ONE TIME ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***
	Diagnostic Tests
	DX Pedi Chest/Abd (DX Pedi Chest/Abd (NICU)) <input type="checkbox"/> STAT, Line placement
	DX Chest Portable <input type="checkbox"/> STAT, Line placement
	DX Abdomen Portable (DX Abdomen Portable (NICU)) <input type="checkbox"/> STAT, Line placement

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ORDER	ORDER DETAILS
	Patient Care
	Room Air Trials (NICU) <input type="checkbox"/> 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) <input type="checkbox"/> 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) <input type="checkbox"/> 0.1 mg/kg, inhalation, soln, q3h, PRN wheezing <input type="checkbox"/> 0.1 mg/kg, inhalation, soln, q6h, PRN wheezing <input type="checkbox"/> 0.1 mg/kg, inhalation, soln, q4h, PRN wheezing <input type="checkbox"/> 0.1 mg/kg, inhalation, soln, q12h, PRN wheezing
	Select the orders below for scheduled nebulized treatments:
	albuterol (albuterol-inhalation neonatal) <input type="checkbox"/> 0.1 mg/kg, inhalation, soln, q3h <input type="checkbox"/> 0.1 mg/kg, inhalation, soln, q6h <input type="checkbox"/> 0.1 mg/kg, inhalation, soln, q12h <input type="checkbox"/> 0.1 mg/kg, inhalation, soln, q4h <input type="checkbox"/> 0.1 mg/kg, inhalation, soln, q8h
	budesonide (budesonide-inhalation neonatal) <input type="checkbox"/> 0.25 mg, inhalation, neb, q12h
	Diagnostic Tests
	DX Chest Portable <input type="checkbox"/> T;N
	Respiratory
	Oxygen (O2) Therapy <input type="checkbox"/> ***See Policy and Procedure*** do not wean below 2LPM if less than 34+1 weeks
	Chest Physiotherapy <input type="checkbox"/> q4h <input type="checkbox"/> q8h <input type="checkbox"/> q6h
	Nasal CPAP (NICU)
	Nitric Oxide Administration
	Ventilator Settings
	Ventilator Settings HFOV <input type="checkbox"/> I-Time (%): 33%
	Arterial Blood Gas <input type="checkbox"/> STAT <input type="checkbox"/> Routine, q24h, PRN: <input type="checkbox"/> Routine, Every AM, PRN:
	Capillary Blood Gas
	Mixed Venous Blood Gas

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Patient Care	
Sedation Level (NICU) <input type="checkbox"/> T;N, Sedation Level: None <input type="checkbox"/> T;N, Sedation Level: Light Sedation <input type="checkbox"/> T;N, Sedation Level: Deep Sedation	
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
Analgesics	
	Mild Pain: acetaminophen (acetaminophen neonatal) <input type="checkbox"/> 15 mg/kg, PO, liq, q6h, PRN pain-mild (scale 1-3)
	Moderate Pain: Choose One morphine (morphine neonatal) <input type="checkbox"/> 0.05 mg/kg, IVPush, inj, q4h, PRN pain-moderate (scale 4-6)
	fentaNYL (fentaNYL neonatal) <input type="checkbox"/> 0.5 mcg/kg, IVPush, inj, q4h, PRN pain-moderate (scale 4-6)
	Severe Pain: Choose One morphine (morphine neonatal) <input type="checkbox"/> 0.1 mg/kg, IVPush, inj, q4h, PRN pain-severe (scale 7-10)
	fentaNYL (fentaNYL neonatal) <input type="checkbox"/> 1 mcg/kg, IVPush, inj, q4h, PRN pain-severe (scale 7-10)
	For pain score of 8 or greater, consider ordering continuous infusion. fentaNYL 250 mcg/25 mL NS (neonatal) - F (fentaNYL 250 mcg/25 mL NS (neonatal) - Fixed Rate) <input type="checkbox"/> IVsyr Final concentration = 0.01 mg/mL (10 mcg/mL). Provider order required for ALL rate changes. <input type="checkbox"/> Start at rate: _____ mcg/kg/hr
Sedatives	
	Select one of the following for sedation. LORazepam (LORazepam neonatal) <input type="checkbox"/> 0.1 mg/kg, IVPush, inj, q2h, PRN sedation
	midazolam (midazolam neonatal) <input type="checkbox"/> 0.1 mg/kg, IVPush, inj, q2h, PRN sedation Slow IVPush over 10 minutes.
	Continuous Infusion: midazolam 10 mg/20 mL NS (neonatal) - Fi (midazolam 10 mg/20 mL NS (neonatal) - Fixed Rate) <input type="checkbox"/> IVsyr Final concentration: 0.5 mg/mL (500 mcg/mL). Provider order required for ALL rate changes. <input type="checkbox"/> Start at rate: _____ mg/kg/hr

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