UMC Health System

NICU PROCEDURE PLAN

Patient Label Here

PHYSICIAN ORDERS

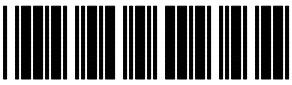
Diagnosis _____

Weight _____ **Allergies** _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	Patient Care
	Confirm Central Line Placement (NICU) (Cleared for Use Central Line (NICU)) ☐ Line Type: PAL-Peripheral Arterial Line ☐ Line Type: PICC ☐ Line Type: UAC-Umbilical Artery Catheter ☐ Line Type: UVC-Umbilical Venous Catheter
	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
	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.
	lidocaine (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 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)) ☐ STAT, Line placement
	DX Chest Portable ☐ STAT, Line placement
	DX Abdomen Portable (DX Abdomen Portable (NICU)) ☐ STAT, Line placement

☐ **TO** ☐ **Read Back** ☐ **Scanned Powerchart** ☐ **Scanned PharmScan**

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ **Date** _____ **Time** _____