NICU NECROTIZING ENTEROCOLITIS PLAN

Patient Label Here

	PHYSICIAN ORDERS			
Diagnosis				
Weight	Allergies			
	Place an "X" in the Orders column to designate orders of choice	AND an "x" in the specific order of	detail box(es) where applicable.	
ORDER	ORDER DETAILS			
	Patient Care Insert Gastric Tube			
	Replogle, To: Low Intermittent Suction			
	Dietary			
	NPO Diet			
	IV Solutions Continuous Fluids			
	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			
	D10W 1/4 NS 250 mL			
	IV, mL/hr			
	Final concentration = D10W 1/4 NS 9.625 mEq, Every Bag			
	D10W 1/4 NS with heparin 0.25 units/mL 2 (D10W 1/4 NS with heparin 0.25 units/mL 250 mL)			
	IV, mL/hr Final concentration = D10W 1/4 NS			
	Each bag contains heparin 62.5 units (0.25 units/mL)	П		
	9.625 mEq, Every Bag	☐ 62.5 units, Every Bag		
	Medications Medication sentences are per dose. You will need to calculate a	total daily doso if pooded		
	Antibiotics	total daily dose il fleeded.		
	vancomycin (vancomycin neonatal) ☐ 15 mg/kg, IVPB syr, syringe, q12h, x 14 days, Colitis ☐ 10 mg/kg, IVPB syr, syringe, q12h, x 14 days, Colitis	☐ 10 mg/kg, IVPB syr, syringe,	q8h, x 14 days, Colitis	
	gentamicin (gentamicin neonatal) 4 mg/kg, IVPB syr, syringe, q24h, x 14 days, Colitis 4.5 mg/kg, IVPB syr, syringe, q36h, x 14 days, Colitis	4 mg/kg, IVPB syr, syringe, o		
	piperacillin-tazobactam (Zosyn neonatal) 50 mg/kg, IVPB syr, syringe, q12h, x 14 days, Colitis	☐ 50 mg/kg, IVPB syr, syringe,	q8h, x 14 days, Colitis	
	Loading Dose:If metronidazole indicated, please select both loading a	nd maintenance dose orders.		
	metroNIDAZOLE (metroNIDAZOLE neonatal) 15 mg/kg, IVPB syr, syringe, ONE TIME, Loading Dose, Colitis			
	Maintenance Dose:			
□то	☐ Read Back	☐ Scanned Powerchart	Scanned PharmScan	
Order Taken by Signature:			Time	
Physician Signature:		Date	Time	

NICU NECROTIZING ENTEROCOLITIS PLAN

Patient Label Here

	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			
	metroNIDAZOLE (metroNIDAZOLE neonatal) 7.5 mg/kg, IVPB syr, syringe, q6h, x 14 days, Maintenance Dose, Colitis 7.5 mg/kg, IVPB syr, syringe, q8h, x 14 days, Maintenance Dose, Colitis 7.5 mg/kg, IVPB syr, syringe, q12h, x 14 days, Maintenance Dose, Colitis 7.5 mg/kg, IVPB syr, syringe, q24h, x 14 days, Maintenance Dose, Colitis			
	Laboratory			
	CBC with Differential STAT			
	CBC with Differential ☐ Next Day in AM, T+1;0300, Every AM 2 days			
	C Reactive protein (CRP) STAT			
	C Reactive protein (CRP) ☐ Next Day in AM, T+1;0300, Every AM 2 days			
	Procalcitonin Level STAT			
	Procalcitonin Level ☐ Next Day in AM, T+1;0300, for 1 days			
	Culture Urine Straight Catheterized Urine			
	Urinalysis ☐ Urine, Comment: Straight Catheterization			
	Culture Blood Blood, STAT, Comment: Central Line			
	Lactic Acid Level STAT			
	Culture Blood Blood, STAT, Comment: Peripheral Line			
	Diagnostic Tests			
	DX Abdomen Portable (DX Abdomen Portable (NICU)) T;N, Routine, q8h, for 24, hr			
	DX Abdomen 2 vw w/single chest			
	Please order DX Abdomen 2 vw with KUB and left lateral decubitus 8 hours after initial x-ray of abdomen 2 vw with single chest.			
	DX Abdomen 2+ vw With KUB and left lateral decubitus			
	DX Pedi Chest/Abd (DX Pedi Chest/Abd (NICU)) STAT, ONE TIME			
	Respiratory			
	Capillary Blood Gas (CBG)			
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Order Take	n by Signature: Date Time			
Physician Signature: DateTime				

Version: 3 Effective on: 11/08/23

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Patient Label Here

NI	CU NECROTIZING ENTEROCOLITIS PLAN			
	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.			
	Consults/Referrals Consult MD			
	Service: Pedi Surgery			
	Additional Orders			
	_			
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Order Takeı	by Signature:	Date	Time	
Physician S	ignature:	Date	Time	

NICU PROCEDURE PLAN

Patient Label Here

	PHYSICIA	.N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific orde	er detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Patient Care		
	Confirm Central Line Placement (NICU) (Cleared for Use Central Line Line Type: PAL-Peripheral Arterial Line Line Type: UAC-Umbilical Artery Catheter	e (NICU)) Line Type: PICC Line Type: UVC-Umbilica	l Venous Catheter
	Insert Central Line (NICU) Line Type: PAL-Peripheral Arterial Line Line Type: UAC-Umbilical Artery Catheter	Line Type: PICC Line Type: UVC-Umbilica	l 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	al dalla da a lifera da d	
	Medication sentences are per dose. You will need to calculate a tot lidocaine (lidocaine 1% preservative-free injectable solution)	ai dally dose it needed.	
	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 hexceed 4,000 mg of acetaminophen from all sources in 24 hours***	nours if under the age of 12 ye	ears. For all others do not
	Diagnostic Tests		
	DX Pedi Chest/Abd (DX Pedi Chest/Abd (NICU)) STAT, Line placement		
	DX Chest Portable STAT, Line placement		
	DX Abdomen Portable (DX Abdomen Portable (NICU)) STAT, Line placement		
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Order Take	n by Signature:	Date	Time
Physician Signature:		Date	Time

NICU RESPIRATORY PLAN

Patient Label Here

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) 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) 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) 0.1 mg/kg, inhalation, soln, q3h, PRN wheezing 0.1 mg/kg, inhalation, soln, q6h, PRN wheezing	0.1 mg/kg, inhalation, soln, q4h, PRN wheezing 0.1 mg/kg, inhalation, soln, q12h, PRN wheezing		
	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, q4h 0.1 mg/kg, inhalation, soln, q8h		
	budesonide (budesonide-inhalation neonatal) ☐ 0.25 mg, inhalation, neb, q12h			
	Diagnostic Tests			
	DX Chest Portable ☐ T;N			
	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 Taken by Signature: Date Time				
Physician Signature:		DateTime		

NICU PARENTERAL NUTRITION PLAN

Patient Label Here

	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	T T T T T T T T T T T T T T T T T T T			
	Patient Care			
	NICU Total Parenteral Nutrition Policy/P (NICU Total Parenteral Nutrition Policy/Procedure) ☐ ***See Reference Text***			
	POC Blood Sugar Check ☐ q12h, Until TPN is discontinued.			
	Communication			
	Notify Provider (Misc) ☐ T;N, Reason: POC Blood Glucose is LESS than 50 mg/dL or GREATER than 150 mg/dL.			
	IV Solutions Percentage Nutrition			
	Parenteral Nutrition Starter NICU TPN			
	parenteral nutrition solution (Starter NICU TPN 5%)			
	□ 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%)			
	□ 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)) 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 IV, mL/hr			
	D5W 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 Timed, Comment: Draw at 24 hours of life.			
	Bilirubin Direct ☐ Timed, q24h 2 days			
	Comprehensive Metabolic Panel (CMP) ☐ Timed, Comment: Draw at 24 hours of life.			
	Comprehensive Metabolic Panel (CMP) Timed, q24h 2 days			
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Order Taken by Signature: Date Time				
Physician Signature: DateTime				

NICU PARENTERAL NUTRITION PLAN

Patient Label Here

	PHYSICIA	N 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			
	Magnesium Level ☐ Timed, Comment: Draw at 24 hours of life.			
	Magnesium Level ☐ Timed, q24h 2 days			
	Phosphorus Level ☐ Timed, Comment: Draw at 24 hours of life.			
	Phosphorus Level ☐ Timed, q24h 2 days			
	Triglycerides ☐ Timed, Comment: Draw at 24 hours of life.			
	Triglycerides ☐ Timed, q24h 2 days			
	GGT ☐ Timed, Comment: Draw at 24 hours of life.			
	GGT ☐ Timed, q24h for 2 days			
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Order Take	n by Signature:	Date	Time	
Physician Signature:		Date	Time	