



Physician Orders PEDIATRIC: LEB NICU Whole Body Cooling/Rewarming Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase
T;N, Phase: NICU Whole Body Cooling Phase, When to Initiate: When patient arrives to unit

LEB NICU Whole Body Cooling Phase

Admission/Transfer/Discharge

- ☒ Patient Status Initial Inpatient
T;N, Bed Type: Other - see Special Instructions, Unit: NICU
- ☒ 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, q15min, Monitor axillary, skin, and esophageal/rectal temperatures every 15 minutes until target esophageal/rectal temp of 35.5degrees C is met.
- ☒ Vital Signs
T;N, Routine Monitor and Record T,P,R,BP, Once Target Temp is met, monitor axillary, esophageal/rectal and water/blanket temperatures every 15 minutes x 3 hours, then every 1 hour x 12 hours, every 4 hours through the remainder of 72 hour cooling period

Activity

- ☒ Bedrest
T;N, Routine

Food/Nutrition

- ☒ NPO
Start at: T;N

Patient Care

- ☒ Indwelling Urinary Catheter Insert-Follow Removal Protocol
T;N, Reason: Strict UOP (q30 min or q1 hr) in ICU
- ☒ Nasogastric Tube
T;N, Insert Nasogastric Tube to Gravity
- ☒ Intake and Output
T;N, Routine
- ☒ Bedside Glucose Nsg
T;N, Stat, every hour until stable, then every 6 hours, Maintain Glucose 60 to 120 mg/dL
- ☒ O2 Sat Monitoring NSG
T;N, Routine, q1h(std), Monitor and Record, Keep O2 saturations in 93% to 98% range
- ☒ Position Patient
T;N, reposition q30 minutes to prevent skin issues
- ☐ aEEG
T;N

Nursing Communication

- ☒ Nursing Communication





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T;N, Monitor for signs of injury every hour

- ☐ Nursing Communication
T;N, Insert esophageal probe. Insert via nose or mouth. Secure probe. Note: Calculate distance to lower one third esophagus (nares to ear to sternum minus 2 cm). Mark distance on probe with indelible pen/marker
- ☒ Nursing Communication
T;N, Initiate Re-warming phase of powerplan after 72 hours of cooling therapy.

Respiratory Care

- ☒ ISTAT POC (RT Collect)
*T;N Stat once, Test Select ABG (DEF)**
T;N Stat once, Test Select CBG

Continuous Infusion

- ☐ Dextrose 10% in Water
1,000 mL, IV, STAT, mL/hr

Medications

- ☐ **+1 Hours** morphine
*0.05 mg/kg, Ped Injectable, IV Push, q4h, Routine, (for 72 hr) (DEF)**
0.05 mg/kg, Ped Injectable, IV Push, q4h, PRN Pain, Routine, (for 3 day), Breakthrough
0.05 mg/kg, Ped Injectable, IV Push, q6h, PRN Pain, Routine, (for 3 day), Breakthrough
- ☐ **+1 Hours** ampicillin
100 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine
- ☐ **+1 Hours** gentamicin
4 mg/kg, Ped Injectable, IV Piggyback, q24h, STAT, PMA greater than or equal to 35 weeks
- ☐ **+1 Hours** PHENobarbital
20 mg/kg, Ped Injectable, IV Piggyback, once, STAT, Loading Dose

Laboratory

- ☒ CBC
STAT, T;N, once, Type: Blood, Nurse Collect
- ☒ PT/INR
STAT, T;N, once, Type: Blood, Nurse Collect
- ☒ PTT
STAT, T;N, once, Type: Blood, Nurse Collect
- ☒ Fibrinogen Level
STAT, T;N, once, Type: Blood, Nurse Collect
- ☒ CMP
STAT, T;N, once, Type: Blood, Nurse Collect
- ☒ Phosphorus Level
STAT, T;N, once, Type: Blood, Nurse Collect
- ☒ Magnesium Level
STAT, T;N, once, Type: Blood, Nurse Collect
- ☒ Troponin-I





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STAT, T;N, once, Type: Blood, Nurse Collect

- ☒ Lactic Acid Level
STAT, T;N, once, Type: Blood, Nurse Collect
- ☒ Ionized Calcium Pediatric
STAT, T;N, once, Type: Blood, Nurse Collect
- ☐ Blood Culture
STAT, T;N, once, Specimen Source: Peripheral Blood, Nurse Collect
- ☒ Urinalysis w/Reflex Microscopic Exam
STAT, T;N, once, Type: Urine, Nurse Collect
- ☒ BMP
Time Study, T;N+360, q6h x 72 hr, Type: Blood, Nurse Collect
- ☒ CBC
Routine, T+1;N, q24h x 3 day, Type: Blood, Nurse Collect
- ☒ PT
Routine, T+1;N, q24h x 3 day, Type: Blood, Nurse Collect
- ☒ PTT
Routine, T+1;N, q24h x 3 day, Type: Blood, Nurse Collect
- ☒ Fibrinogen Level
Routine, T+1;N, q24h x 3 day, Type: Blood, Nurse Collect
- ☒ Ionized Calcium Pediatric
Routine, T+1;N, q24h x 3 day, Type: Blood, Nurse Collect
- ☒ Bilirubin Total & Direct
Routine, T+1;N, q24h x 3 day, Type: Blood, Nurse Collect
- ☒ AST
Routine, T+1;N, q24h x 3 day, Type: Blood, Nurse Collect
- ☒ ALT
Routine, T+1;N, q24h x 3 day, Type: Blood, Nurse Collect
- ☒ Troponin-I
Routine, T+1;N, q24h x 3 day, Type: Blood, Nurse Collect

Diagnostic Tests

- ☐ Chest 1VW Frontal
T;N, Reason for Exam: Other, Enter in Comments, Stat, Portable
Comments: Possible lung disease and to determine the size and shape of the heart.
- ☐ Chest 2VW Frontal & Lat
T;N, Reason for Exam: Other, Enter in Comments, Stat, Portable
Comments: Possible lung disease and to determine the size and shape of the heart.
- ☒ US Head Neonatal/Echoencephalogram
T;N, Reason for Exam: Other, Enter in Comments, Stat, Portable
Comments: Rule out bleeding.

Consults/Notifications/Referrals

- ☒ Physician Group Consult





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T;N, Group: ULPS Neurology, Reason for Consult: Neonatal Encephalopathy

- ☒ Notify Physician-Continuing
T;N, Notify: MD/NNP, esophageal/rectal temperature less than 33 degrees C and greater than 34 degrees C
- ☒ Notify Physician-Continuing
T;N, Notify: NNP/MD, O2 Saturations < 93% or > 98%, pH < 7.30 or > 7.4, pCO2 < 35 or > 50
- ☒ Notify Physician-Continuing
T;N, Notify: NNP/MD, Heart rate less than 70 or greater than 180 and if mean BP is less than _____ or greater than _____
- ☒ Notify Physician-Continuing
T;N, Notify: NNP/MD, Suspected thrombotic/pressure sites
- ☒ Notify Physician-Continuing
T;N, Notify: NNP/MD, Urine output less than 1mL/kg/hr every 6 hour period

LEB NICU Whole Body Rewarming Phase

Vital Signs

- ☒ Vital Signs
T;N, Routine Monitor and Record T,P,R,BP, Monitor axillary and esophageal/rectal temperature every 1 hour x 4 hours, then every 4 hours x 12 hours

Nursing Communication

- ☒ Nursing Communication
T;N, Rewarm infant at rate of 0.5 degrees C per every hour until esophageal/rectal temperature reaches 36.5 degrees C.
- ☒ Nursing Communication
T;N, When esophageal/rectal temperature reaches 36.5 degrees C, set Criticool to monitor mode and turn Radiant Warmer on. Set Servo control at 36 degrees C to 37 degrees C.
- ☒ Nursing Communication
T;N, Discontinue esophageal/rectal probe and Criticool after 16 hours if patient core temperature remains stable
- ☒ Nursing Communication
T;N, Discontinue Whole Body Cooling Powerplan once Re-warming phase is completed.

Consults/Notifications/Referrals

- ☒ Notify Physician-Continuing
T;N, Notify: NNP/MD, If patient unable to maintain core temperature at 36.5 degrees C to 37.3 degrees C.

Date	Time	Physician's Signature	MD Number
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***Report Legend:**

DEF - This order sentence is the default for the selected order

GOAL - This component is a goal





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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

