

**Physician Orders**

**LEB NICU Cooling Therapy Orders Phase**

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

PEDIATRIC

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
<b>Vital Signs</b>		
<input type="checkbox"/>	Vital signs	T;N, Monitor and record temperature, pulse, respirations, and blood pressure q15 mins until <b>core</b> temperature 34C-35C, then q30 mins x 2, then q1h, including rectal probe, skin and cool cap temperature throughout cooling
<b>Activity</b>		
<input type="checkbox"/>	Bedrest	T;N, Routine
<b>Food/Nutrition</b>		
<input type="checkbox"/>	NPO	T;N, Routine
<b>Patient Care</b>		
<input type="checkbox"/>	Initiate Cooling Therapy	T;N,
<input type="checkbox"/>	Nursing Communication	T;N, Discontinue Cool Cap powerplan once Cool Cap therapy is completed.
<b>Respiratory Care</b>		
<input type="checkbox"/>	ISTAT POC (RT Collect)	Stat, T;N, once, Test Select: ABG
<input type="checkbox"/>	ISTAT POC (RT Collect)	Stat, T;N, once, Test Select: CBG
<b>Laboratory</b>		
<input type="checkbox"/>	CBC with diff	Stat, T;N, once, blood
<input type="checkbox"/>	CBC with diff	Routine, T+1;0400, blood
<input type="checkbox"/>	CMP	Stat, T;N, once, blood
<input type="checkbox"/>	CMP	Routine, T+1;0400, blood
<input type="checkbox"/>	Direct Bilirubin	Stat, T;N, once, blood
<input type="checkbox"/>	Direct Bilirubin	Routine, T+1;0400, blood
<input type="checkbox"/>	GGT	Stat, T;N, once, blood
<input type="checkbox"/>	GGT	Routine, T+1;0400, blood
<input type="checkbox"/>	Ionized Ca	Stat, T;N, once, blood
<input type="checkbox"/>	Ionized Ca	Routine, T+1;0400, blood
<input type="checkbox"/>	Lactate	Stat, T;N, once, blood
<input type="checkbox"/>	Lactate	Routine, T+1;0400, blood
<input type="checkbox"/>	CPK	Stat, T;N, once, blood
<input type="checkbox"/>	CPK	Routine, T+1;0400, blood
<input type="checkbox"/>	Ammonia Level	Stat, T;N, once, blood
<input type="checkbox"/>	Ammonia Level	Routine, T+1;0400, blood
<input type="checkbox"/>	Troponin-I	Stat, T;N, once, blood
<input type="checkbox"/>	Troponin-I	Routine, T+1;0400, blood
<input type="checkbox"/>	Prothrombin Time/INR	Stat, T;N, once, blood
<input type="checkbox"/>	Prothrombin Time/INR	Routine, T+1;0400, blood
<input type="checkbox"/>	PTT	Stat, T;N, once, blood
<input type="checkbox"/>	PTT	Routine, T+1;0400, blood
<input type="checkbox"/>	Fibrinogen	Stat, T;N, once, blood
<input type="checkbox"/>	Fibrinogen	Routine, T+1;0400, blood



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Diagnostic Tests		
<input type="checkbox"/>	Chest 1VW Frontal	T;N, STAT, Reason for Exam: ET Tube Placement
Consults/Notifications		
<input type="checkbox"/>	Notify Physician For Vital Signs Of	T;N, Notify: MD/NNP, for Mean BP less than 40 or Heart Rate less than 80.
<input type="checkbox"/>	Notify Physician- Continuous	T;N, Notify: MD/NNP, for seizure activity, inability to maintain core temperature within range after adjustment, urinary output less than 1mL/kg/hr over four hours, blood glucose less than 50 mg/dL or blood glucose greater than 150 mg/dL.
<input type="checkbox"/>	Consult MD Group	T;N, Routine, Consult Who: ULPS Neurology, Reason: Neonatal Encephalopathy
<input type="checkbox"/>	Consult MD Group	T;N, Routine, Consult Who: _____, Reason: _____
<input type="checkbox"/>	Consult MD	T;N, Routine, Consult Who: _____, Reason: _____

<b>Date</b>	<b>Time</b>	<b>Physician's Signature</b>	<b>MD Number</b>