LEB NICU Jaundice Plan
[X or R] = will be ordered unless marked out.

PEDIATRIC

Height: cm    Weight: kg

Allergies: [ ] No known allergies
[ ] Latex allergy [ ] Other: ____________________________

Initiate Powerplan Phase T;N, Phase: LEB NICU Jaundice Phase

Admission/Transfer/Discharge

[ ] Patient Status Initial Inpatient
Attending Physician: ____________________

Bed Type: [ ] Med Surg [ ] Critical Care [ ] Stepdown [ ] Other

[ ] Patient Status Initial Outpatient
Attending Physician: ____________________

Outpatient Status/Service: [ ] OP-Ambulatory [ ] OP-Diagnostic Procedure [ ] OP-Observation Services

Initial status – inpatient --- For a condition/dx with severity of illness or co-morbid conditions indicating a hospital stay greater than 24 hours is required.

Initial Status Outpatient – Ambulatory surgery – Outpatient surgery/procedure with discharge anticipated after a routine or, in some cases, extended recovery.
• Routine recovery after outpatient surgery is estimated at 6-8 hours.
• “Extended” routine recovery may be required for a patient to stay longer (could be overnight) to recover from anticipated sequela of surgery including effects of anesthesia, nausea, pain.
• For unanticipated sequela of surgery or a complicated post operative course, the patient may require a status change to inpatient. Please consult with a case manager before making this choice of “status change”.
• Examples: Initial status outpatient is generally selected for patients undergoing PCI, diagnostic caths, EP studies, ablations, pacemaker implantations, other routine surgeries.

Initial status Outpatient - Observation Services – Short term treatment, assessment and reassessment - estimate discharge within 24 hours
• In some cases (for Medicare patients), this can be extended to 48 hours.
• Observation Services can also be utilized when it is unclear (without additional assessment) whether the patient will require an inpatient stay.

[ ] Notify Physician Once T;N, of room number on arrival to unit

Vital Signs

[ ] Vital Signs T;N, Monitor and Record T,P,R,BP, q1h x ____hours, then q2h, obtain BP from all 4 extremities on admission

Activity

[ ] Out Of Bed( Activity As Tolerated) T;N, Up Ad Lib

Food/Nutrition

[ ] NPO Start at: T;N
[ ] Breastmilk (Expressed) T;N, mL
[ ] Breastmilk, Donor T;N, mL

[ ] LEB Formula Orders Plan

Patient Care

[ ] Consent Signed For T;N, Procedure: Transfusion of Blood/Blood Products
[ ] Consent Signed For T;N, Procedure: Insertion of PICC Line
[ ] Isolation Precautions T;N
[ ] Intake and Output T;N, Routine, q2h(std)
[ ] Daily Weights T;N, Routine, qEve
[ ] Pediatric Bed Type NSG( NICU Bed Type NSG) T;N
[ ] Position Patient T;N
[ ] Minimal Stimulation T;N, Routine
## Physician Orders

**LEB NICU Jaundice Plan**

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<table>
<thead>
<tr>
<th>PEDIATRIC</th>
<th>Patient Care continued</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Phototherapy</td>
<td>T;N, Routine, bili blanket</td>
</tr>
<tr>
<td>[ ] Phototherapy</td>
<td>T;N, Routine, bili blanket and single lights</td>
</tr>
<tr>
<td>[ ] Phototherapy</td>
<td>T;N, Routine, bili blanket and double lights</td>
</tr>
<tr>
<td>[ ] Phototherapy</td>
<td>T;N, Routine, single bank lights</td>
</tr>
<tr>
<td>[ ] Phototherapy</td>
<td>T;N, Routine, double bank lights</td>
</tr>
<tr>
<td>[ ] Nursing Communication</td>
<td>T;N, Obtain mother's results from delivery (HBBsAG, RPR, GBS, Rubella, HIV, maternal blood type, ABO, Rh Coombs)</td>
</tr>
<tr>
<td>[ ] O2 Sat Monitoring NSG</td>
<td>T;N, Routine, q1h(std)</td>
</tr>
<tr>
<td>[ ] Cardiopulmonary Monitor</td>
<td>T;N Routine, Monitor Type: CP Monitor</td>
</tr>
</tbody>
</table>

### Respiratory Care

#### LEB NICU Respiratory Plan

- Oxygen Delivery: T;N, Special Instructions: titrate to keep O2 sat at 90 to 95%

### Continuous Infusion

Note: Use D5 for Infants less than 1000 grams. Use D10 for Infants greater than 1000 grams.

<table>
<thead>
<tr>
<th>Infusion</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dextrose 5% in Water (D5W)</td>
<td>1,000 mL, IV, STAT, mL/hr</td>
</tr>
<tr>
<td>Dextrose 10% in Water (D10W)</td>
<td>1,000 mL, IV, STAT, mL/hr</td>
</tr>
<tr>
<td>Dextrose 12.5% in Water 500 ml Bag (Pediatric)</td>
<td>375 mL, IV, STAT</td>
</tr>
<tr>
<td>Dextrose 5% with 0.2% NaCl (D5 1/4 NS)</td>
<td>1,000 mL, IV, STAT, mL/hr</td>
</tr>
<tr>
<td>D10 1/4 NS (Pediatric)</td>
<td>250 mL, IV, STAT</td>
</tr>
<tr>
<td>potassium chloride (D5 1/4 NS KCl 20 mEq/L)</td>
<td>1,000 mL, IV, STAT, mL/hr</td>
</tr>
<tr>
<td>D10 1/4 NS + 20 KCL (Pediatric)</td>
<td>250 mL, IV, STAT</td>
</tr>
<tr>
<td>potassium chloride (D5 1/2 NS KCl 20 mEq/L)</td>
<td>1,000 mL, IV, STAT, mL/hr</td>
</tr>
<tr>
<td>D10 1/2 NS 250 + 20 mEq/L KCL (Pediatric)</td>
<td>250 mL, IV, STAT</td>
</tr>
<tr>
<td>1/2 NS + heparin 1 unit/ml</td>
<td>500 mL, IV, Routine, mL/hr, Infuse via central or arterial line</td>
</tr>
</tbody>
</table>

### Vasoactive Medications

- DOPamine Drip (Pediatric): 250 mL, Central IV, Routine, Reference range: 2 to 20 mcg/kg/min, Use most concentrated strengths
- EPINEPHrine Drip (Pediatric): 95 mL, Central IV, Routine, Reference range: 0.1 to 1 mcg/kg/min, Use most concentrated strengths
- DOBUTamine Drip (Pediatric): 250 mL, Central IV, Routine, Reference range: 2 to 25 mcg/kg/min, Use most concentrated strengths
### Physician Orders

**LEB NICU Jaundice Plan**

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#### Sedation

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Volume</th>
<th>Route</th>
<th>Concentration</th>
<th>Strengths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morphine Drip (Pediatric)</td>
<td>49.5 mL</td>
<td>Central IV</td>
<td>Routine</td>
<td>Reference range: 10 to 20 mcg/kg/hr, Use most concentrated strengths</td>
</tr>
<tr>
<td>Fentanyl Drip (Pediatric)</td>
<td>15 mL</td>
<td>Central IV</td>
<td>Routine</td>
<td>Reference range: 1 to 5 mcg/kg/hr, Use most concentrated strengths</td>
</tr>
<tr>
<td>Midazolam Drip (Pediatric)</td>
<td>15 mL</td>
<td>Central IV</td>
<td>Routine</td>
<td>Reference range: 0.01 to 0.2 mg/kg/hr</td>
</tr>
</tbody>
</table>

#### Paralytics

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Volume</th>
<th>Route</th>
<th>Concentration</th>
<th>Strengths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pancuronium Drip (Pediatric)</td>
<td>30 mL</td>
<td>Central IV</td>
<td>Routine</td>
<td>Reference range: 0.02 to 0.2 mg/kg/hr</td>
</tr>
<tr>
<td>Vecuronium Drip (Pediatric)</td>
<td>30 mL</td>
<td>Central IV</td>
<td>Routine</td>
<td>Reference range: 0.02 to 0.2 mg/kg/hr</td>
</tr>
</tbody>
</table>

#### Diuretics

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Volume</th>
<th>Route</th>
<th>Concentration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furosemide Drip (Pediatric)</td>
<td>100 mg</td>
<td>mg/kg/day</td>
<td></td>
</tr>
<tr>
<td>Bumetanide Drip (Pediatric)</td>
<td>30 mL</td>
<td>Central IV</td>
<td>Routine, Reference range: 2.5 to 10 mcg/kg/hr</td>
</tr>
</tbody>
</table>

#### Medicine

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Volume</th>
<th>Route</th>
<th>Concentration</th>
</tr>
</thead>
<tbody>
<tr>
<td>heparin flush( Heparin 10 units/mL Flush (peds))</td>
<td>1 mL</td>
<td>Ped Injectable, IV Push, prn, PRN Cath Clearance, Routine, peripheral or central line per nursing policy</td>
<td></td>
</tr>
</tbody>
</table>

#### Laboratory

<table>
<thead>
<tr>
<th>Test</th>
<th>Frequency</th>
<th>Type</th>
<th>Specimen Source</th>
<th>Collect By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn Screen, TN Health Dept</td>
<td>Routine, T+1;N</td>
<td>Blood</td>
<td>Blood</td>
<td></td>
</tr>
<tr>
<td>CBC</td>
<td>STAT, T;N</td>
<td>Blood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hematocrit</td>
<td>STAT, T;N</td>
<td>Blood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reticulocyte Count</td>
<td>STAT, T;N</td>
<td>Blood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-Reactive Protein( CRP)</td>
<td>STAT, T;N</td>
<td>Blood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensive Metabolic Panel( CMP)</td>
<td>STAT, T;N</td>
<td>Blood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glucose-6-Phosphate</td>
<td>STAT, T;N</td>
<td>Blood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bilirubin Total &amp; Direct</td>
<td>STAT, T;N</td>
<td>Blood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bilirubin Total</td>
<td>STAT, T;N</td>
<td>Blood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bilirubin Direct</td>
<td>STAT, T;N</td>
<td>Blood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coombs, Direct</td>
<td>STAT, T;N</td>
<td>Blood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antibody Screen</td>
<td>STAT, T;N</td>
<td>Blood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Type ABO/Rh</td>
<td>STAT, T;N</td>
<td>Blood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fetal Maternal Smear( Kleihauer-Betke)</td>
<td>STAT, T;N</td>
<td>Blood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urine Culture</td>
<td>STAT, T;N, Specimen Source: Urine, Nurse Collect</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urinalysis w/Reflex Microscopic Exam</td>
<td>STAT, T;N, Type: Urine, Nurse Collect</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Nursing Communication

T;N, 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. Order Comment: 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 the mother’s chart and place the order “Type and Screen Maternal Blood”, be sure to include the baby’s name & FIN in the comments.

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**LEB Transfusion Less Than 4 Months of Age Plan**

**LEB Transfusion 4 Months of Age or Greater Plan**
**Physician Orders**

**LEB NICU Jaundice Plan**

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<table>
<thead>
<tr>
<th>Laboratory continued</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatic Panel, STAT, T;N, once, Type: Blood</td>
</tr>
<tr>
<td>Hepatitis Profile (A,B &amp; C), STAT, T;N, once, Type: Blood</td>
</tr>
<tr>
<td>GGT, STAT, T;N, once, Type: Blood</td>
</tr>
<tr>
<td>Herpes Simplex Culture Viral, STAT, T;N, once, Nurse Collect</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diagnostic Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest 1VW Frontal, T;N, Routine, Portable</td>
</tr>
<tr>
<td>Chest 2VW Frontal &amp; Lat( Chest PA), T;N, Routine, Infant Transport</td>
</tr>
<tr>
<td>Abd Sing AP VW, T;N, Routine, Infant Transport</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Consults/Notifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notify Physician For Vital Signs Of T;N, Oxygen Sat &lt; 85%</td>
</tr>
<tr>
<td>Notify Physician-Continuing T;N</td>
</tr>
<tr>
<td>Notify Physician-Once T;N</td>
</tr>
<tr>
<td>Notify Nurse Practitioner For Vital T;N, Resp Rate &lt; 85%</td>
</tr>
<tr>
<td>Notify Nurse Practitioner-Continuing T;N</td>
</tr>
<tr>
<td>Notify Nurse Practitioner-Once T;N</td>
</tr>
<tr>
<td>Physician Group Consult( Consult MD Group) T;N</td>
</tr>
<tr>
<td>Physician Consult( Consult MD) T;N</td>
</tr>
</tbody>
</table>

**NOTE:** 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)

<table>
<thead>
<tr>
<th>Consults/Notifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Consult, T;N, Reason for Consult: Retinal Prematurity Consultation</td>
</tr>
<tr>
<td>PICC Consult Ped - for Line T;N</td>
</tr>
<tr>
<td>Nutritional Support Team Consult Start at: T;N, Priority: Stat, Reason: Total Parenteral Nutrition</td>
</tr>
<tr>
<td>Dietitian Consult, T;N, Type of Consult: Nutrition Management</td>
</tr>
<tr>
<td>Lactation Consult T;N</td>
</tr>
<tr>
<td>Child Life Consult( Consult Child Life) T;N</td>
</tr>
<tr>
<td>PT Ped Eval &amp; Tx ( Physical Therapy Ped Eval &amp; Tx) T;N</td>
</tr>
<tr>
<td>OT Ped Eval &amp; Tx( Occupational Therapy Ped Eval &amp; Tx) T;N</td>
</tr>
<tr>
<td>ST Ped Eval &amp; Tx( Speech Therapy Ped Eval &amp; Tx) T;N</td>
</tr>
<tr>
<td>Medical Social Work Consult T;N, Reason: Assistance at Discharge</td>
</tr>
<tr>
<td>Audiology Consult T;N, Initial newborn hearing screen</td>
</tr>
<tr>
<td>Pastoral Care Consult( Consult Pastoral Care) T;N, Reason for Consult: Family Support</td>
</tr>
<tr>
<td>Consult Case Management T;N, Reason for Consult: Discharge Planning</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Physician's Signature</th>
<th>MD Number</th>
</tr>
</thead>
</table>

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Rev102814