

NICU POST-OP PLAN

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

Vital Signs (NICU)

 Spec Instr: Per Nursing Protocol

Wound Care by Nursing

Communication

Notify Nurse (DO NOT USE FOR MEDS)

 T;N, Place relogal to low intermittent suction.

Notify Nurse (DO NOT USE FOR MEDS)

 T;N, Place relogal to low continuous suction.

Dietary

NPO Diet

IV Solutions

Parenteral Nutrition

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.

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.

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

Medications

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

heparin flush (heparin flush 10 units/mL injection (PEDI))

 1 mL, IVPush, syringe, q12h, PRN other, PRN flush to Broviac

PRN flush to Broviac

heparin flush (heparin flush 0.25 units/mL-1/2 NS 50 mL (neonatal))

 IV, 1 mL/hr

for UVC/PICC

 intra-arterial, 0.5 mL/hr

for UAC

acetaminophen (acetaminophen IV neonatal)

 15 mg/kg, IVPB syr, syringe, q6h, x 4 dose, Infuse over 15 min TO Read Back Scanned Powerchart Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



<p>UMC Health System</p> <p>NICU POST-OP 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.

Laboratory			
<input type="checkbox"/>		POC GLUCOSE <input type="checkbox"/> STAT	
<input type="checkbox"/>		CBC	
<input type="checkbox"/>		CBC with Differential	
<input type="checkbox"/>		Comprehensive Metabolic Panel (CMP)	
<input type="checkbox"/>		Bilirubin Direct	
<input type="checkbox"/>		Phosphorus Level	
<input type="checkbox"/>		GGT	
<input type="checkbox"/>		Triglycerides	
<input type="checkbox"/>		Magnesium Level	
Diagnostic Tests			
<input type="checkbox"/>		DX Pedi Chest/Abd (DX Pedi Chest/Abd (NICU))	
<input type="checkbox"/>		DX Pedi Chest/Abd (DX Pedi Chest/Abd (NICU))	
Respiratory			
<input type="checkbox"/>		Capillary Blood Gas	
...Additional Orders			

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Order Taken by Signature: _____ Date _____ Time _____
 Physician Signature: _____ Date _____ Time _____

<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
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Patient Care

<p>Sedation Level (NICU)</p> <p><input type="checkbox"/> T;N, Sedation Level: None</p> <p><input type="checkbox"/> T;N, Sedation Level: Deep Sedation</p>	<p><input type="checkbox"/> T;N, Sedation Level: Light Sedation</p>
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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>
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	<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>
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	<p>fentaNYL (fentaNYL neonatal)</p> <p><input type="checkbox"/> 0.5 mcg/kg, IVPush, inj, q4h, PRN pain-moderate (scale 4-6)</p>
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	<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>
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	<p>fentaNYL (fentaNYL neonatal)</p> <p><input type="checkbox"/> 1 mcg/kg, IVPush, inj, q4h, PRN pain-severe (scale 7-10)</p>
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	<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>
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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>
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	<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>
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	<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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	Empty box for additional orders
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Order Taken by Signature: _____ Date _____ Time _____
 Physician Signature: _____ Date _____ Time _____

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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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

