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)
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☐ 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
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- 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
  - 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
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**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

- **+1 Hours** PHENobarbital
  - 20 mg/kg, Ped Injectable, IV Piggyback, once, STAT, Loading Dose
  - Comments: Loading Dose

- **+1 Hours** LORazepam
  - 0.05 mg/kg, Ped Injectable, IV Push, once, Routine (DEF)*

- **+1 Hours** LORazepam
  - 0.1 mg/kg, Ped Injectable, IV Push, once, Routine

- **+1 Hours** 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
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+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

Lactated Ringers Injection
1,000 mL, IV, Routine, Replacement fluids, Replace _____ml:____ml q4h over 4 hours (DEF)*

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
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

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

Protime
 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
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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 (DEF)*
    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

- Osseous Survey Infant
  T;N, Reason for Exam: Other, Enter in Comments, STAT, Infant Transport
  Comments: Genetic Screening
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☐ 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
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<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Physician’s Signature</th>
<th>MD Number</th>
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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