



Physician Orders PEDIATRIC: NICU Admit Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase
Phase: NICU Admit Phase, When to Initiate: _____

NICU Admit Phase

Admission/Transfer/Discharge

- ☒ Patient Status Initial Inpatient
T;N Admitting Physician: _____
Reason for Visit: _____
Bed Type: Critical Care, Specific Unit: NICU
Care Team: _____ Anticipated LOS: 2 midnights or more

Vital Signs

- ☒ Vital Signs
- ☐ Monitor and Record T,P,R,BP, q1h(std), Include Axillary Temp and SaO2 on admission and every hour x 3h, then q8h (DEF)*
 - ☐ Monitor and Record T,P,R,BP, q1h(std), Include Axillary Temp and SaO2 on admission and every hour x 3h, then q6h
 - ☐ Monitor and Record T,P,R,BP, q1h(std), Include Axillary Temp and SaO2 on admission and every hour x 3h, then q4h

Food/Nutrition

- ☐ NPO
- ☐ Breastmilk (Expressed)
mL, q3h
- ☐ Similac Soy Isomil
mL, q3h, If breastmilk not available
- ☐ Similac Advance/Similac Pro-Advance
mL, q3h, Cals/oz: 20, If breast milk not available
- ☐ Similac Special Care 20
mL, q3h, Cals/oz: 20, If breastmilk not available
- ☐ Similac Special Care 24
mL, q3h, Cals/oz: 24, if breastmilk not available
- ☐ Similac Special Care High Protein 24
mL, q3h, Cals/oz: 24, If breastmilk not available
- ☐ Enfamil Premature 20
mL, q3h, Cals/oz: 20, If breastmilk not available
- ☐ Enfamil Premature 24
mL, q3h, Cals/oz: 24, If breastmilk not available
- ☐ Enfamil ENFACare
mL, q3h, Cals/oz: 22, If breastmilk not available





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- ☐ Enfamil Premium Newborn
mL, q3h, Cals/oz: 20, If breastmilk not available
- ☐ Prosobee
mL, q3h, Cals/oz: 20, If breastmilk not available
- ☐ Enfamil Premium Gentlease
mL, q3h, Cals/oz: 20, If breastmilk not available
- ☐ NeoSURE, Similac
mL, q3h, Cals/oz: 22, If breastmilk not available
- ☐ Alimentum, Similac
mL, q3h, Cals/oz: 22, If breastmilk not available
- ☐ Tube Feeding Titrate NICU
Increase Frequency: q3h

Patient Care

- ☒ Intake and Output
Routine
- ☒ O2 Sat Continuous Monitoring NSG
- ☒ Daily Weights
qEve, and on admission
- ☒ Length Infant
Monday, every Monday and on admission
- ☒ Measure Circumference
T;N, Of: Head | Chest, on admission
- ☒ Measure Circumference
T;N, MonThu, Of: Head
- ☒ Bedside Glucose Nsg
Routine, once (DEF)
On admission every hour x 3, with all lab collects, 1 hour after all IVF changes*
- ☒ Bedside Glucose Nsg
q1h(std), For 3 hr, PRN, Every hour x 3, with all lab collects, 1 hour after all IVF changes
- ☒ Minimal Stimulation
- ☒ Newborn Screen
on all infants before first blood transfusion, transfer or discharge, or between 24-48 hours.
- ☒ Nursing Communication
T;N, Offer parental CPR training before infant's discharge.
- ☒ Nursing Communication
T;N, If mother is HbsAg positive, enter order (if not already ordered) for Hepatitis B Immunoglobulin 0.5mL IM and Hepatitis B vaccine (recombivax) 0.5 mL IM
- ☒ Nursing Communication
T;N, If mother is HbsAg is unknown or cannot be obtained within 12 hours, enter order (if not already





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ordered) for Hepatitis B vaccine (recombivax) 0.5 mL IM

- ☐ Blood Gas POC - NICU Collect
Stat, Type: Arterial Blood Gas
- ☐ Blood Gas POC - NICU Collect
Stat, Scheduled Times to Draw: 0500, 1100, 1700, 2300, Type: Arterial Blood Gas, q6h
- ☒ Cardiopulmonary Monitor
T;N
- ☐ Humidity Rain Out
T;N

Respiratory Care

- ☐ O2-BNC
Special Instructions: FiO2 40%, titrate Parameters: 23 - 28 wks = 83-93%; 29 - 34 wks = 85-95%; Greater than 34 wks = 88-95 %; If infant is receiving less than 25 % oxygen by nasal cannula, the upper limits of O2 sat may be set at 100%.
- ☐ Highflow BNC
Special Instructions: FiO2 40%, titrate Parameters: 23 - 28 wks = 83-93%; 29 - 34 wks = 85-95%; Greater than 34 wks = 88-95 %; If infant is receiving less than 25 % oxygen by nasal cannula, the upper limits of O2 sat may be set at 100%.
- ☐ Oxyhood
Special Instructions: Titrate Parameters: 23 - 28 wks = 83-93%; 29 - 34 wks = 85-95%; Greater than 34 wks = 88-95 %; If infant is receiving less than 25 % oxygen by nasal cannula, the upper limits of O2 sat may be set at 100%.
- ☐ Mechanical Ventilation (Ped)
Vent Settings: CMV/Assist Control
- ☐ High Frequency Ventilation
- ☐ Nitric Oxide (RT)
titrate per policy

Continuous Infusion

Specify in order comments which UAC#1, UAC#2, UVC#1, or UVC#2(NOTE)*

- ☐ **+1 Hours** D5W
250 mL, IV, Routine, mL/hr
- ☐ **+1 Hours** D5W with Heparin 0.5 unit/mL (IVS)*
*Dextrose 5% in Water
250 mL, IV, Routine, mL/hr
heparin (additive)
125 units*
- ☐ **+1 Hours** D10W
250 mL, IV, Routine, mL/hr
- ☐ **+1 Hours** D10W with Heparin 0.5 unit/mL (IVS)*
*Dextrose 10% in Water
250 mL, IV, Routine, mL/hr*





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- heparin (additive)
125 units
- ☐ **+1 Hours** 1/4 NaCl with Heparin 0.5 unit/mL (IVS)*
sterile water
250 mL, IV, Routine, mL/hr
sodium chloride 23.4%
38.4 mEq
heparin (additive)
125 units
- ☐ **+1 Hours** 1/2 NaCl with Heparin 0.5 unit/mL (IVS)*
Sodium Chloride 0.45%
250 mL, IV, Routine, mL/hr
heparin (additive)
125 units
- ☐ **+1 Hours** NS with Heparin 0.5 unit/mL (IVS)*
Sodium Chloride 0.9%
250 mL, IV, Routine, mL/hr
heparin (additive)
125 units
- ☐ **+1 Hours** Stock Neonatal TPN
250 mL, IV, N/A, Routine, _____ mL/hr
- ☐ **+1 Hours** Jenkins Solution (NICU) (IVS)*
sterile water
88.25 mL, IV, Routine, mL/hr
sodium acetate
7.5 mEq
sodium bicarbonate (additive)
7.5 mEq
heparin flush (additive)
50 units
- ☐ **+1 Hours** Woodalls Solution (NICU) (IVS)*
sterile water
93.87 mL, IV, Routine, mL/hr
sodium acetate
3.75 mEq
sodium bicarbonate (additive)
3.75 mEq
heparin flush (additive)
50 units

Medications

- ☒ **+1 Hours** Vitamin K1
1 mg, Injection, IM, N/A, NOW





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- ☒ **+1 Hours** erythromycin 0.5% ophthalmic ointment
1 application, Ophthalmic Oint, Both Eyes, N/A, NOW
- ☐ **+1 Hours** Normal Saline Bolus
10 mL/kg, Injection, IV, once, STAT, (infuse over 30 min)
- ☐ **+1 Hours** ampicillin
 - ☐ 50 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day) (DEF)*
 - ☐ 100 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day)
- ☐ **+1 Hours** gentamicin
 - ☐ 5 mg/kg, Injection, IV Piggyback, q48h, Routine, (for 14 day), PMA less than or equal to 29 weeks, PNA = 0 to 7 days (DEF)*
 - ☐ 4.5 mg/kg, Injection, IV Piggyback, q36h, Routine, (for 14 day), PMA = 30 to 34 weeks, PNA = 0 to 7 days
 - ☐ 4 mg/kg, Injection, IV Piggyback, q24h, Routine, (for 14 day), PMA greater than or equal to 35 weeks
- ☐ **+1 Hours** amikacin
 - ☐ 18 mg/kg, Injection, IV Piggyback, q48h, Routine, (for 14 day), PMA less than or equal to 29 weeks, PNA = 0 to 7 days (DEF)*
 - ☐ 18 mg/kg, Injection, IV Piggyback, q36h, Routine, (for 14 day), PMA = 30 to 34 weeks, PNA = 0 to 7 days
 - ☐ 15 mg/kg, Injection, IV Piggyback, q24h, Routine, (for 14 day), PMA greater than or equal to 35 weeks
- ☐ **+1 Hours** vancomycin
 - ☐ 15 mg/kg, Ped Injectable, IV Piggyback, q18h, Routine, (for 14 day), PMA less than or equal to 29 weeks, PNA = 0 to 14 days, meningitic dos (DEF)*
 - ☐ 10 mg/kg, Ped Injectable, IV Piggyback, q18h, Routine, (for 14 day), PMA less than or equal to 29 weeks, PNA = 0 to 14 days
 - ☐ 15 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day), PMA = to 30 to 36 weeks, PNA = 0 to 14 days, meningitic dose
 - ☐ 10 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day), PMA = to 30 to 36 weeks, PNA = 0 to 14 days
 - ☐ 15 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day), PMA = to 37 to 44 weeks, PNA = 0 to 7 days, meningitic dose
 - ☐ 10 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day), PMA = to 37 to 44 weeks, PNA = 0 to 7 days
- ☐ **+1 Hours** poractant alfa
2.5 mL/kg, Oral Susp, Intratracheal, once, Routine, Curosurf
- ☐ **+1 Hours** bacitracin/neomycin/polymyxin B topical
1 application, Ointment, TOP, q8h, Wound Care, Routine, (for 2 day), apply to ISE site





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- ☐ **+1 Hours** hepatitis B pediatric vaccine
0.5 mL, Injection, IM, once, Routine, Vaccine
Comments: Give within 12 hours of birth if mother is HBsAg positive or unknown in infants <2kg. In all other infants, give within 24 hours of birth after parents are notified
 If mother is HbsAg Positive or status is unknown or cannot be obtained within 12 hours in infants <2kg or 7 days in infants >= 2kg, order hepatitis b immune globulin in addition to hepatitis B vaccine:(NOTE)*
- ☐ **+1 Hours** hepatitis B immune globulin IM
0.5 mL, Injection, IM, once, Routine
Comments: Immediately after bath.
- ☐ **+1 Hours** caffeine
20 mg/kg, Ped Injectable, IV, once, Routine, (infuse over 30 min), Loading Dose NICU
- ☐ **+1 Days** caffeine
6 mg/kg, Ped Injectable, IV, q24h, Routine, (infuse over 10 min), Daily Dose.
- ☐ **+1 Hours** lactobacillus acidophilus
0.5 cap, PO, QDay
Comments: Give with first feeding
- ☐ **+1 Hours** zinc oxide topical ointment
1 application, Ointment, TOP, prn, PRN Diaper Change

Laboratory

- ☒ Newborn Workup
Routine, T;N, Type: Blood, Collection Comment: on cord blood
Comments: On all infants before first blood transfusion, transfer/discharge, or between 24-48 hrs of life.
- ☒ Cytomegalovirus by PCR Newborn Screen
STAT, T;N, once, Type: Saliva-Swab, Nurse Collect
- ☐ CBC
STAT, T;N, Type: Blood
- ☐ CBC
Routine, T+1;0400, Type: Blood
- ☐ C-Reactive Protein
STAT, T;N, Type: Blood
- ☐ C-Reactive Protein
Routine, T+1;0400, once, Type: Blood
- ☐ Pediatric Chem Profile
STAT, T;N, Type: Blood
- ☐ Pediatric Chem Profile
Routine, T+1;0400, Type: Blood
- ☐ BMP
STAT, T;N, once, Type: Blood
- ☐ Blood Culture





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STAT, T;N, once, Specimen Source: Peripheral Blood

- ☐ Meconium Drug Screen
STAT, T;N, once, Type: Stool
- ☐ Trough Level - Nurse To Order
Drug: Amikacin, Draw: Prior to Third Dose, If treating greater than 48 hours.
- ☐ Trough Level - Nurse To Order
Drug: Gentamicin, Draw: Prior to Third Dose, If treating greater than 48 hours.
- ☐ Trough Level - Nurse To Order
Drug: Vancomycin, Draw: Prior to Third Dose, If treating greater than 48 hours.

Diagnostic Tests

- ☐ Chest 2VW Frontal & Lat
T;N, Stat, Portable
- ☐ Chest 2VW Frontal & Lat
T+1;0500, Routine, Portable
- ☐ Chest 1VW Frontal
T;N, Stat, Portable
- ☐ Chest 1VW Frontal
T+1;0500, Routine, Portable
- ☐ Abd Comp W Decubitus/Erect VW
T;N, Reason for Exam: Other, Enter in Comments, Stat, Portable
- ☐ Abd Comp W Decubitus/Erect VW
*T+1;0500, Routine, Portable (DEF)**
T;N, Routine, Portable
- ☐ Abd Sing AP VW
*T;N, Stat, Portable (DEF)**
T;N, Routine, Portable
- ☐ Abd Sing AP VW
T;N, Routine, Portable
- ☐ US Head Neonatal/Echoencephalogram
T+9;0800, Routine, Portable
- ☐ CT Brain/Head WO Cont
T;N, Routine, Infant Transport

Consults/Notifications/Referrals

- ☐ Notify Physician-Once
Notify For: of room number on arrival to unit.
- ☐ Notify Physician For Vital Signs Of
- ☐ Notify Physician-Continuing
Notify For: NNP/MD, for if blood gases not within following ranges PH>__, PCO2 ____ to ____, PO2 ____, BE>__
- ☐ Notify Physician-Continuing





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Notify For: NNP/MD for if lab results outside of established ranges for NICU

- ☐ Notify Physician-Once
Notify: Pediatrician's office, Notify For: infant's admission and condition
- ☒ Consult Medical Social Work
Reason: Other, specify, Developmental Support
- ☐ Physical Therapy Ped Eval & Tx
Routine
- ☐ Occupational Therapy Ped Eval & Tx
Routine
- ☐ Speech Therapy Ped Eval & Tx
Routine
- ☒ Consult Nutritional Support Team
Routine, Reason: Other, Please Specify, Special Instructions: Neonatal Admission
- ☐ Physician Consult
Cardiologist
- ☐ Physician Consult
Genetics
- ☐ Physician Consult

Date	Time	Physician's Signature	MD Number
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***Report Legend:**

DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase, see separate sheet
R-Required order

