

UMC Health System NICU INTUBATION FOR PROCEDURE PLAN	Patient Label Here
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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

Set Up for Intubation
 Intubate patient 60 minutes before the procedure is scheduled to be done.

Insert Gastric Tube
 Orogastric - OG, To: Gravity

Insert Peripheral Line
 See Policy and Procedure

Communication

Notify Nurse (DO NOT USE FOR MEDS)
 Peripheral IV flush per unit standards.

Dietary

NPO Diet
 NPO, 4 hours prior to the procedure if on breastmilk.

NPO Diet
 NPO, 6 hours prior to the procedure if on formula.

IV Solutions

D10W
 IV, mL/hr

D10W-heparin (D10W-heparin 0.25 units/mL)
 250 mL final vol, IV, mL/hr
 Final concentration: D10W with heparin 0.25 units/mL

Flush:
 heparin flush (heparin flush PF (10 mL syr) 0.25 units/mL-1/2 NS inj (neonatal))
 0.5 mL, IVPush, inj, as needed, PRN flush, x 2 dose
 10 mL syringe for central line.

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

Medication Management (Notify Nurse and Pharmacy)
 Start date T;N
 Discontinue TPN and lipids for procedure.

Sedatives

midazolam (midazolam neonatal)
 0.1 mg/kg, IVPush, inj, ONE TIME
 For intubation only.

fentaNYL (fentaNYL neonatal)
 2 mcg/kg, IVPush, inj, ONE TIME
 For intubation only.

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



NICU INTUBATION FOR PROCEDURE PLAN

PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
Paralytic	
	vecuronium (vecuronium neonatal) <input type="checkbox"/> 0.1 mg/kg, IVPush, inj, ONE TIME For intubation only.
	rocuronium (rocuronium neonatal) <input type="checkbox"/> 0.3 mg/kg, IVPush, inj, ONE TIME For intubation only.
Respiratory	
Ventilator Settings	
	Ventilator Settings HFOV <input type="checkbox"/> I-Time (%): 33

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

