



Physician Orders

LEB NICU Respiratory Plan

PEDIATRIC

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

Height: _____ cm Weight: _____ kg

Allergies: No known allergies

Vital Signs

- Vital Signs T;N, Monitor and Record T,P,R,BP, q1h x ___h, then q2h
- Vital Signs T;N, Monitor and Record Blood Pressure, from all 4 extremities

Activity

- Out Of Bed (Activity-Peds) T;N, Up Kangaroo Care (Peds)
- Out Of Bed (Activity-Peds) T;N, Up Parent May Hold (Peds)
- Bedrest T;N, Bed Only-Do not move

Patient Care

- Position Patient T;N, Left side down
- Position Patient T;N special instructions: _____
- Isolation Precautions T;N, Isolation Type: _____
- Cardiopulmonary Monitor T;N Routine, Monitor Type: CP Monitor
- Radiant Warmer Apply T;N
- Incubator Apply (Isolette Apply) T;N
- Elevate Head Of Bed T;N
- Minimal Stimulation T;N
- Suction Patient T;N, PRN inline
- Suction Patient T;N, Oral/esophageal
- Mouth Care T;N, q4h(std), with toothette oral swabs, use colostrum if available
- Trach Care T;N, q12h(std)
- O2 Sat Monitoring NSG t;n, q1h(std)

Respiratory Care

- Trach W/Oxygen T;N, O2 % _____
- Oxyhood T;N, O2 % _____
- Highflow BNC (Highflow, Nasal Cannula) T;N, O2 % _____
- Nasal CPAP T;N, q4h, EP: _____ O2: yes or no O2 setting: _____
- Bubble CPAP T;N, q4h, EP: _____ O2: yes or no O2 setting: _____
- Mechanical Ventilation T;N, Vent Mode: SIMV, RATE _____ FiO2 _____, PEEP _____, PIP _____
- Mechanical Ventilation T;N, Vent Mode: CPAP, RATE _____ FiO2 _____, PEEP _____, PIP _____
- Mechanical Ventilation T;N, Vent Mode: CMV, RATE _____ FiO2 _____, PEEP _____, PIP _____

NOTE: FLOW for High Frequency Ventilation < 1000 g (6-8) LPM, 1000g - 2500 g flow (10-12) LPM, Term infant with severe meconium aspiration: flow 15-20 LPM

- High Frequency Ventilation T;N, MAP _____, Freq _____, Amplitude _____, PIP _____
- Nitric Oxide (RT) T;N, ppm: _____ (maximum dose = 20 ppm)
- Aa Gradient (Hyperoxia Test) T;N
- ISTAT POC (RT Collect) T;N Stat once, Test Select CBG | ABG | Electrolytes
- ISTAT POC (RT Collect) T;N Stat once, Test Select Arterial Blood Gas | Capillary Blood Gas | Lactic Acid
- ISTAT POC (RT Collect) T;N Stat once, Test Select ABG
- ISTAT POC (RT Collect) T;N Stat once, Test Select ABG, Special Instructions: from UAC
- ISTAT POC (RT Collect) T;N Stat once, Test Select CBG
- ISTAT POC (RT Collect) T;N Stat once, Test Select VBG



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Respiratory Care continued	
<input type="checkbox"/>	ISTAT POC (RT Collect) T;N Timed once, Test Select ABG
<input type="checkbox"/>	ISTAT POC (RT Collect) T;N Timed once, Test Select ABG, Special Instructions: from UAC
<input type="checkbox"/>	ISTAT POC (RT Collect) T;N Timed once, Test Select CBG
<input type="checkbox"/>	ISTAT POC (RT Collect) T;N Timed once, Test Select VBG
<input type="checkbox"/>	Respiratory Monitor (CO2 Monitor) T;N Routine, Special Instructions: Continuous End tidal
<input type="checkbox"/>	Respiratory Patient Education T;N once PRN, Type of Education: Trach, Special Instructions: RT instruct family on trach care at home and CPR
Continuous Infusions	
Vaso-Active Drugs	
<input type="checkbox"/>	DOPamine drip (pediatric) _____ mcg/kg/min, Injection, Central IV, routine,T;N, Use most concentrated strengths, Reference range: 2 to 20 mcg/kg/min
<input type="checkbox"/>	EPINEPHrine drip (pediatric) _____ mcg/kg/min, Injection, Central IV, routine,T;N, Use most concentrated strengths, Reference range: 0.1 to 1 mcg/kg/min
<input type="checkbox"/>	DOBUTamine drip (pediatric) _____ mcg/kg/min, Injection, Central IV, routine,T;N, Use most concentrated strengths, Reference range: 2 to 25 mcg/kg/min
Prostaglandins	
<input type="checkbox"/>	alprostadil drip (pediatric) _____ mcg/kg/min, Injection, Central IV, routine,T;N, Use most concentrated strengths, Reference range: 0.05 to 0.1 mcg/kg/min
Sedatives	
<input type="checkbox"/>	morPHINE drip (pediatric) _____ mg/kg/hr, Injection, Central IV, routine,T;N, Use most concentrated strengths, Reference range: 0.01 to 0.02 mg/kg/hr
<input type="checkbox"/>	fentaNYL drip (pediatric) _____ mcg/kg/hr, Injection, Central IV, routine,T;N Use most concentrated strengths, Reference range: 1 to 5 mcg/kg/hr
<input type="checkbox"/>	midazolam drip (pediatric) _____ mg/kg/hr, Injection, Central IV, Routine, T;N, Use most concentrated strengths, Reference range: 0.01 to 0.2 mg/kg/hr
Paralytics	
<input type="checkbox"/>	pancuronium drip (pediatric) _____ mg/kg/hr, Injection, Central IV, routine, T;N Use most concentrated strengths, Reference range: 0.02 to 0.2 mg/kg/hr
<input type="checkbox"/>	vecuronium drip (pediatric) _____mg/kg/hr, Injection, IVC, routine, T;N, Use most concentrated strengths, Reference range: 0.02 to 0.2 mg/kg/hr
Diuretics	
<input type="checkbox"/>	furosemide drip (pediatric) _____ mg/kg/day, Injection, Central IV, routine, T;N Use most concentrated strengths, Reference range: 2.5 to 10 mg/kg/day
<input type="checkbox"/>	bumetanide drip (pediatric) _____mcg/kg/hr, Injection, IVC, routine, T;N, Use most concentrated strengths, Reference range: 2.5 to 10 mcg/kg/hr
Electrolytes	
<input type="checkbox"/>	sodium bicarbonate 4.2% _____ meq, Injection, Central IV, once, Infuse over: _____
Medications	
<input type="checkbox"/>	Heparin 10 unit/mL flush 1 mL, (10units/mL),Ped Injectable, IVPush, prn, PRN Catheter clearance, routine,T;N, peripheral or central line per nursing policy
<input type="checkbox"/>	acetaminophen _____ mg,(15 mg/kg), Supp, PR, q4h, PRN, Pain,Routine, T;N
<input type="checkbox"/>	aminophylline _____ mg, (6 mg/kg), Injection, IV, once, Infuse over 30 min, Routine, T;N, Loading dose
<input type="checkbox"/>	aminophylline _____ mg, (2.5 mg/kg), Injection, IV, q12h, Routine, T;N, Start 12 hours after Loading dose
<input type="checkbox"/>	caffeine citrate _____ mg, (20 mg/kg), Injection, IV, once, Infuse over 30 min, Routine, T;N, Loading dose

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Medications continued		
<input type="checkbox"/>	caffeine citrate	_____ mg, (5 mg/kg), Injection, IV, q24, Routine, T;N, Start 24 hours after Loading dose
<input type="checkbox"/>	albuterol nebulized	_____mg,(0.1mg/kg), Inh soln, NEB, q6h, PRN,Wheezing, routine,T;N (3 mL = 2.5 mg)
<input type="checkbox"/>	albuterol MDI	_____puffs,(2 puffs), MDI, Inhaled, q6h, PRN, Wheezing, routine,T;N (180 mcg = 2 puffs)
<input type="checkbox"/>	budesonide	0.25mg, Inh soln, NEB, q12h, routine,T;N (2 mL = 0.25 mg)
<input type="checkbox"/>	fluticasone 44 mcg inh	44mcg, MDI, INH, bid, routine, T;N, (44 mcg = 1 puff)
<input type="checkbox"/>	ipratropium	0.125 mg, Inh Soln, NEB, q6h, Routine, T;N
<input type="checkbox"/>	racepinephrine 2.25% inh solution	0.25 mL, Inh Soln, NEB, q4h, PRN Stridor, Routine, T;N
<input type="checkbox"/>	furosemide	_____mg,(1 mg/kg), Injection, IV Push, q24h,routine,T;N
<input type="checkbox"/>	spironalactone	_____ mg, (1 mg/kg), Oral Susp, PO, bid, Routine, T;N
<input type="checkbox"/>	hydrocortisone	_____mg,(0.5 mg/kg), Injection, IVPB, q12h, routine,T;N
<input type="checkbox"/>	chlorothiazide	_____ mg, (10 mg/kg), Oral Susp, PO, bid, Routine, T;N
<input type="checkbox"/>	pancuronium	_____mg,(0.1 mg/kg), Injection, IV, q1h, prn, Other specify in comment, routine, T;N, Paralysis
Surfactant		
<input type="checkbox"/>	poractant	_____ mL, 2.5 mL/kg, Susp, Intratracheally, once, Routine, T;N, Initial Dose divided into two separate doses and given to patient
<input type="checkbox"/>	poractant	_____ mL, 1.25 mL/kg, Susp, Intratracheally, q12h, (2 doses), Routine, T;N
Inhaled Antibiotics		
<input type="checkbox"/>	TOBI	150 mg, Inh Soln, NEB, bid, Routine, T;N
<input type="checkbox"/>	TOBI	300 mg, Inh Soln, NEB, bid, Routine, T;N
Sedation		
<input type="checkbox"/>	morPHINE	_____ mg, (0.1 mg/kg), Injection, IV, q4h, PRN, Sedation, Routine, T;N
<input type="checkbox"/>	fentaNYL	_____ mcg, (1 mcg/kg), Injection, IV Push, q2h, PRN Pain, routine,T;N
<input type="checkbox"/>	chloral hydrate	_____ mg, (25 mg/kg), Syrup, PO, q6h, PRN, Sedation, Routine, T;N
<input type="checkbox"/>	midazolam	_____ mg, (0.1 mg/kg), Injection, IV, q4h, PRN, Sedation, Routine, T;N
<input type="checkbox"/>	lorazepam	_____mg,(0.05 mg/kg), Injection, IV Push, once, T;N
<input type="checkbox"/>	lorazepam	_____mg,(0.05 mg/kg), Injection, IV Push, q6h,PRN,routine,T;N, Agitation
Laboratory		
<input type="checkbox"/>	Methemoglobin	STAT, T;N, once, Type: Blood
Diagnostic Tests		
<input type="checkbox"/>	Chest 1VW Frontal (Chest 1 VW)	T;N, Routine, Reason: _____ Portable
<input type="checkbox"/>	Chest 2VW Frontal & Lat (Chest PA & Lateral)	T;N, Routine, Reason: _____ Portable
<input type="checkbox"/>	Echocardiogram Pediatric (0-18 yrs)	T;N, Routine, Reason: Portable
Consults/Notifications		
<input type="checkbox"/>	Notify Physician-Continuing	T;N, For: O2 sats less than 85%, Who: _____
<input type="checkbox"/>	Notify Physician-Continuing	T;N, For: _____, Who: _____
<input type="checkbox"/>	Notify Physician-Once	T;N, For: _____, Who: _____
<input type="checkbox"/>	Notify Nurse Practitioner-Continuing	T;N, For: O2 sats less than 85%, Who: _____
<input type="checkbox"/>	Notify Nurse Practitioner-Continuing	T;N, For: _____, Who: _____
<input type="checkbox"/>	Notify Nurse Practitioner-Once	T;N, For: _____, Who: _____



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Consults/Notifications continued		
<input type="checkbox"/>	Respiratory Consult	T;N, Reason: chest percussion
<input type="checkbox"/>	Physical Therapy Ped Eval & Tx	T;N, Reason: _____
<input type="checkbox"/>	Occupational Therapy Ped Eval & Tx	T;N, Reason: _____
<input type="checkbox"/>	Speech Therapy Ped Eval & Tx	T;N, Reason: Passi Muir valve
<input type="checkbox"/>	Speech Therapy Ped Eval & Tx	T;N, Reason: _____
<input type="checkbox"/>	Medical Social Work Consult	T;N, Reason: Assistance at Discharge
<input type="checkbox"/>	Audiology Consult	T;N, Initial newborn hearing screen
<input type="checkbox"/>	Consult Pastoral Care	T;N, Reason for Consult: Spiritual Assessment

Date

Time

Physician's Signature

MD Number