

<b>UMC Health System</b>  <b>NICU SEDATION AND PAIN MED PLAN</b>	<b>Patient Label Here</b>
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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**

**Patient Care**

**Sedation Level (NICU)**  
 T;N, Sedation Level: None  T;N, Sedation Level: Light Sedation  
 T;N, Sedation Level: Deep Sedation

**Medications**

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

**Analgesics**

Mild Pain:  
**acetaminophen (acetaminophen neonatal)**  
 15 mg/kg, PO, liq, q6h, PRN pain-mild (scale 1-3)

Moderate Pain: Choose One  
**morphine (morphine neonatal)**  
 0.05 mg/kg, IVPush, inj, q4h, PRN pain-moderate (scale 4-7)

**fentaNYL (fentaNYL neonatal)**  
 0.5 mcg/kg, IVPush, inj, q4h, PRN pain-moderate (scale 4-7)

Severe Pain: Choose One  
**morphine (morphine neonatal)**  
 0.1 mg/kg, IVPush, inj, q4h, PRN pain-severe (scale 8-10)

**fentaNYL (fentaNYL neonatal)**  
 1 mcg/kg, IVPush, inj, q4h, PRN pain-severe (scale 8-10)

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 required for ALL rate changes.  
 Start at rate: \_\_\_\_\_ mcg/kg/hr

**Sedatives**

Select one of the following for sedation.  
**LORazepam (LORazepam neonatal)**  
 0.1 mg/kg, IVPush, inj, q2h, PRN sedation

**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)**  
 IVsyr  
 Final concentration: 0.5 mg/mL (500 mcg/mL). Provider order required for ALL rate changes.  
 Start at rate: \_\_\_\_\_ mg/kg/hr

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

