



Physician Orders PEDIATRIC: LEB NICU General Admit Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase
Phase: LEB NICU General Admit Phase, When to Initiate: _____

LEB NICU General 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*

- Notify Physician-Once
Notify For: Of room number on arrival to unit.

Vital Signs

- Vital Signs
Monitor and Record T,P,R,BP, q1 X __h, then q2h

Activity

- Activity-Peds
Up Kangaroo Care (Peds)

Food/Nutrition

- NPO
- Breastmilk (Expressed)
- Breastmilk, Donor
- LEB Formula Orders Plan(SUB)*

Patient Care

- Consent Signed For
Procedure: Transfusion of Blood/Blood Products
- Consent Signed For
Procedure: Insertion of PICC Line
- Isolation Precautions
- Intake and Output
Routine, q2h(std)
- Hemodynamic Parameters
- Daily Weights
Routine, qEve
- Nursing Communication
document on admission: admission weight, birth weight and gestational age at birth
- Position Patient
- Elevate Head Of Bed
- Minimal Stimulation
- Whole Blood Glucose Nsg
Routine, once
- Whole Blood Glucose Nsg
 - Routine, q4h(std) (DEF)**
 - Routine, q2h(std)*
- Replogle (NGT)





Physician Orders PEDIATRIC: LEB NICU General Admit Plan

- Suction Strength: To Gravity (DEF)*
- Suction Strength: Low Intermittent
- Replogle (OGT)
 - OG Tube Type: Replogle, to gravity drainage (DEF)*
 - OG Tube Type: Replogle, Low Intermittent wall suction
- Mouth Care
 - with toothette oral swabs, use colostrum if available*
- Measure Circumference
 - Of: Head, measure every Monday & Friday*
- Car Seat Challenge
 - Prior to discharge*
- O2 Sat Monitoring NSG
 - q1h(std)*
- Cardiopulmonary Monitor
 - Routine, Monitor Type: CP Monitor*
- LEB PICC Line Insertion Plan(SUB)*

Respiratory Care

- LEB NICU Respiratory Plan(SUB)*
- Oxygen Delivery
 - Special Instructions: Titrate to keep O2 sat at 90 to 95%*
- ISTAT POC (RT Collect)
 - Stat once, Test Select CBG (DEF)*
 - Stat once, Test Select VBG
 - Stat once, Test Select ABG | Hemoglobin | Sodium | Potassium, T;N

Continuous Infusion

- Use D5 for Infants less than 1000 grams. Use D10 for Infants greater than 1000 grams.(NOTE)*
- Dextrose 5% in Water
 - 1,000 mL, IV, STAT, mL/hr*
 - Dextrose 7.5% in Water 250 mL Bag (Pediatric) (IVS)*
 - sterile water
 - 212.5 mL, Central IV, STAT, mL/hr*
 - Dextrose 50% Inj 50ml Syringe(additive)
 - 18.75 g*
 - Dextrose 10% in Water
 - 1,000 mL, IV, STAT, mL/hr*
 - Dextrose 12.5% in Water 500 ml Bag (Pediatric) (IVS)*
 - sterile water
 - 375 mL, IV, STAT*
 - Dextrose 50% Inj 50ml Syringe(additive)
 - 62.5 g*
 - D5 1/4 NS
 - 1,000 mL, IV, STAT, mL/hr*
 - D5 1/4 NS KCl 20 mEq/L
 - 1,000 mL, IV, STAT, mL/hr*
 - D10 1/4 NS + 20 KCL (Pediatric) (IVS)*
 - Dextrose 10% in Water
 - 250 mL, IV, STAT*





Physician Orders PEDIATRIC: LEB NICU General Admit Plan

- sodium chloride
9.2 mEq
potassium chloride (additive)
5 mEq
- D5 1/2 NS KCl 20 mEq/L
1,000 mL, IV, STAT, mL/hr
- D10 1/2 NS 250 + 20 mEq/L KCL (Pediatric) (IVS)*
Dextrose 10% in Water
250 mL, IV, STAT
sodium chloride
19.2 mEq
potassium chloride (additive)
5 mEq
- D10 1/4 NS + 20 KCL (Pediatric) (IVS)*
Dextrose 10% in Water
250 mL, IV, STAT, add 10 mEq/L Calcium Gluconate
Comments: add 10 mEq/L Calcium Gluconate
sodium chloride
9.6 mEq
potassium chloride (additive)
5 mEq
- D5 1/4 NS KCl 20 mEq/L
20 mEq / 1,000 mL, IV, STAT, mL/hr, add 10 mEq/L Calcium Gluconate
- D5 1/2 NS KCl 20 mEq/L
20 mEq / 1,000 mL, IV, STAT, mL/hr, add 10 mEq/L Calcium Gluconate
- D10 1/2 NS 250 + 20 mEq/L KCL (Pediatric) (IVS)*
Dextrose 10% in Water
250 mL, IV, STAT, add 10 mEq/L Calcium Gluconate
sodium chloride
19.2 mEq
potassium chloride (additive)
5 mEq
- 1/2 NS + heparin 1 unit/ml (IVS)*
Sodium Chloride 0.45%
500 mL, IV, Routine, mL/hr, Infuse via central or arterial line
Heparin 1000 units/ml Inj (additive)
500 units
- 1/2 NaCl with Heparin 0.5 unit/mL (IVS)*
Sodium Chloride 0.45%
500 mL, IV, Routine, mL/hr, Infuse central or arterial line
heparin (additive)
250 units
- Stock Neonatal TPN
250 mL, Injection, IV, q24h, mL/hr
- Vasoactive Medications**
- +1 Hours** DOPamine Drip (Pediatric) (IVS)*
Diluent volume
1 mL, Central IV, Routine, Reference range: 2 to 20 mcg/kg/min
Comments: Use most concentrated strengths
DOPamine





Physician Orders PEDIATRIC: LEB NICU General Admit Plan

400 mg, mcg/kg/min

Insulins

- +1 Hours** Insulin Drip (Pediatric) (IVS)*
 Sodium Chloride 0.9%
 248.75 mL, Central IV, Routine, unit/kg/hr, Reference range: 0.01 to 0.1 units/kg/hr
 Comments: Use most concentrated strengths
 insulin reg (additive)
 125 units

Prostaglandins

- +1 Hours** Alprostadil Drip (Pediatric) (IVS)*
 Dextrose 5% in Water
 24 mL, Central IV, Routine, Reference range: 0.05 to 0.1 mcg/kg/min
 Comments: Use most concentrated strengths
 alprostadil (additive)
 0.5 mg, mcg/kg/min

Sedation

- +1 Hours** FentaNYL Drip (Pediatric) (IVS)*
 Dextrose 5% in Water
 15 mL, Central IV, Routine, Reference range: 1 to 5 mcg/kg/hr
 Comments: Use most concentrated strengths
 fentanyl (additive)
 500 mcg, mcg/kg/hr
- +1 Hours** Midazolam Drip (Pediatric) (IVS)*
 Dextrose 5% in Water
 15 mL, Central IV, Routine, Reference range: 0.01 to 0.2 mg/kg/hr
 Comments: Use most concentrated strengths
 midazolam (additive)
 50 mg, mg/kg/hr

Paralytics

- +1 Hours** Vecuronium Drip (Pediatric) (IVS)*
 Diluent volume
 30 mL, Central IV, Routine, Reference range: 0.02 to 0.2 mg/kg/hr
 Comments: Use most concentrated strengths
 vecuronium (additive)
 30 mg, mg/kg/hr

Medications

- +1 Hours** PHENobarbital
- 10 mg/kg, Ped Injectable, IV Piggyback, q20min, STAT, (for 2 dose), Loading Dose (DEF)*
 Comments: Loading Dose
 - 20 mg/kg, Ped Injectable, IV Piggyback, once, STAT, Loading Dose
 Comments: Loading Dose
- +1 Hours** PHENobarbital
 mg/kg, Ped Injectable, IV Piggyback, q24h, Routine
- +1 Hours** LORazepam
- 0.05 mg/kg, Ped Injectable, IV Push, once, Routine (DEF)*
 - 0.1 mg/kg, Ped Injectable, IV Push, once, Routine
- LORazepam
- 0.05 mg/kg, Ped Injectable, IV Push, q6h, PRN Agitation, Routine (DEF)*
 - 0.1 mg/kg, Ped Injectable, IV Push, q6h, PRN Agitation, Routine





Physician Orders PEDIATRIC: LEB NICU General Admit Plan

- +1 Hours** vecuronium
0.1 mg/kg, Ped Injectable, IV, q1h, PRN Other, specify in Comment, Routine, Paralysis
- +1 Hours** hydrocortisone
12.5 mg/m², Ped Injectable, IV Piggyback, q6h, Routine, BP Support
Comments: BP support
- sodium bicarbonate
mEq, Injection, IV, once, STAT
- +1 Hours** furosemide
 - 1 mg/kg, Ped Injectable, IV Push, q24h, Routine (DEF)**
 - 1 mg/kg, Ped Injectable, IV Push, q12h, Routine*

Respiratory Medications

- +1 Hours** albuterol (MDI)
2 puff, MDI, INH, q6h, PRN Wheezing, Routine, (180 mcg = 2 puffs)
- +1 Hours** poractant alfa
2.5 mL/kg, Susp, Intratracheal, once, Routine
Comments: Loading dose.
- +12 Hours** poractant alfa
1.25 mL/kg, Susp, IntraTRACHeal, bid, Routine, (for 2 dose)

Anti-infectives

- LEB NICU Anti-Infective Orders Plan(SUB)*

Hyperkalemia Treatment

- LEB NICU Hyperkalemia Plan(SUB)*

Replacement fluids

- 1/2 NS + 20 mEq/L KCL (pediatric) (IVS)*
Sodium Chloride 0.45%
1,000 mL, IV, Routine, Replacement fluids, Replace _____ml:_____ml q4h over 4 hours
potassium chloride (additive)
20 mEq
- 1/2 NS + 20 mEq/L KCL (pediatric) (IVS)*
Sodium Chloride 0.45%
1,000 mL, IV, Routine, Replacement fluids, Replace 1/2ml:ml q4h over 4 hours
potassium chloride (additive)
20 mEq
- Lactated Ringers Injection
 - 1,000 mL, IV, Routine, Replacement fluids, Replace _____ml:_____ml q4h over 4 hours (DEF)**
 - 1,000 mL, IV, Routine, Replacement fluids, Replace ½ ml:_____ml q4h over 4 hours*

Laboratory

- Newborn Screen, TN Health Dept
STAT, T;N, once, Type: Blood
- Newborn Screen, TN Health Dept
Routine, T+1;N, once, Type: Blood
- CBC
STAT, T;N, once, Type: Blood
- BMP
STAT, T;N, once, Type: Blood
- CMP
STAT, T;N, once, Type: Blood





Physician Orders PEDIATRIC: LEB NICU General Admit Plan

- CRP
STAT, T;N, once, Type: Blood
- Coombs, Direct
STAT, T;N, once, Type: Blood
- Rh Profile
STAT, T;N, once, Type: Blood
- Triglyceride
STAT, T;N, once, Type: Blood
- Magnesium Level
STAT, T;N, once, Type: Blood
- Phosphorus Level
STAT, T;N, once, Type: Blood
- Reticulocyte Count
STAT, T;N, once, Type: Blood
- Ammonia Level
STAT, T;N, once, Type: Blood
- Lactic Acid Level
STAT, T;N, once, Type: Blood
- Order Methemoglobin below if patient is on inhaled nitric oxide(NOTE)*
- Methemoglobin
Time Study, T;N, q12h x 1 occurrence, Type: Blood, Nurse Collect
Comments: Notify RT to collect
- Methemoglobin
Time Study, T+1;N, q24h, Type: Blood, Nurse Collect
Comments: Notify RT to collect
- Blood Culture
STAT, T;N, once, Specimen Source: Peripheral Blood
- +2 Minutes** Blood Culture
STAT, T;N, once, Specimen Source: Line, Central
- Fungus Culture, Blood
STAT, T;N, once, Nurse Collect
- Protine
STAT, T;N, once, Type: Blood
- CSF Cell Count & Diff
STAT, T;N, once, Type: CSF, Nurse Collect
Comments: tube 3
- CSF Culture and Gram Stain
STAT, T;N, Specimen Source: Cerebrospinal Fluid(CSF) tube #1, Nurse Collect
- Glucose CSF
STAT, T;N, once, Type: CSF, Nurse Collect
Comments: tube #2
- Protein CSF
STAT, T;N, once, Type: CSF, Nurse Collect
Comments: tube #2
- Cytomegalovirus by PCR Newborn Screen
STAT, T;N, once, Type: Saliva-Swab, Nurse Collect
- Herpes Simplex Virus CSF by PCR
STAT, T;N, once, Type: CSF, Nurse Collect





Physician Orders PEDIATRIC: LEB NICU General Admit Plan

- Comments: tube #4*
- Enterovirus by RT-PCR CSF
STAT, T;N, once, Type: CSF, Nurse Collect
Comments: tube #4
- LEB Transfusion Less Than 4 Months of Age Plan(SUB)*
- Nursing Communication
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.
Comments: 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 mother's chart and place the order "Type and Screen Maternal Blood", be sure to include the baby's name & FIN in the comments.
- Type and Screen <4 months(DAT included)
STAT, T;N, Type: Blood, Nurse Collect
- Transfuse PRBC <4 Months
STAT, T;N

Diagnostic Tests

- Chest 1 View
T;N, Stat, Portable
- Abd Acute Series W Decub/Erect & Chest 1V
T;N, Reason for Exam: Abdominal Distention, Stat, Portable
- US Head Neonatal/Echoencephalogram
T;N, Reason for Exam: Other, Enter in Comments, STAT, Portable
Comments: Genetic Screening
- Echocardiogram Pediatric (0-18 yrs)
Start at: T;N, Priority: Stat, Reason: Other, specify, Other reason: Genetic Screening, Transport: Portable
Comments: genetic screening
- US Retroperitoneal B Scan/Real Time Comp
Reason for Exam: Other, Enter in Comments, Stat, Portable
- US Spine
T;N, Reason for Exam: Other, Enter in Comments, STAT, Portable
Comments: tethered cord
- LEB US Abd Ltd Sing Organ/FU w/Delay Diet Plan(SUB)*
- Urethrocystogram Voiding
 *T;N, Reason for Exam: UTI (Urinary Tract Infection), Stat, Infant Transport (DEF)**
 T;N, Reason for Exam: Other, Enter in Comments, STAT, Infant Transport
Comments: ambiguous genitalia
- Urethrocystogram Voiding
T;N, Reason for Exam: Other, Enter in Comments, Stat, Infant Transport
Comments: Ambiguous Genitalia
- KUB
 *T;N, Reason for Exam: Other, Enter in Comments, STAT, Portable (DEF)**
Comments: Line Placement
 T;N, Reason for Exam: Abdominal Distention, Stat, Portable
- Osseous Survey Infant
T;N, Reason for Exam: Other, Enter in Comments, STAT, Infant Transport
Comments: Genetic Screening





Physician Orders PEDIATRIC: LEB NICU General Admit Plan

- LEB BE W/WO KUB During Hrs w/Delay Diet Plan(SUB)*
- LEB GI Upper W/WO Delayed Films W KUB w/Delay Diet Plan(SUB)*
- Abdomen 2 Views
Reason for Exam: Abdominal Distention, Stat, Portable
- Osseous Survey Infant
T;N, Reason for Exam: Other, Enter in Comments, STAT, Infant Transport

Consults/Notifications/Referrals

- Notify Physician For Vital Signs Of
Oxygen Sat < 85%
- Notify Physician-Continuing
- Notify Nurse Practitioner For Vital Signs Of
Oxygen Sat < 85%
- Notify Nurse Practitioner-Continuing
- Consult MD Group
Group: Pediatric Surgical Group
- Consult MD Group
Group: ULPS Genetics
- Consult MD Group
Group: ULPS Cardiology
- Consult MD Group
Group: ULPS Urology
- Consult MD
Place Physician Consult order below for Retinopathy of Prematurity Consultation at 4 to 6 weeks after birth or at 31 weeks post-menstrual age (whichever comes later)(NOTE)*
- Physician Consult
Reason for Consult: Retinopathy of Prematurity Consultation
- Nutritional Support Team Consult
Reason: Total Parenteral Nutrition
- Dietitian Consult/Nutrition Therapy
Type of Consult: Nutrition Management
- Lactation Consult
- Consult Child Life
- Consult Music Therapy
- Physical Therapy Ped Eval & Tx
- Occupational Therapy Ped Eval & Tx
- Speech Therapy Ped Eval & Tx
- Medical Social Work Consult
Reason: Assistance at Discharge
- Audiology Consult
Initial newborn hearing screen, Routine
- Consult Pastoral Care
Reason for Consult: Baptism Reason for Consult: Family Support
- Case Management Consult
Reason: Discharge Planning





Physician Orders PEDIATRIC: LEB NICU General Admit Plan

Date	Time	Physician's Signature	MD Number
------	------	-----------------------	-----------

***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

