

LEB NICU Jaundice Plan

[X or R] = will be ordered unless marked out.

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Heigh		kg		
Allerg		[] No known allergies		
	atex allergy []Other:			
	Initiate Powerplan Phase	T;N, Phase: LEB NICU Jaundice Phase		
	Datiant Status Initial Innatiant	Admission/Transfer/Discharge		
┝┶┷	Patient Status Initial Inpatient	Attending Physician:are [] Stepdown [] Other		
r 1	Bed Type: [] Med Surg []Critical C Patient Status Initial Outpatient	Attending Physician:		
┝┺┹	· · · · · · · · · · · · · · · · · · ·	pulatory [] OP-Diagnostic Procedure [] OP-Observation Services		
		dx with severity of illness or co-morbid conditions indicating a hospital stay greater than 24 hours		
	is required.			
	-	ery – Outpatient surgery/procedure with discharge anticipated after a routine or, in some cases,		
	extended recovery.			
	Routine recovery after outpatient surgery			
		uired for a patient to stay longer (could be overnight) to recover from anticipated sequela of		
	surgery including effects of anesthesia, na • For unanticipated sequela of surgery or a	i complicated post operative course, the patient may require a status change to inpatient. Please		
	consult with a case manager before makin			
	-	erally selected for patients undergoing PCI, diagnostic caths, EP studies, ablations, pacemaker		
	implantations, other routine surgeries.			
	Initial status Outpatient -Observation Serv	ices - Short term treatment, assessment and reassessment - estimate discharge within 24 hours		
	• In some cases (for Medicare patients), th			
	Observation Services can also be utilized	I when it is unclear (without additional assessment) whether the patient will require an inpatient		
	stay.			
	stay.			
	stay. Notify Physician Once	T;N, of room number on arrival to unit		
[]	Notify Physician Once	Vital Signs		
[] []		Vital Signs T;N, Monitor and Record T,P,R,BP, q1h xhours, then q2h, obtain BP from all 4		
[]	Notify Physician Once	Vital Signs T;N, Monitor and Record T,P,R,BP, q1h xhours, then q2h, obtain BP from all 4 extremities on admission		
[]	Notify Physician Once Vital Signs	Vital Signs T;N, Monitor and Record T,P,R,BP, q1h xhours, then q2h, obtain BP from all 4 extremities on admission Activity		
	Notify Physician Once	Vital Signs T;N, Monitor and Record T,P,R,BP, q1h xhours, then q2h, obtain BP from all 4 extremities on admission Activity T;N, Up Ad Lib		
	Notify Physician Once Vital Signs Out Of Bed(Activity As Tolerated)	Vital Signs T;N, Monitor and Record T,P,R,BP, q1h xhours, then q2h, obtain BP from all 4 extremities on admission Activity T;N, Up Ad Lib Food/Nutrition		
	Notify Physician Once Vital Signs Out Of Bed(Activity As Tolerated)	Vital Signs T;N, Monitor and Record T,P,R,BP, q1h xhours, then q2h, obtain BP from all 4 extremities on admission Activity T;N, Up Ad Lib Food/Nutrition Start at: T;N		
	Notify Physician Once Vital Signs Out Of Bed(Activity As Tolerated) NPO Breastmilk (Expressed)	Vital Signs T;N, Monitor and Record T,P,R,BP, q1h xhours, then q2h, obtain BP from all 4 extremities on admission Activity T;N, Up Ad Lib Food/Nutrition Start at: T;N T;N, mL		
	Notify Physician Once Vital Signs Out Of Bed(Activity As Tolerated) NPO Breastmilk (Expressed) Breastmilk, Donor	Vital Signs T;N, Monitor and Record T,P,R,BP, q1h xhours, then q2h, obtain BP from all 4 extremities on admission Activity T;N, Up Ad Lib Food/Nutrition Start at: T;N		
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	Notify Physician Once Vital Signs Out Of Bed(Activity As Tolerated) NPO Breastmilk (Expressed) Breastmilk, Donor LEB Formula Orders Plan	Vital Signs T;N, Monitor and Record T,P,R,BP, q1h xhours, then q2h, obtain BP from all 4 extremities on admission Activity T;N, Up Ad Lib Food/Nutrition Start at: T;N T;N, mL T;N, mL Patient Care		
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	Notify Physician Once Vital Signs Out Of Bed(Activity As Tolerated) NPO Breastmilk (Expressed) Breastmilk, Donor LEB Formula Orders Plan Consent Signed For Consent Signed For Isolation Precautions	Vital Signs T;N, Monitor and Record T,P,R,BP, q1h xhours, then q2h, obtain BP from all 4 extremities on admission Activity T;N, Up Ad Lib Food/Nutrition Start at: T;N T;N, mL T;N, mL T;N, Procedure: Transfusion of Blood/Blood Products T;N, Procedure: Insertion of PICC Line T;N		
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	Notify Physician Once Vital Signs Out Of Bed(Activity As Tolerated) NPO Breastmilk (Expressed) Breastmilk, Donor LEB Formula Orders Plan Consent Signed For Consent Signed For Isolation Precautions Intake and Output Daily Weights	Vital Signs T;N, Monitor and Record T,P,R,BP, q1h xhours, then q2h, obtain BP from all 4 extremities on admission Activity T;N, Up Ad Lib Food/Nutrition Start at: T;N T;N, mL T;N, mL T;N, Procedure: Transfusion of Blood/Blood Products T;N, Procedure: Insertion of PICC Line T;N, Routine, q2h(std) T;N, Routine, qEve		
	Notify Physician Once Vital Signs Out Of Bed(Activity As Tolerated) NPO Breastmilk (Expressed) Breastmilk, Donor LEB Formula Orders Plan Consent Signed For Consent Signed For Isolation Precautions Intake and Output Daily Weights Pediatric Bed Type NSG(NICU Bed	Vital Signs T;N, Monitor and Record T,P,R,BP, q1h xhours, then q2h, obtain BP from all 4 extremities on admission Activity T;N, Up Ad Lib Food/Nutrition Start at: T;N T;N, mL T;N, mL T;N, Procedure: Transfusion of Blood/Blood Products T;N, Procedure: Insertion of PICC Line T;N, Routine, q2h(std) T;N, Routine, qEve		
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	Notify Physician Once Vital Signs Out Of Bed(Activity As Tolerated) NPO Breastmilk (Expressed) Breastmilk, Donor LEB Formula Orders Plan Consent Signed For Consent Signed For Isolation Precautions Intake and Output Daily Weights Pediatric Bed Type NSG(NICU Bed	Vital Signs T;N, Monitor and Record T,P,R,BP, q1h xhours, then q2h, obtain BP from all 4 extremities on admission Activity T;N, Up Ad Lib Food/Nutrition Start at: T;N T;N, mL T;N, mL T;N, Procedure: Transfusion of Blood/Blood Products T;N, Procedure: Insertion of PICC Line T;N, Routine, q2h(std) T;N, Routine, qEve		





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PEDIA	TRIC

		Patient Care continued
[]	Phototherapy	T;N, Routine, bili blanket
[]	Phototherapy	T;N, Routine, bili blanket and single lights
[]	Phototherapy	T;N, Routine, bili blanket and double lights
[]	Phototherapy	T;N, Routine, single bank lights
[]	Phototherapy	T;N, Routine, double bank lights
[]	Nursing Communication	T;N, Obtain mother's results from delivery(HBBsAG, RPR, GBS, Rubella, HIV,
		maternal blood type, ABO, Rh Coombs)
[]	O2 Sat Monitoring NSG	T;N, Routine, q1h(std)
[]	Cardiopulmonary Monitor	T;N Routine, Monitor Type: CP Monitor
		Respiratory Care
[]	LEB NICU Respiratory Plan	
[]	Oxygen Delivery	T;N, Special Instructions: titrate to keep O2 sat at 90 to 95%
	1	Continuous Infusion
		n 1000 grams. Use D10 for Infants greater than 1000 grams.
[]	Dextrose 5% in Water (D5W)	1,000 mL, IV, STAT, mL/hr
[]	Dextrose 10% in Water (D10W)	1,000 mL, IV, STAT, mL/hr
[]	Dextrose 12.5% in Water 500 ml	375 mL, IV, STAT
	Bag (Pediatric)	
[]	Dextrose 5% with 0.2% NaCl(D5	1,000 mL, IV, STAT, mL/hr
	1/4 NS)	
[]	D10 1/4 NS (Pediatric)	250 mL, IV, STAT
[]	potassium chloride(D5 1/4 NS KCl	1,000 mL, IV, STAT, mL/hr
	20 mEq/L)	
[]	D10 1/4 NS + 20 KCL (Pediatric)	250 mL, IV, STAT
[]	potassium chloride(D5 1/2 NS KCl	1,000 mL, IV, STAT, mL/hr
	20 mEq/L)	
[]	D10 1/2 NS 250 + 20 mEq/L KCL	250 mL, IV, STAT
	(Pediatric)	
[]	1/2 NS + heparin 1 unit/ml	500 mL, IV, Routine, mL/hr, Infuse via central or arterial line
		Vasoactive Medications
[]	DOPamine Drip (Pediatric)	250 mL, Central IV, Routine, Reference range: 2 to 20 mcg/kg/min, Use most
		concentrated strengths
[]	EPINEPHrine Drip (Pediatric)	95 mL, Central IV, Routine, Reference range: 0.1 to 1 mcg/kg/min, Use most
		concentrated strengths
[]	DOBUTamine Drip (Pediatric)	250 mL, Central IV, Routine, Reference range: 2 to 25 mcg/kg/min, Use most
		concentrated strengths



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	PEDIATRIC	
		Sedation
[]	Morphine Drip (Pediatric)(49.5 mL, Central IV, Routine, Reference range: 10 to 20 mcg/kg/hr, Use most
	MorPHINE Drip (Pediatric))	concentrated strengths
[]	Fentanyl Drip (Pediatric)(FentaNYL	15 mL, Central IV, Routine, Reference range: 1 to 5 mcg/kg/hr, Use most
	Drip (Pediatric))	concentrated strengths
[]	Midazolam Drip (Pediatric)	15 mL, Central IV, Routine, Reference range: 0.01 to 0.2 mg/kg/hr
		Paralytics
[]	Pancuronium Drip (Pediatric)	30 mL, Central IV, Routine, Reference range: 0.02 to 0.2 mg/kg/hr
[]	Vecuronium Drip (Pediatric)	30 mL, Central IV, Routine, Reference range: 0.02 to 0.2 mg/kg/hr
		Diuretics
[]	Furosemide Drip (Pediatric)	100 mg, mg/kg/day
[]	Bumetanide Drip (Pediatric)	30 mL, Central IV, Routine, Reference range: 2.5 to 10 mcg/kg/hr
		Medicine
[]	heparin flush(Heparin 10 units/mL	1 mL, Ped Injectable, IV Push, prn, PRN Cath Clearance, Routine, peripheral or
	Flush (peds))	central line per nursing policy
		Laboratory
[]	Newborn Screen, TN Health Dept	Routine, T+1;N, once, Type: Blood
[]	СВС	STAT, T;N, once, Type: Blood
i i	Hematocrit	STAT, T;N, once, Type: Blood
[]	Reticulocyte Count	STAT, T;N, once, Type: Blood
[]	C-Reactive Protein(CRP)	STAT, T;N, once, Type: Blood
[]	Comprehensive Metabolic Panel(CMP)	STAT, T;N, once, Type: Blood
[]	Glucose-6-Phosphate	STAT, T;N, once, Type: Blood
i i	Bilirubin Total & Direct	STAT, T;N, once, Type: Blood
Î Î	Bilirubin Total	STAT, T;N, once, Type: Blood
i i	Bilirubin Direct	STAT, T;N, once, Type: Blood
Î Î	Coombs, Direct	STAT, T;N, once, Type: Blood
Î Î	Antibody Screen	STAT, T;N, once, Type: Blood
Î Î	Blood Type ABO/Rh	STAT, T;N, once, Type: Blood
[]	Fetal Maternal Smear(Kleihauer- Betke)	STAT, T;N, once, Type: Blood
[]	Urine Culture	STAT, T;N, Specimen Source: Urine, Nurse Collect
[]	Urinalysis w/Reflex Microscopic Exam	STAT, T;N, once, Type: Urine, Nurse Collect
[]	Nursing Communication	T;N, Obtain mother's type and screen results, if results not available, obtain a FIN#
		for the mother and place order for Type and Screen Maternal STAT on the mother's
		chart. Order Comment: Registration forms can be obtained from the Access
		Department and faxed back to 287-5562. Once the FIN is obtained for the mother,
		log on to the mother's chart and place the order "Type and Screen Maternal Blood",
		be sure to include the baby's name & FIN in the comments.
	LEB Transfusion Loss Than 4 Mor	
	LEB Transfusion Less Than 4 Mor LEB Transfusion 4 Months of Age	
	ILLB TRAISTUSION 4 MONTHS OF Age	

LEB NICU Jaundice Plan 41413 PP QM1208 Rev102814



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Laboratory continued I Hepatiis Profile (A, B, & C) STAT, T, N, once, Type: Blood I GGT STAT, T, N, once, Type: Blood I GGT STAT, T, N, once, Type: Blood I Herpes Simplex Culture Viral STAT, T, N, once, Type: Blood I Herpes Simplex Culture Viral Diagnostic Tests I Chest 2VW Frontal & Lat (Chest PA T,N, Routine, Infant Transport & Lateral) I Abd Sing AP VW T,N, Routine, Infant Transport Kateral) Consults/Notifications I Notify Physician-Continuing T,N Notify Physician-Conce T,N I Notify Nurse Practitioner-Conce T,N I Notify Nurse Practitioner-Once T,N I Notify Nurse Practitioner-Continuing T,N I Notify Nurse Practitioner-Consult T,N I Notify Nurse Practitioner-Consult T,N I Physician Group Consult MD) T,N NDTE: Place Physician Consult of Place Nor Retinopathy of Prematurity Consultation at 4 to 6 weeks after birth or at 31 weeks post-menstrual age (whichever comes later)		PEDIATRIC		
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