UMC Health System		Patient Label Here		
NICU TRANSPORT PLAN				
	PHYSICIA			
Diagnos		N ORDERS		
Weight	Allergies			
Height	Place an "X" in the Orders column to designate orders of choice AN	D an "v" in the specific ord	er detail hox(es) where applicable	
ORDER				
ORBER	Patient Care			
	Vital Signs (NICU)         □       Freq: On Arrival   q15min, Spec Instr: If patient IS ventilated.         Axillary temp 36.5-37.5 C (97.9-99.5 F).         Minimal MAP=Gestational age         Max MAP=Gestational         □       Freq: On Arrival   q30min, Spec Instr: If patient is NOT ventilated.         Axillary temp 36.5-37.5 C (97.9-99.5 F).         Minimal MAP=Gestational         □       Freq: On Arrival   q30min, Spec Instr: If patient is NOT ventilated.         Axillary temp 36.5-37.5 C (97.9-99.5 F).         Minimal MAP=Gestational age         Max MAP=Gestational         Wax MAP=Gestational			
	Continuous Cardiac Monitor (NICU)         T;N, Freq: Continuous, Spec Instr: High/Low settings: HR: 100-200 Resp: 10-100 O2: 88-96%         Continuous Pulse Oximetry (NICU)         T;N, Freq: Continuous, Spec Instr: High/Low settings: HR: 100-200 Resp: 10-100 O2: 88-96%         Insert Peripheral Line         Insert 22g-24g IV peripherally if no access present.         After 4 attempts peripherally, an umbilical cath may be insert         Insert Central Line (NICU)			
	Insert Gastric Tube         Nasogastric - NG, Aspirate contents, secure, leave open to air.         Orogastric - OG, Aspirate contents, secure, leave open to air.         Replogle, To: Gravity, Aspirate contents, secure         Replogle, To: Low Intermittent Suction, Aspirate contents, secure			
	Intubation (NICU) Spec Instr: Intubate For: Respiratory or Cardiac Arrest; PaCO2 GREATER than 60 mmHg; pH LESS than 7.28; Deteriorating Clinica			
	Needle Aspiration/Chest Tube Placement (Needle Aspiration/Chest Tube Placement (NICU))         Insert: Chest Tube, Spec Instr: Transilluminate if chest x-ray not available.         Insert: Needle Aspiration, Spec Instr: Transilluminate if chest x-ray not available.			
	Confirm Central Line Placement (NICU) Line Type: PAL-Peripheral Arterial Line, Spec Instr: Chest X-Ray obtained Line Type: PICC, Spec Instr: Chest X-Ray obtained Line Type: UAC-Umbilical Artery Catheter, Spec Instr: Chest X-Ray obtained Line Type: UVC-Umbilical Venous Catheter, Spec Instr: Chest X-Ray obtained			
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Version: 7 Effective on: 04/22/24

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NICU TRANSPORT PLAN

	PHYSICIAN ORDERS				
	Place an "X" in the Orders column to designate orders of choice AND an "x" in	the specific order	r detail box(es) where applicable.		
ORDER	ER ORDER DETAILS				
	Oxygen Therapy (NICU)				
	Communication				
		Consent for Transport & Procedures (NICU (Consent for Transport & Procedures (NICU)) Consent for: NICU Emergency Transport, Respiratory/Cardiac Support, (IV) Intravenous Access, (IV) Intravenous Fluids, Medication,			
	Consent for Transport & Procedures (NICU (Consent for Blood Transfusion (NIC	Consent for Transport & Procedures (NICU (Consent for Blood Transfusion (NICU))			
	Nurse Communication (Nurse Communication (NICU))         Obtain/Document x-ray of Chest and Abdomen (if possible) following: Respiratory Distress/Deterioration; Intubation; Umbilical Cath; Needle Aspiration/Chest Tube Placement; Suspected CDH, pneumothorax, TEF; Resuscitation Efforts.				
	Nurse Communication (Nurse Communication (NICU))				
	Nurse Communication (Nurse Communication (NICU))				
	IV Solutions				
	Bolus Fluids				
	NS (NS bolus) 10 mL/kg, IVPB, ivpb, q24h, x 1 dose For NICU Outside Transport Use Only. DO NOT SEND-ALREADY GIVEN ON TRANSPORT				
	D10W (D10W bolus) 2 mL/kg, IVPB, iv soln, q24h, x 1 dose Slow IVPush. For blood sugar result LESS than 50 mg/dL. For NICU Outside Transport Use Only. DO NOT SEND-ALREADY GIVEN ON TRANSPORT				
	Continuous Fluids				
	parenteral nutrition solution (Starter NICU TPN 10%) 315 mL, IV, to make up total fluid goal				
	D10W-heparin (D10W-heparin 0.25 units/mL) 250 mL final vol, IV, mL/hr Final concentration: D10W with heparin 0.25 units/mL. For NICU Outside Transport Use Only. Initiate at 80 mL/kg/day. Maintain blood glucose between 50-110 mg/dL. For blood sugar result LESS than 50 mg/dL, increase rate by 20 mL/kg/day. Recheck blood glucose level every 30 minutes until greater than 50 mg/dL. DO NOT SEND-ALREADY GIVEN ON TRANSPORT Continued on next page				
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## UMC Health System

NICU TRANSPORT PLAN

PHYSICIAN ORDERS				
	Place an "X" in the Orders column to designate orders of choice Al	ND an "x" in the specific ord	der detail box(es) where applicable.	
ORDER	ORDER DETAILS			
	D10W ☐ IV, mL/hr For NICU Outside Transport Use Only. Initiate at 80 mL/kg/day. Mair result LESS than 50 mg/dL, increase rate by 20 mL/kg/day. Recheck dL. DO NOT SEND-ALREADY GIVEN ON TRANSPORT			
	D5 1/2 NS IV, mL/hr For NICU Outside Transport Use Only. DO NOT SEND-ALREADY GIVEN ON TRANSPORT			
	Medications Medication sentences are per dose. You will need to calculate a to	tal daily dose if needed.		
	Antibiotics	<u></u>		
	ampicillin (ampicillin neonatal) ☐ 50 mg/kg, IVPB syr, inj, q24h, x 1 dose For NICU Outside Transport Use Only. DO NOT SEND-ALREADY G for a final concentration of 100mg/ml. Administer ordered dose imme		d 5ml of sterile water to 500mg ampicillin γial	
	gentamicin (gentamicin neonatal)         ↓ 4 mg/kg, IVPB syr, syringe, q24h, x 1 dose         For NICU Outside Transport Use Only. DO NOT SEND-ALREADY G         ↓ 4.5 mg/kg, IVPB syr, syringe, q24h, x 1 dose         For NICU Outside Transport Use Only. DO NOT SEND-ALREADY G         ↓ 5 mg/kg, IVPB syr, syringe, q24h, x 1 dose         For NICU Outside Transport Use Only. DO NOT SEND-ALREADY G         ↓ 5 mg/kg, IVPB syr, syringe, q24h, x 1 dose         For NICU Outside Transport Use Only. DO NOT SEND-ALREADY G	IVEN ON TRANSPORT		
	Cardiovascular			
	<ul> <li>EPINEPHrine (EPINEPHrine neonatal)</li> <li>□ 0.1 mg/kg, intra-tracheal, syringe, q24h, x 1 dose via ET tube. For NICU Outside Transport Use Only. DO NOT SEND-</li> </ul>	ALREADY GIVEN ON TRAN	SPORT	
	EPINEPHrine (EPINEPHrine neonatal) 0.01 mg/kg, IV, syringe, q3min, x 5 dose For NICU Outside Transport Use Only. DO NOT SEND-ALREADY GIVEN ON TRANSPORT			
	EPINEPHrine (EPINEPHrine neonatal) 0.03 mg/kg, IV, syringe, q3min, x 5 dose For NICU Outside Transport Use Only. DO NOT SEND-ALREADY GIVEN ON TRANSPORT			
	For cardiovascular drips: Initial minimum MAP goal is equivalent to baby's gestational age in mmHg. Initial maximum MAP goal is equivalent to baby's gestational age in mmHg + 10 mmHg. Example: Gestational age = 27 weeks; minimum MAP goal = 27 mmHg & maximum MAP goal = 37 mmHg.			
	alprostadil 500 mcg/50 mL D5W (neonatal) IVsyr Final concentration = 0.01 mg/mL (10 mcg/mL). Physician order required for all rate changes. For NICU Outside Transport Use Only. DO NOT SEND-ALREADY GIVEN ON TRANSPORT Continued on next page			
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	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific or	der detail box(es) where applicable.	
RDER	ORDER DETAILS			
	Start at rate:mcg/kg/min			
	DOBUTamine 200 mg/50 mL D5W (neonatal) - (DOBUTamine 200 mg/ ☐ IVsyr, Max titration: 1 mcg/kg/min every 10 minutes, Max dose: 20 mc Final concentration= 4 mg/mL (4,000 mcg/mL). For NICU Outside Tra DO NOT SEND-ALREADY GIVEN ON TRANSPORT ☐ Start at rate:mcg/kg/min	g/kg/min, Titration goal(s): I		
	DOPamine 160 mg/50 mL D5W (neonatal) - T (DOPamine 160 mg/50 m IVsyr, Max titration: 1 mcg/kg/min every 10 minutes, Max dose: 20 mc Final concentration = 3.2 mg/mL (3,200 mcg/mL). For NICU Outside T DO NOT SEND-ALREADY GIVEN ON TRANSPORT Start at rate:mcg/kg/min	g/kg/min, Titration goal(s): I		
EPINEPHrine 2.5 mg/50 mL D5W (neonatal) (EPINEPHrine 2.5 mg/50 mL D5W (neonatal) - Titratable)  IVsyr, Max titration: 0.02 mcg/kg/min every 10 minutes, Max dose: 1 mcg/kg/min, Titration goal(s): MAP GREATER than, MAP Li than Final concentration = 0.05 mg/mL (50 mcg/mL). For NICU Outside Transport Use Only. DO NOT SEND-ALREADY GIVEN ON TRANSPORT Start at rate:mcg/kg/min				
	Sedatives			
	LORazepam (LORazepam neonatal) 0.1 mg/kg, IVPush, inj, q2h, PRN sedation For NICU Outside Transport Use Only. DO NOT SEND-ALREADY GI	VEN ON TRANSPORT		
midazolam (midazolam neonatal)         □       0.1 mg/kg, IVPush, inj, q2h, PRN sedation         For NICU Outside Transport Use Only. DO NOT SEND-ALREADY GIVEN ON TRANSPORT				
	Analgesics			
	Mild Pain:			
	acetaminophen (acetaminophen neonatal) 15 mg/kg, PO, liq, q6h, PRN pain-mild (scale 1-3) For NICU Outside Transport Use Only. DO NOT SEND-ALREADY GI	VEN ON TRANSPORT		
	Moderate Pain:			
	morphine (morphine neonatal) ☐ 0.05 mg/kg, IVPush, inj, q4h, PRN pain-moderate (scale 4-7) For NICU Outside Transport Use Only. DO NOT SEND-ALREADY GI	VEN ON TRANSPORT		
	fentaNYL (fentaNYL neonatal) □ 0.5 mcg/kg, IV, inj, q4h, PRN pain-moderate (scale 4-7) For NICU Outside Transport Use Only. DO NOT SEND-ALREADY GI	VEN ON TRANSPORT		
	Severe Pain: morphine (morphine neonatal) 0.1 mg/kg, IVPush, inj, q4h, PRN pain-severe (scale 8-10) For NICU Outside Transport Use Only. DO NOT SEND-ALREADY GI	VEN ON TRANSPORT		
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NICU TRANSPORT PLAN

	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				
	fentaNYL (fentaNYL neonatal) ☐ 1 mcg/kg, IV, inj, q4h, PRN pain-severe (scale 8-10) For NICU Outside Transport Use Only. DO NOT SEND-ALREADY GI	VEN ON TRANSPORT			
	Anti-convulsants				
	PHENobarbital (PHENobarbital neonatal) ☐ 20 mg/kg, Slow IVPush, inj, q24h, x 1 dose For NICU Outside Transport Use Only. DO NOT SEND-ALREADY GI	VEN ON TRANSPORT			
	Misc Meds				
	sodium bicarbonate (sodium bicarbonate neonatal) 2 mEq/kg, Slow IVPush, inj, q24h, x 1 dose For NICU Outside Transport Use Only. DO NOT SEND-ALREADY GI	VEN ON TRANSPORT			
	calcium gluconate (calcium gluconate neonatal) I00 mg/kg, IVPB syr, syringe, q24h, x 1 dose For NICU Outside Transport Use Only. DO NOT SEND-ALREADY GIVEN ON TRANSPORT				
	erythromycin ophthalmic (erythromycin ophthalmic neonatal) 1 app, left eye, ophth oint, q24h, x 1 dose For NICU Outside Transport Use Only. DO NOT SEND-ALREADY GIVEN ON TRANSPORT				
	erythromycin ophthalmic (erythromycin ophthalmic neonatal) 1 app, right eye, ophth oint, q24h, x 1 dose For NICU Outside Transport Use Only. DO NOT SEND-ALREADY GIVEN ON TRANSPORT				
	Vitamin K: Order 0.5 mg for birth weight LESS than 1,500 grams; 1 mg for birth weight GREATER than or EQUAL to 1,500 grams.         phytonadione (Vitamin K1 neonatal)         □ 0.5 mg, IM, inj, q24h, x 1 dose, For birth weight LESS than 1,500 grams.         For NICU Outside Transport Use Only. DO NOT SEND-ALREADY GIVEN ON TRANSPORT         □ 1 mg, IM, inj, q24h, x 1 dose, For birth weight GREATER than or EQUAL to 1,500 grams.         For NICU Outside Transport Use Only. DO NOT SEND-ALREADY GIVEN ON TRANSPORT         □ 1 mg, IM, inj, q24h, x 1 dose, For birth weight GREATER than or EQUAL to 1,500 grams.         For NICU Outside Transport Use Only. DO NOT SEND-ALREADY GIVEN ON TRANSPORT				
	hydrocortisone (hydrocortisone neonatal) 1 mg/kg, IVPush, inj, ONE TIME, administer over 30 seconds For NICU Outside Transport Use Only. DO NOT SEND-ALREADY GIVEN ON TRANSPORT				
	Respiratory				
	<b>beractant</b> 4 mL/kg, intra-tracheal, susp, ONE TIME				
	Culture Blood (Blood Culture) Blood, STAT Draw per NICU protocol if not done already. If drawn in transport return blood to UMC for testing Continued on next page				
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	PHYSICIA	N ORDERS		
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific or	ler detail box(es) where applicable.	
ORDER	ORDER DETAILS			
	Lactic Acid Level			
	iStat CG4 (NICU)			
	POC Chem 8 (iStat Chem 8)			
	POC iStat Glucose (POC iStat Glucose (NICU))         Image: Freq: On Arrival, Spec Instr: If not already done.			
	Respiratory			
	Airway Precautions Assure patent airway by positioning, auscultation and observation.			
	Suction Patient (NICU)			
	Ventilator Settings (NICU)         Rate BPM: 30-60:, PEEP (cmH2O): 5-6, Insp. Time: 0.4 seconds, Spec Instr: Obtain Blood Gas 10 min after a change on ventilator. Maintain pH 7.35-7.45 & HCO2 at 22-24 Notify Provider of any changes made.			
	Vent Adjustment Guidelines (NICU) Rate: 5-10 BPM until pCO2 is 40-50 mmHg Arterial OR 45-55 Capillary. Max rate of 60 BPM., FiO2: Maintain PaO2 50-70 mmHg OR SaC at 88-96%, PEEP (cmH2O): 1 cm until 8 cm H2O is reached. Provider approval needed., Adjust Inspiratory Time: Do NOT exceed 0.			
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