

<p>UMC Health System</p> <p>NICU LBK LESS THAN 26 WEEK PLAN</p>	<p>Patient Label Here</p>
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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

Admit/Discharge/Transfer

Notify Provider/Primary Team of Pt Admit
 Notify: NICU Team/Provider, Upon Arrival to Floor/Unit

Patient Care

Bathe Patient
 Per Unit Standards

Initiate Neonate Discharge Requirements (Initiate Neonate Discharge Requirements (NICU))
 See Policy and Procedure

Consult Lactation Specialist
 T;N

Continuous Telemetry (Intermediate Care) (Continuous Cardiac Monitoring (Intermediate Care))
 See Policy and Procedure Low saturation alarm 85%, Low Heart Rate alarm 80, High Heart Rate alarm 200

Daily Weight
 T;N, Per Unit Standards

Insert Gastric Tube
 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
 Bed Type: Open Crib

POC Blood Sugar Check
 T;N, q1h for 3 hr, If BS greater than 50 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.

Maintain Total Fluids (Total Fluid Goal (NICU))
 T;N, Fluid Goal mL/kg/day: 120 mL/kg/day

Vital Signs
 Per Unit Standards

Newborn Screen
 Draw 24 hrs to 48 hrs after birth.

Insert Central Line (NICU)
 Line Type: PAL-Peripheral Arterial Line Line Type: PICC
 Line Type: UAC-Umbilical Artery Catheter Line Type: UVC-Umbilical Venous Catheter

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



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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
	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 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. Keep HOB at 30 degrees
	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
	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 5% with Calcium (central line)) <input type="checkbox"/> IV, mL/hr Starter TPN 5% Dextrose + Calcium with heparin 0.25 units/mL. Recommended max rate is 100 mL/kg/day.
	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.
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

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Peripheral & Central Line Patency	
	1/2 NS (1/2 NS Flush (NICU)) <input type="checkbox"/> 1 mL, IVPush, inj, as needed, PRN flush, for PAL 1 mL syringe for PAL.
	1/2 NS (1/2 NS Flush (NICU)) <input type="checkbox"/> 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

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, 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) <input type="checkbox"/> 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) <input type="checkbox"/> 20 mg/kg, IVPB syr, syringe, q8h, Empiric therapy
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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, 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) <input type="checkbox"/> 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) <input type="checkbox"/> 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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NICU LBK LESS THAN 26 WEEK PLAN

PHYSICIAN ORDERS

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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.
	hydrocortisone (hydrocortisone neonatal) <input type="checkbox"/> 1 mg/kg, IVPB syr, syringe, q12h, Infuse over 30 min
	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
Laboratory	
Hematology	
	You must enter the date and time you want labs to be drawn on every lab order that is timed.
	CBC with Differential <input type="checkbox"/> Timed, Comment: Draw at 6 hours of life.
	CBC with Differential <input type="checkbox"/> Timed, Comment: Draw at 12 hours of life.
	Comprehensive Metabolic Panel (CMP) <input type="checkbox"/> Timed, Comment: Draw at 12 hours of life
	Bilirubin Direct <input type="checkbox"/> Timed, Comment: Draw at 12 hours of life
	GGT <input type="checkbox"/> Timed, Comment: Draw at 12 hours of life
	Phosphorus Level <input type="checkbox"/> Timed, Comment: Draw at 12 hours of life
	Triglycerides <input type="checkbox"/> Timed, Comment: Draw at 12 hours of life
	Magnesium Level <input type="checkbox"/> Timed, Comment: Draw at 12 hours of life
	CBC with Differential <input type="checkbox"/> Timed, q12h for 2 days
	Comprehensive Metabolic Panel (CMP) <input type="checkbox"/> Timed, q12h for 2 days
	Bilirubin Direct <input type="checkbox"/> Timed, q12h for 2 days
	GGT <input type="checkbox"/> Timed, q12h for 2 days
	Phosphorus Level <input type="checkbox"/> Timed, q12h for 2 days
	Triglycerides <input type="checkbox"/> Timed, q12h for 2 days
	Magnesium Level <input type="checkbox"/> Timed, q12h for 2 days
Microbiology/Virology	
	Culture Blood
	Lactic Acid Level
Blood Bank	
	To order blood type and screen, you must order BB Blood Type (ABO/Rh) Neonate and BB Antibody Screen.

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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
	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
	BB Maternal/Fetal Direct Coombs Cord
	BB Blood Type (ABO/Rh) Cord
Drugs of Abuse	
	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, STAT Check for line placement.
	If Intubated order the following: DX Pedi Chest/Abd (DX Pedi Chest/Abd (NICU)) <input type="checkbox"/> at 6 hours of life
	DX Pedi Chest/Abd (DX Pedi Chest/Abd (NICU)) <input type="checkbox"/> q12h, for 72, hr

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PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	<p>If on Non-Invasive Ventilation order the following:</p> <p>DX Pedi Chest/Abd (DX Pedi Chest/Abd (NICU))</p> <p><input type="checkbox"/> Every 0300, for 72, hr</p>
Ultrasound	
	<p>US Echoencephalogram</p> <p><input type="checkbox"/> To be completed on day of life #7</p>
	<p>US Echoencephalogram</p> <p><input type="checkbox"/> To be completed on day of life #14</p>
	<p>US Hips Infant</p> <p><input type="checkbox"/> To be done at 6 weeks of age</p>
Respiratory	
	<p>Continuous Pulse Oximetry</p> <p><input type="checkbox"/> ***See Policy and Procedure***</p>
	<p>Ca++ Only per Blood Gas</p> <p><input type="checkbox"/> Draw with all blood gases</p>
Physical Medicine and Rehab	
	<p>Consult Occ Therapy for Eval & Treat for (Consult Occ Therapy for Eval & Treat for Neonatal)</p> <p><input type="checkbox"/> Prematurity, Patients born at less than or equal to 30 weeks, initiate OT at 2 weeks of life.</p>
Consults/Referrals	
	<p>Social Services for Assessment and Eval</p> <p><input type="checkbox"/> T;N, For NICU Admission</p>
	<p>Consult Dietitian</p> <p><input type="checkbox"/> T;N</p>
	<p>Consult Ophthalmology for ROP</p> <p><input type="checkbox"/> Appt. Date: T;N, 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	
	<p>Please order NICU Sedation and Pain Med Plan for all intubated patients.</p>

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UMC Health System NICU PROCEDURE 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
	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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UMC Health System NICU RESPIRATORY 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
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, q4h, PRN wheezing <input type="checkbox"/> 0.1 mg/kg, inhalation, soln, q6h, 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, q4h <input type="checkbox"/> 0.1 mg/kg, inhalation, soln, q6h <input type="checkbox"/> 0.1 mg/kg, inhalation, soln, q8h <input type="checkbox"/> 0.1 mg/kg, inhalation, soln, q12h
	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"/> q6h <input type="checkbox"/> q8h
	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, Every AM, PRN: <input type="checkbox"/> Routine, q24h, PRN:
	Capillary Blood Gas
	Mixed Venous Blood Gas

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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

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
	<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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