## Physician Orders

### LEB NICU Cooling Therapy Orders Phase

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

<table>
<thead>
<tr>
<th><strong>Height:</strong> cm</th>
<th><strong>Weight:</strong> kg</th>
</tr>
</thead>
</table>

### Allergies:
- [ ] No known allergies
- [ ] Medication allergy(s):
- [ ] Latex allergy
- [ ] Other:

### Vital Signs

- [ ] Vital signs
  - T;N, Monitor and record temperature, pulse, respirations, and blood pressure q15 mins until **core** temperature 34C-35C, then q30 mins x 2, then q1h, including rectal probe, skin and cool cap temperature throughout cooling

### Activity

- [ ] Bedrest
- [ ] NPO

### Food/Nutrition

- [ ] Initiate Cooling Therapy
- [ ] Nursing Communication
  - T;N, Discontinue Cool Cap powerplan once Cool Cap therapy is completed.

### Patient Care

- [ ] ISTAT POC (RT Collect) Stat, T;N, once, Test Select: ABG
- [ ] ISTAT POC (RT Collect) Stat, T;N, once, Test Select: CBG

### Respiratory Care

### Laboratory

- [ ] CBC with diff Stat, T;N, once, blood
- [ ] CBC with diff Routine, T+1;0400, blood
- [ ] CMP Stat, T;N, once, blood
- [ ] CMP Routine, T+1;0400, blood
- [ ] Direct Bilirubin Stat, T;N, once, blood
- [ ] Direct Bilirubin Routine, T+1;0400, blood
- [ ] GGT Stat, T;N, once, blood
- [ ] GGT Routine, T+1;0400, blood
- [ ] Ionized Ca Stat, T;N, once, blood
- [ ] Ionized Ca Routine, T+1;0400, blood
- [ ] Lactate Stat, T;N, once, blood
- [ ] Lactate Routine, T+1;0400, blood
- [ ] CPK Stat, T;N, once, blood
- [ ] CPK Routine, T+1;0400, blood
- [ ] Ammonia Level Stat, T;N, once, blood
- [ ] Ammonia Level Routine, T+1;0400, blood
- [ ] Troponin-I Stat, T;N, once, blood
- [ ] Troponin-I Routine, T+1;0400, blood
- [ ] Prothrombin Time/INR Stat, T;N, once, blood
- [ ] Prothrombin Time/INR Routine, T+1;0400, blood
- [ ] PTT Stat, T;N, once, blood
- [ ] PTT Routine, T+1;0400, blood
- [ ] Fibrinogen Stat, T;N, once, blood
- [ ] Fibrinogen Routine, T+1;0400, blood
**Physician Orders**

**LEB NICU Cooling Therapy Orders Phase**

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<table>
<thead>
<tr>
<th><strong>Diagnositc Tests</strong></th>
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<tbody>
<tr>
<td>[ ] Chest 1VW Frontal</td>
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<table>
<thead>
<tr>
<th><strong>Consults/Notifications</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Notify Physician For Vital Signs Of</td>
</tr>
<tr>
<td>[ ] Notify Physician- Continuous</td>
</tr>
<tr>
<td>[ ] Consult MD Group</td>
</tr>
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</tr>
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</tr>
</tbody>
</table>

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Date | Time | Physician’s Signature | MD Number
---|---|---|---

LEB NICU Cooling Therapy Plan 41416 PP-
QM060112 072012