

UMC Health System NICU LBK 26 TO 29 WEEKS PLAN	Patient Label Here
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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 of VS Parameters <input type="checkbox"/> Temp Greater Than 100.3 F, Temp Less Than 97.5 F, If patient in Whole Body Cooling Measures temperature parameters do not apply.
	Notify Nurse (DO NOT USE FOR MEDS) <input type="checkbox"/> T;N, Keep midline and supine x 72 hours
	Notify Provider (Misc) (Notify Provider of Results) <input type="checkbox"/> T;N, 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) <input type="checkbox"/> T;N
	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	
	NICU Total Parenteral Nutrition Policy/P (NICU Total Parenteral Nutrition Policy/Procedure) <input type="checkbox"/> ***See Reference Text***
	parenteral nutrition solution (Starter NICU TPN 10% with Calcium (central line))
Bolus Fluids	
	NS (NS bolus) <input type="checkbox"/> 10 mL/kg, IVPB, ivpb, ONE TIME, Infuse over 1 hr
	D10W (D10W bolus) <input type="checkbox"/> 2 mL/kg, IVPB, ivpb, ONE TIME, Infuse over 5 min
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	

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ORDER	ORDER DETAILS
	erythromycin ophthalmic (erythromycin ophthalmic neonatal) <input type="checkbox"/> 1 app, left eye, ophth oint, ONE TIME Apply at time of admission.
	erythromycin ophthalmic (erythromycin ophthalmic neonatal) <input type="checkbox"/> 1 app, right eye, ophth oint, ONE TIME Apply at time of admission.
	beractant <input type="checkbox"/> 4 mL/kg, intra-tracheal, susp, ONE TIME
	zinc oxide topical (Desitin 40% topical ointment) <input type="checkbox"/> 1 app, topical, oint, as needed, PRN other, diaper change
	phytonadione (Vitamin K1 neonatal) <input type="checkbox"/> 0.5 mg, IM, inj, ONE TIME For birth weight LESS than 1,500 grams.
	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. hepatitis B vaccine (hepatitis B pediatric vaccine (TVFC) 10 mcg/0.5 mL intramuscular suspension) <input type="checkbox"/> 0.5 mL, IM, inj, ONE TIME To be given at one month of age or prior to discharge - whichever occurs first.
	hepatitis B vaccine (hepatitis B pediatric vaccine 10 mcg/0.5 mL intramuscular suspension) <input type="checkbox"/> 0.5 mL, IM, inj, ONE TIME To be given at one month of age or prior to discharge - whichever occurs first.

Central Nervous System Stimulants

	Caffeine Loading Dose: caffeine (caffeine neonatal) <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.
	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. Continued on next page....

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ORDER	ORDER DETAILS

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UMC Health System NICU PROCEDURE PLAN	Patient Label Here
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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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<p>UMC Health System</p> <p>NICU SEDATION AND PAIN MED PLAN</p>	<p>Patient Label Here</p>
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PHYSICIAN ORDERS

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

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