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 35.5 degrees 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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□ Nursing Communication
  
  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)*

☐ +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

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☑ 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

☑ FT
   □ 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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- **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.

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Date: ____________________  Time: ____________________  Physician’s Signature: ____________________  MD Number: ____________________

*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