

Physician Orders Pediatric

Order Set: PED NICU Nitric Oxide Initiation Plan

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies: ☐ No known allergies

☐ Medication allergy(s): _____

☐ Latex allergy ☐ Other: _____

Non-Categorized

NOTE: Be sure to Document Indications for iNO

☒ Initiate Powerplan Phase T;N, Phase: PED NICU Nitric Oxide Initiation Phase
When to Initiate: _____

Patient Care

☒ ABG POC - NICU Collect T;N, STAT, once, Type: Arterial Blood Gas, Test Selected ABG, Special Instructions: at iNO initiation

☐ ABG POC - NICU Collect T;N, STAT, once, Type: Capillary Blood Gas, Test Selected CBG, Special Instructions: at iNO initiation

☒ ABG POC - NICU Collect T;N+30, STAT, once, Type: Capillary Blood Gas, Test Selected ABG, Special Instructions: obtain 30 min after iNO initiation

☐ ABG POC - NICU Collect T;N+30, STAT, once, Type: Capillary Blood Gas, Test Selected CBG, Special Instructions: obtain 30 min after iNO initiation

Nursing Communication

☒ Nursing Communication T;N, when patient is no longer on iNO 20ppm, cancel methemoglobin q24h blood draw.

Respiratory Care

☒ Initiate iNO policy T;N

☒ Nitric oxide (RT) T;N, 20 ppm, Special Instructions: (Maximum dose = 20 ppm), per iNO policy

Laboratory

☒ Methemoglobin STAT, T;N+240, once, Type: Blood, Collection Comment: NOTE: Specified Collect time.

☒ Methemoglobin Time Study, T+1:0400, Q24h, Type: Blood, Collection Comment: NOTE: Specified Collect time. Daily while on iNO 20ppm

Diagnostic Tests

☐ Chest 2VW Frontal & Lat T;N, STAT, Reason: Assess lung volume, Portable

☐ Echocardiogram Pediatric (0-18 yrs) T;N, STAT, Reason: evaluate for PPHN and R/O Congenital Heart disease, bedside

Consultations / Notification

☐ Notify Physician-Continuing T;N if NO2 level is greater than 1.5%

☒ Notify Nurse-Practitioner-Continuing T;N if NO2 level is greater than 1.5%

Date

Time

Physician's Signature

MD Number