| UMC Health System NICU LBK 26 TO 29 WEEKS PLAN | | Patient Label Here | | | |
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| Diagnos | | N ORDERS | | | |
| Diagnos | | | | | |
| Weight | Allergies Allergies Place an "X" in the Specific order detail box(es) where applicable. | | | | |
| ORDER | | | | | |
| 0112111 | Admit/Discharge/Transfer | | | | |
| | Notify Provider/Primary Team of Pt Admit | | | | |
| | Patient Care | | | | |
| | Bathe Patient Per Unit Standards | | | | |
| | Initiate Neonate Discharge Requirements (Initiate Neonate Discharge | Requirements (NICU)) | | | |
| | Consult Lactation Specialist | | | | |
| | Continuous Telemetry (Intermediate Care) (Continuous Cardiac Mon | i toring (Intermediate Care)) Rate alarm 80, High Heart Rate alarm 200 | | | |
| | Daily Weight Per Unit Standards Insert Gastric Tube Per Unit Standards T;N, Orogastric - OG, To: Gravity Measure Patient Obtain weight on admission. Obtain all other measurements (per unit standard) at 72 hours of life. Obtain Infant Bed Bed Type: Isolette Bed Type: Radiant Warmer POC Blood Sugar Check Isolete than 150 mg/dL x3 change to Q6 hours. Notify provider if blood sugar is less than 50 mg/dL or greater than 150 mg/dL. T;N, q1h for 3 hr, If BS greater than 50 mg/dL x3 change to q12hr while on TPN/IVF. When off TPN/IVF, check with labs. Notify provider if blood sugar is less than 50 mg/dL or greater than 150 mg/dL. | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | Strict Intake and Output T;N, Per Unit Standards | | | | |
| | Maintain Total Fluids (Total Fluid Goal (NICU)) □ T;N, Fluid Goal mL/kg/day: 100 mL/kg/day | | | | |
| | Vital Signs Per Unit Standards | | | | |
| | Newborn Screen Draw 24 hrs to 48 hrs after birth. | | | | |
| | | | | | |
| Пто | Read Back | Scanned Powerchart Scanned PharmScan | | | |
| Order Take | n by Signature: | Date Time | | | |
| Physician | Signature: | Date Time | | | |
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| UMC Health System NICU LBK 26 TO 29 WEEKS PLAN | | P | atient Label Here | |
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| | PHYSICIA | N ORDERS | | |
| | Place an "X" in the Orders column to designate orders of choice AN | D an "x" in the specific ord | er detail box(es) where applicable. | |
| ORDER | ORDER DETAILS | | | |
| | Insert Central Line (NICU) Line Type: PAL-Peripheral Arterial Line Line Type: UAC-Umbilical Artery Catheter | Line Type: PICC | al Venous Catheter | |
| | Confirm Central Line Placement (NICU) (Cleared for Use Central Line Line Type: PAL-Peripheral Arterial Line Line Type: UAC-Umbilical Artery Catheter | ● (NICU)) □ Line Type: PICC □ Line Type: UVC-Umbilica | al Venous Catheter | |
| | Insert Peripheral Line | | | |
| | Communication | | | |
| | Notify Provider of VS Parameters 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) □ T;N, Keep midline and supine x 72 hours | | | |
| | Notify Provider (Misc) (Notify Provider of Results) | | | |
| | Notify Provider (Misc) | | | |
| | Limit Stimuli | | | |
| | Dietary | | | |
| | NPO Diet T;N, NPO | | | |
| | Infant Nutrition (NICU) | | | |
| | Cue Based Feeding @ 33wks gestation (NIC (Cue Based Feeding @ T;N, Ad Lib Feeding, PRN | 33wks gestation (NICU)) | | |
| | Begin Non-Nutritive Breastfeeding @ 30 W (Begin Non-Nutritive Breading) T;N, Ad Lib Feeding, PRN | astfeeding @ 30 Weeks Ges | station (NICU)) | |
| | IV Solutions | | | |
| | NICU Total Parenteral Nutrition Policy/P (NICU Total Parenteral Nutri | tion Policy/Procedure) | | |
| | parenteral nutrition solution (Starter NICU TPN 10% with Calcium (co | entral line)) | | |
| | | | | |
| | Bolus Fluids | | | |
| | Bolus Fluids NS (NS bolus) 10 mL/kg, IVPB, ivpb, ONE TIME, Infuse over 1 hr | | | |
| | NS (NS bolus) | | | |
| | NS (NS bolus) 10 mL/kg, IVPB, ivpb, ONE TIME, Infuse over 1 hr D10W (D10W bolus) 2 mL/kg, IVPB, ivpb, ONE TIME, Infuse over 5 min Arterial Line Fluid | | | |
| | NS (NS bolus) 10 mL/kg, IVPB, ivpb, ONE TIME, Infuse over 1 hr D10W (D10W bolus) 2 mL/kg, IVPB, ivpb, ONE TIME, Infuse over 5 min Arterial Line Fluid sodium acetate-heparin-sterile water 50 (sodium acetate-heparin-sterile intra-arterial, 0.5 mL/hr | rile water 50 mL) | | |
| | NS (NS bolus) 10 mL/kg, IVPB, ivpb, ONE TIME, Infuse over 1 hr D10W (D10W bolus) 2 mL/kg, IVPB, ivpb, ONE TIME, Infuse over 5 min Arterial Line Fluid sodium acetate-heparin-sterile water 50 (sodium acetate-heparin-sterile) | rile water 50 mL) | | |
| | NS (NS bolus) 10 mL/kg, IVPB, ivpb, ONE TIME, Infuse over 1 hr D10W (D10W bolus) 2 mL/kg, IVPB, ivpb, ONE TIME, Infuse over 5 min Arterial Line Fluid sodium acetate-heparin-sterile water 50 (sodium acetate-heparin-sterile intra-arterial, 0.5 mL/hr Peripheral & Central Line Patency | rile water 50 mL) | Scanned PharmScan | |
| | NS (NS bolus) 10 mL/kg, IVPB, ivpb, ONE TIME, Infuse over 1 hr D10W (D10W bolus) 2 mL/kg, IVPB, ivpb, ONE TIME, Infuse over 5 min Arterial Line Fluid sodium acetate-heparin-sterile water 50 (sodium acetate-heparin-sterile intra-arterial, 0.5 mL/hr Peripheral & Central Line Patency | Scanned Powerchart | Scanned PharmScan | |

Version: 12 Effective on: 04/22/24

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| UMC Health System | | P | atient Label Here | |
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| NI | CU LBK 26 TO 29 WEEKS PLAN | | | |
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| | 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 | | | |
| | 1/2 NS (1/2 NS Flush (NICU)) □ 1 mL, IVPush, inj, as needed, PRN flush, for PAL 1 mL syringe for PAL. | | | |
| | 1/2 NS (1/2 NS Flush (NICU)) □ 2 mL, IVPush, inj, as needed, PRN flush, for UVC, UAC, PICC, and Broviac 5 mL syringe filled to 2 mL for UVC, UAC, PICC, and Broviac. | | | |
| | Medications | al daily doop if pooded | | |
| | Medication sentences are per dose. You will need to calculate a tot If ordering mupirocin, select ALL 3 orders: | ai daily dose il needed. | | |
| | mupirocin topical (mupirocin 2% topical ointment) 1 app, topical, oint, bilateral nares, BID, x 7 days | | | |
| | mupirocin topical (mupirocin 2% topical ointment) | | | |
| | mupirocin topical (mupirocin 2% topical ointment) 1 app, topical, oint, bilateral nares, BID, x 7 days | | | |
| | Antibiotics | | | |
| | ampicillin (ampicillin neonatal) 50 mg/kg, IVPB syr, inj, q12h, x 3 dose, Empiric therapy 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) ☐ 5 mg/kg, IVPB syr, syringe, q48h, x 1 dose, Empiric therapy Must wait at least 2 hours after ampicillin administration to administer gentamicin. | | | |
| | Antiviral Agents | | | |
| | acyclovir (acyclovir neonatal) ☐ 20 mg/kg, IVPB syr, syringe, q8h, Empiric therapy | | | |
| | Antifungals | | | |
| | **If birth weight LESS than 1,000 grams** | | | |
| | If ordering fluconazole, select ALL 3 orders: | | | |
| | fluconazole (fluconazole neonatal) 3 mg/kg, IVPB syr, syringe, q72h, x 5 dose, Maintenance Dose., Emp Fluconazole regimen: Give every 72 hours for 2 weeks, then every 48 | | ry 24 hours for 2 weeks. | |
| | fluconazole (fluconazole neonatal) 3 mg/kg, IVPB syr, syringe, q48h, x 7 dose, Maintenance Dose., Empiric therapy 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) 3 mg/kg, IVPB syr, syringe, q24h, x 14 dose, Maintenance Dose., Empiric therapy Fluconazole regimen: Give every 72 hours for 2 weeks, then every 48 hours for 2 weeks, then every 24 hours for 2 weeks. | | | |
| | Misc Meds | | | |
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| Order Take | n by Signature: | Date | Time | |
| Physician | Signature: | Date | Time | |
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| UMC Health System NICU LBK 26 TO 29 WEEKS PLAN | | Patient Label Here | | |
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| | PHYSICIA | N ORDERS | | |
| | Place an "X" in the Orders column to designate orders of choice AN | D an "x" in the specific ord | er detail box(es) where applicable. | |
| ORDER | ORDER DETAILS | | | |
| | erythromycin ophthalmic (erythromycin ophthalmic neonatal) 1 app, left eye, ophth oint, ONE TIME Apply at time of admission. | | | |
| | erythromycin ophthalmic (erythromycin ophthalmic neonatal) 1 app, right eye, ophth oint, ONE TIME Apply at time of admission. | | | |
| | beractant ☐ 4 mL/kg, intra-tracheal, susp, ONE TIME | | | |
| | zinc oxide topical (Desitin 40% topical ointment) | | | |
| | phytonadione (Vitamin K1 neonatal) 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) 0.5 mL, IM, inj, ONE TIME To be given at one month of age or prior to discharge - whichever occurs first. | | | ion) | |
| | hepatitis B vaccine (hepatitis B pediatric vaccine 10 mcg/0.5 mL intramuscular suspension) □ 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) 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) 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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| | en by Signature: | Date | | |
| Physician | Signature: | Date | Time | |

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| | PHYSICIA | | |
| | Place an "X" in the Orders column to designate orders of choice AN | | er detail box(es) where applicable. |
| ORDER | ORDER DETAILS | · · · | |
| | | | |
| | Laboratory Comprehensive Metabolic Panel (CMP) | | |
| | Comprehensive Metabolic Panel (CMP) | | |
| | Bilirubin Direct | | |
| | Bilirubin Direct Routine, T;N, q12h 48 hr | | |
| | Phosphorus Level Comment: complete at 12 hours of life | | |
| | Phosphorus Level Routine, T;N, q12h 48 hr | | |
| | GGT Comment: complete at 12 hours of life | | |
| | GGT ☐ Routine, T;N, q12h 48 hr | | |
| | Triglycerides Comment: complete at 12 hours of life | | |
| | Triglycerides Routine, T;N, q12h 48 hr | | |
| | Magnesium Level Comment: complete at 12 hours of life | | |
| | Magnesium Level □ Routine, T;N, q12h 48 hr | | |
| | Hematology | | |
| | You must enter the date and time you want labs to be drawn on every lab CBC with Differential | o order that is timed. | |
| | Timed, Comment: Draw at 6 hours of life. CBC with Differential Timed, Comment Draw at 42 hours of life. | | |
| | Timed, Comment: Draw at 12 hours of life. CBC with Differential Timed, Comment: Draw at 24 hours of life | | |
| | CBC with Differential Next Day in AM, T+1;0300, Every AM 2 days | | |
| | Microbiology/Virology | | |
| | Culture Blood | | |
| | Lactic Acid Level | | |
| | Blood Bank | | |
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| Order Take | en by Signature: | Date | Time |
| Physician | Signature: | Date | Time |

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| | PHYSICIA | | | |
| | Place an "X" in the Orders column to designate orders of choice AN | | er detail hox(es) where applicable | |
| ORDER | | | | |
| | | | | |
| | 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.**** | | | |
| | BB Antibody Screen | | | |
| | BB Direct Coombs | | | |
| | Drugs of Abuse | | | |
| | Meconium Drug Screen | | | |
| | Urine Random Drug Screen | | | |
| | Umbilical Cord Hold | | | |
| | Specimen Type: Tissue, Routine, T;N | | | |
| | Umbilical Cord Tissue Basic Drug Screen | | | |
| | TTUHSC Cytogenics 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 Cytog | enetics Prenatal/Constitutut | ional FISH) | |
| | TTUHSC Cytogenetics Prenatal/Constitutio (TTUHSC Cytogenetics P | renatal/Constitutional FISH |) | |
| | Diagnostic Tests | | | |
| | Radiography If Intubated order the following: | | | |
| | DX Pedi Chest/Abd | | | |
| | | | | |
| | DX Pedi Chest/Abd (DX Pedi Chest/Abd (NICU)) at 6 hours of life | | | |
| | DX Pedi Chest/Abd (DX Pedi Chest/Abd (NICU)) | | | |
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| Order Tak | en by Signature: | Date | Time | |
| Physician | Physician Signature: Date Time | | | |

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| | PHYSICIA | N ORDERS | | | |
| | Place an "X" in the Orders column to designate orders of choice AN | D an "x" in the specific ord | er detail box(es) where applicable. | | |
| ORDER | ORDER DETAILS | | | | |
| | | | | | |
| | If on NonInvasive Ventilation order the following: | | | | |
| | DX Pedi Chest/Abd (DX Pedi Chest/Abd (NICU)) | | | | |
| | Check for line placement. | | | | |
| | | | | | |
| | DX Pedi Chest/Abd (DX Pedi Chest/Abd (NICU)) Every 0300, for 72, hr | | | | |
| | Ultrasound | | | | |
| | US Echoencephalogram To be completed on day of life #7 | | | | |
| | US Echoencephalogram | | | | |
| | US Hips Infant | | | | |
| | Respiratory | | | | |
| | Continuous Pulse Oximetry ***See Policy and Procedure*** | | | | |
| | Ca++ Only per Blood Gas | | | | |
| | Physical Medicine and Rehab | | | | |
| | Consult Occ Therapy for Eval & Treat for (Consult Occ Therapy for Eval & Treat for Neonatal) Prematurity, Patients born at less than or equal to 30 weeks, initiate OT at 2 weeks of life. | | | | |
| | Consults/Referrals | | | | |
| | Social Services for Assessment and Eval | | | | |
| | Consult Dietitian □ T;N | | | | |
| | Consult Ophthalmology for ROP Appt. Date: T;N, Special Instr: For patients born at less than or equal | to 30 weeks or less than 1500 |) grams birth weight. | | |
| | Consult MD Service: Palliative Care | | | | |
| | All babies <29 weeks or surgical babies must have a clergy consult. | | | | |
| | Clergy Consult (NICU Clergy Consult) | | | | |
| | Procedures | | | | |
| | Newborn Metabolic Screening Panel w/Test (Newborn Metabolic Scr | eening Panel w/Test Kit) | | | |
| | Additional Orders | | | | |
| | Please order NICU Sedation and Pain Med Plan for all intubated patient | 5. | | | |
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| Order Take | n by Signature: | Date | Time | | |
| | Signature: | | Time | | |
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| | PHYSICIA | | |
| | Place an "X" in the Orders column to designate orders of choice AN | D an "x" in the specific orde | ^r detail box(es) where applicable. |
| ORDER | ORDER DETAILS | | |
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| NICU PROCEDURE PLAN | | | |
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| | PHYSICIA | N ORDERS | |
| | Place an "X" in the Orders column to designate orders of choice AN | D an "x" in the specific orde | r detail box(es) where applicable. |
| ORDER | | | |
| | Patient Care Confirm Central Line Placement (NICU) (Cleared for Use Central Line | e (NICU)) | |
| | Line Type: PAL-Peripheral Arterial Line | Line Type: PICC | |
| | Line Type: UAC-Umbilical Artery Catheter Insert Central Line (NICU) | Line Type: UVC-Umbilical | venous Catheter |
| | Line Type: PAL-Peripheral Arterial Line | Line Type: PICC | |
| | Line Type: UAC-Umbilical Artery Catheter | 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 | | |
| | Consent for: PICC Line | | |
| | Medications Medication sentences are per dose. You will need to calculate a total daily dose if needed. | | |
| | Idocaine (lidocaine 1% preservative-free injectable solution) □ 0.5 mL, locally, inj, ONE TIME | | |
| | petrolatum topical (petrolatum topical ointment) ☐ 1 app, topical, oint, 12x/day, PRN wound care Apply with each diaper change. | | |
| | acetaminophen (acetaminophen neonatal) 15 mg/kg, PO, liq, ONE TIME ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 h exceed 4,000 mg of acetaminophen from all sources in 24 hours*** | ours if under the age of 12 yea | ars. For all others do not |
| | Diagnostic Tests | | |
| | DX Pedi Chest/Abd (DX Pedi Chest/Abd (NICU)) STAT, Line placement | | |
| | DX Chest Portable | | |
| | DX Abdomen Portable (DX Abdomen Portable (NICU)) | | |
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| Order Take | en by Signature: | Date | Time |
| | Signature: | | Time |



| UMC Health System NICU RESPIRATORY PLAN | | Pati | ent Label Here | | |
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| | PHYSICIA | | | | |
| | Place an "X" in the Orders column to designate orders of choice AN | ID 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) | if less than 34+1 weeks | | | |
| | Medications | | | | |
| | Medication sentences are per dose. You will need to calculate a tot | al 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, q6h, PRN wheezing | 0.1 mg/kg, inhalation, soln, 0.1 mg/kg, inhalation, soln, | | | |
| | 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, q6h ☐ 0.1 mg/kg, inhalation, soln, q12h | 0.1 mg/kg, inhalation, soln, 0.1 mg/kg, inhalation, soln, | | | |
| | budesonide (budesonide-inhalation neonatal) 0.25 mg, inhalation, neb, q12h | | | | |
| | Diagnostic Tests | | | | |
| | DX Chest Portable | | | | |
| | Respiratory | | | | |
| | Oxygen (O2) Therapy ***See Policy and Procedure*** do not wean below 2LPM if less than | 34+1 weeks | | | |
| | Chest Physiotherapy ☐ q4h ☐ q8h | 🔲 q6h | | | |
| | Nasal CPAP (NICU) | | | | |
| | Nitric Oxide Administration | | | | |
| | Ventilator Settings | | | | |
| | Ventilator Settings HFOV I-Time (%): 33% | | | | |
| | Arterial Blood Gas STAT Routine, q24h, PRN: | Routine, Every AM, PRN: | | | |
| | Capillary Blood Gas | | | | |
| | Mixed Venous Blood Gas | | | | |
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| Order Take | en by Signature: | Date | Time | | |
| Physician | ysician Signature: Time Time | | | | |
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| N | CU SEDATION AND PAIN MED PLAN | | | | |
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| | | N ORDERS | | | |
| ORDER | Place an "X" in the Orders column to designate orders of choice AN ORDER DETAILS | D an "x" in the specific orde | r detail box(es) where applicable. | | |
| ORDER | Patient Care | | | | |
| | Sedation Level (NICU) | | | | |
| | ☐ T;N, Sedation Level: None ☐ T;N, Sedation Level: Deep Sedation | T;N, Sedation Level: Light | Sedation | | |
| | Medications | | | | |
| | Medications Medication sentences are per dose. You will need to calculate a tota | al daily dose if needed. | | | |
| | Analgesics | | | | |
| | Mild Pain: | | | | |
| | acetaminophen (acetaminophen neonatal) | | | | |
| | Moderate Pain: Choose One | | | | |
| | morphine (morphine neonatal) 0.05 mg/kg, IVPush, inj, q4h, PRN pain-moderate (scale 4-6) | | | | |
| | fentaNYL (fentaNYL neonatal) | | | | |
| | Severe Pain: Choose One | | | | |
| | morphine (morphine neonatal) 0.1 mg/kg, IVPush, inj, q4h, PRN pain-severe (scale 7-10) | | | | |
| | fentaNYL (fentaNYL neonatal) 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) | | | | |
| | IVsyr Final concentration = 0.01 mg/mL (10 mcg/mL). Provider order require Start at rate:mcg/kg/hr | ed for ALL rate changes. | | | |
| | Sedatives | | | | |
| | Select one of the following for sedation. | | | | |
| | LORazepam (LORazepam neonatal) | | | | |
| | midazolam (midazolam neonatal) ☐ 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) | | | |
| | Final concentration: 0.5 mg/mL (500 mcg/mL). Provider order required Start at rate:mg/kg/hr | for ALL rate changes. | | | |
| | | | | | |
| | | | | | |
| то | Read Back | Scanned Powerchart | Scanned PharmScan | | |
| Order Take | en by Signature: | Date | Time | | |
| | Signature: | Date | | | |