Physician Orders PEDIATRIC: NICU Admit Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☐ Initiate Powerplan Phase
   Phase: NICU Admit Phase, When to Initiate:__________________________

NICU Admit Phase
Admission/Transfer/Discharge
☐ Patient Status Initial Inpatient
   T;N Admitting Physician: __________________________________________
   Reason for Visit:__________________________________________________
   Bed Type: Critical Care, Specific Unit: NICU
   Care Team: ________________________________________________________ Anticipated LOS: 2 midnights or more

Vital Signs
☐ Vital Signs
   ☐ Monitor and Record T,P,R,BP, q1h(std), Include Axillary Temp and SaO2 on admission and every hour x 3h, then q8h (DEF)*
   ☐ Monitor and Record T,P,R,BP, q1h(std), Include Axillary Temp and SaO2 on admission and every hour x 3h, then q6h
   ☐ Monitor and Record T,P,R,BP, q1h(std), Include Axillary Temp and SaO2 on admission and every hour x 3h, then q4h

Food/Nutrition
☐ NPO
☐ Breastmilk (Expressed)
   mL, q3h
☐ Similac Soy Isomil
   mL, q3h, If breastmilk not available
☐ Similac Advance/Similac Pro-Advance
   mL, q3h, Cals/oz: 20, If breast milk not available
☐ Similac Special Care 20
   mL, q3h, Cals/oz: 20, If breastmilk not available
☐ Similac Special Care 24
   mL, q3h, Cals/oz: 24, If breastmilk not available
☐ Similac Special Care High Protein 24
   mL, q3h, Cals/oz: 24, If breastmilk not available
☐ Enfamil Premature 20
   mL, q3h, Cals/oz: 20, If breastmilk not available
☐ Enfamil Premature 24
   mL, q3h, Cals/oz: 24, If breastmilk not available
☐ Enfamil ENFAcare
   mL, q3h, Cals/oz: 22, If breastmilk not available
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☐ Enfamil Premium Newborn
   mL, q3h, Cals/oz: 20, If breastmilk not available
☐ Prosobee
   mL, q3h, Cals/oz: 20, If breastmilk not available
☐ Enfamil Premium Gentlease
   mL, q3h, Cals/oz: 20, If breastmilk not available
☐ NeoSURE, Similac
   mL, q3h, Cals/oz: 22, If breastmilk not available
☐ Alimentum, Similac
   mL, q3h, Cals/oz: 22, If breastmilk not available
☐ Tube Feeding Titrate NICU
   Increase Frequency: q3h

Patient Care
☑ Intake and Output
   Routine
☑ O2 Sat Continuous Monitoring NSG
☑ Daily Weights
   qEve, and on admission
☑ Length Infant
   Monday, every Monday and on admission
☑ Measure Circumference
   T;N, Of: Head | Chest, on admission
☑ Measure Circumference
   T;N, MonThu, Of: Head
☑ Bedside Glucose Nsg
   Routine, once (DEF)*
   On admission every hour x 3, with all lab collects, 1 hour after all IVF changes
☑ Bedside Glucose Nsg
   q1h(std), For 3 hr, PRN, Every hour x 3, with all lab collects, 1 hour after all IVF changes
☑ Minimal Stimulation
☑ Newborn Screen
   on all infants before first blood transfusion, transfer or discharge, or between 24-48 hours.
☐ Nursing Communication
   T;N, Offer parental CPR training before infant's discharge.
☐ Nursing Communication
   T;N, If mother is HbsAg positive, enter order (if not already ordered) for Hepatitis B Immunoglobulin
   0.5mL IM and Hepatitis B vaccine (recombivax) 0.5 mL IM
☑ Nursing Communication
   T;N, If mother is HbsAg is unknown or cannot be obtained within 12 hours, enter order (if not already
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- ordered) for Hepatitis B vaccine (recombivax) 0.5 mL IM
- Blood Gas POC - NICU Collect  
  Stat, Type: Arterial Blood Gas
- Blood Gas POC - NICU Collect  
  Stat, Scheduled Times to Draw: 0500, 1100, 1700, 2300, Type: Arterial Blood Gas, q6h
- Cardiopulmonary Monitor  
  T;N
- Humidity Rain Out  
  T;N

Respiratory Care
- O2-BNC  
  Special Instructions: FiO2 40%, titrate Parameters: 23 - 28 wks = 83-93%; 29 - 34 wks = 85-95%;  
  Greater than 34 wks = 88-95 %; If infant is receiving less than 25 % oxygen by nasal cannula, the upper limits of O2 sat may be set at 100%.
- Highflow BNC  
  Special Instructions: FiO2 40%, titrate Parameters: 23 - 28 wks = 83-93%; 29 - 34 wks = 85-95%;  
  Greater than 34 wks = 88-95 %; If infant is receiving less than 25 % oxygen by nasal cannula, the upper limits of O2 sat may be set at 100%.
- Oxyhood  
  Special Instructions: Titrate Parameters: 23 - 28 wks = 83-93%; 29 - 34 wks = 85-95%;  
  Greater than 34 wks = 88-95 %; If infant is receiving less than 25 % oxygen by nasal cannula, the upper limits of O2 sat may be set at 100%.
- Mechanical Ventilation (Ped)  
  Vent Settings: CMV/Assist Control
- High Frequency Ventilation
- Nitric Oxide (RT)  
  titrate per policy

Continuous Infusion
- Specify in order comments which UAC#1, UAC#2, UVC#1, or UVC#2(NOTE)*
- +1 Hours D5W  
  250 mL, IV, Routine, mL/hr
- +1 Hours D5W with Heparin 0.5 unit/mL (IVS)*  
  Dextrose 5% in Water  
  250 mL, IV, Routine, mL/hr  
  heparin (additive)  
  125 units
- +1 Hours D10W  
  250 mL, IV, Routine, mL/hr
- +1 Hours D10W with Heparin 0.5 unit/mL (IVS)*  
  Dextrose 10% in Water  
  250 mL, IV, Routine, mL/hr
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- **heparin (additive)**  
  125 units

  - **+1 Hours**  
    1/4 NaCl with Heparin 0.5 unit/mL (IVS)*  
    sterile water  
    250 mL, IV, Routine, mL/hr  
    sodium chloride 23.4%  
    38.4 mEq  
    heparin (additive)  
    125 units

  - **+1 Hours**  
    1/2 NaCl with Heparin 0.5 unit/mL (IVS)*  
    Sodium Chloride 0.45%  
    250 mL, IV, Routine, mL/hr  
    heparin (additive)  
    125 units

  - **+1 Hours**  
    NS with Heparin 0.5 unit/mL (IVS)*  
    Sodium Chloride 0.9%  
    250 mL, IV, Routine, mL/hr  
    heparin (additive)  
    125 units

  - **+1 Hours**  
    Stock Neonatal TPN  
    250 mL, IV, N/A, Routine, _____mL/hr

  - **+1 Hours**  
    Jenkins Solution (NICU) (IVS)*  
    sterile water  
    88.25 mL, IV, Routine, mL/hr  
    sodium acetate  
    7.5 mEq  
    sodium bicarbonate (additive)  
    7.5 mEq  
    heparin flush (additive)  
    50 units

  - **+1 Hours**  
    Woodalls Solution (NICU) (IVS)*  
    sterile water  
    93.87 mL, IV, Routine, mL/hr  
    sodium acetate  
    3.75 mEq  
    sodium bicarbonate (additive)  
    3.75 mEq  
    heparin flush (additive)  
    50 units

**Medications**

- **+1 Hours** Vitamin K1  
  1 mg, Injection, IM, N/A, NOW
+1 Hours  erythromycin 0.5% ophthalmic ointment
  1 application, Ophthalmic Oint, Both Eyes, N/A, NOW

+1 Hours  Normal Saline Bolus
  10 mL/kg, Injection, IV, once, STAT, ( infuse over 30 min )

+1 Hours  ampicillin
  50 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day ) (DEF)*
  100 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day )

+1 Hours  gentamicin
  5 mg/kg, Injection, IV Piggyback, q48h, Routine, (for 14 day ), PMA less than or equal to 29 weeks, PNA = 0 to 7 days (DEF)*
  4.5 mg/kg, Injection, IV Piggyback, q36h, Routine, (for 14 day ), PMA = 30 to 34 weeks, PNA = 0 to 7 days
  4 mg/kg, Injection, IV Piggyback, q24h, Routine, (for 14 day ), PMA greater than or equal to 35 weeks

+1 Hours  amikacin
  18 mg/kg, Injection, IV Piggyback, q48h, Routine, (for 14 day ), PMA less than or equal to 29 weeks, PNA = 0 to 7 days (DEF)*
  18 mg/kg, Injection, IV Piggyback, q36h, Routine, (for 14 day ), PMA = 30 to 34 weeks, PNA = 0 to 7 days
  15 mg/kg, Injection, IV Piggyback, q24h, Routine, (for 14 day ), PMA greater than or equal to 35 weeks

+1 Hours  vancomycin
  15 mg/kg, Ped Injectable, IV Piggyback, q18h, Routine, (for 14 day ), PMA less than or equal to 29 weeks, PNA = 0 to 14 days, meningitic dos (DEF)*
  10 mg/kg, Ped Injectable, IV Piggyback, q18h, Routine, (for 14 day ), PMA less than or equal to 29 weeks, PNA = 0 to 14 days
  15 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day ), PMA = to 30 to 36 weeks, PNA = 0 to 14 days, meningitic dose
  10 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day ), PMA = to 30 to 36 weeks, PNA = 0 to 14 days
  15 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day ), PMA = to 37 to 44 weeks, PNA = 0 to 7 days, meningitic dose
  10 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day ), PMA = to 37 to 44 weeks, PNA = 0 to 7 days

+1 Hours  poractant alfa
  2.5 mL/kg, Oral Susp, Intratracheal, once, Routine, Curosurf

+1 Hours  bacitracin/neomycin/polymyxin B topical
  1 application, Ointment, TOP, q8h, Wound Care, Routine, (for 2 day ), apply to ISE site
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☐ +1 Hours hepatitis B pediatric vaccine
   0.5 mL, Injection, IM, once, Routine, Vaccine
   Comments: Give within 12 hours of birth if mother is HBsAg positive or unknown in infants <2kg. In all other infants, give within 24 hours of birth after parents are notified
   If mother is HbsAg Positive or status is unknown or cannot be obtained within 12 hours in infants <2kg or 7 days in infants >/= 2kg, order hepatitis b immune globulin in addition to hepatitis B vaccine:(NOTE)*

☐ +1 Hours hepatitis B immune globulin IM
   0.5 mL, Injection, IM, once, Routine
   Comments: Immediately after bath.

☐ +1 Hours caffeine
   20 mg/kg, Ped Injectable, IV, once, Routine, (infuse over 30 min), Loading Dose NICU

☐ +1 Days caffeine
   6 mg/kg, Ped Injectable, IV, q24h, Routine, (infuse over 10 min), Daily Dose.

☐ +1 Hours lactobacillus acidophilus
   0.5 cap, PO, QDay
   Comments: Give with first feeding

☐ +1 Hours zinc oxide topical ointment
   1 application, Ointment, TOP, prn, PRN Diaper Change

Laboratory
   ☑ Newborn Workup
      Routine, T;N, Type: Blood, Collection Comment: on cord blood
      Comments: On all infants before first blood transfusion, transfer/discharge, or between 24-48 hrs of life.

   ☑ Cytomegalovirus by PCR Newborn Screen
      STAT, T;N, once, Type: Saliva-Swab, Nurse Collect

   ☑ CBC
      STAT, T;N, Type: Blood

   ☑ CBC
      Routine, T+1;0400, Type: Blood

   ☑ C-Reactive Protein
      STAT, T;N, Type: Blood

   ☑ C-Reactive Protein
      Routine, T+1;0400, once, Type: Blood

   ☑ Pediatric Chem Profile
      STAT, T;N, Type: Blood

   ☑ Pediatric Chem Profile
      Routine, T+1;0400, Type: Blood

   ☑ BMP
      STAT, T;N, once, Type: Blood

   ☑ Blood Culture
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STAT, T;N, once, Specimen Source: Peripheral Blood

☐ Meconium Drug Screen
   STAT, T;N, once, Type: Stool

☐ Trough Level - Nurse To Order
   Drug: Amikacin, Draw: Prior to Third Dose, If treating greater than 48 hours.

☐ Trough Level - Nurse To Order
   Drug: Gentamicin, Draw: Prior to Third Dose, If treating greater than 48 hours.

☐ Trough Level - Nurse To Order
   Drug: Vancomycin, Draw: Prior to Third Dose, If treating greater than 48 hours.

Diagnostic Tests

☐ Chest 2VW Frontal & Lat
   T;N, Stat, Portable

☐ Chest 2VW Frontal & Lat
   T+1:0500, Routine, Portable

☐ Chest 1VW Frontal
   T;N, Stat, Portable

☐ Chest 1VW Frontal
   T+1:0500, Routine, Portable

☐ Abd Comp W Decubitus/Erect VW
   T;N, Reason for Exam: Other, Enter in Comments, Stat, Portable

☐ Abd Comp W Decubitus/Erect VW
   T+1:0500, Routine, Portable (DEF)*
   T;N, Routine, Portable

☐ Abd Sing AP VW
   T;N, Stat, Portable (DEF)*
   T;N, Routine, Portable

☐ Abd Sing AP VW
   T;N, Routine, Portable

☐ US Head Neonatal/Echoencephalogram
   T+9:0800, Routine, Portable

☐ CT Brain/Head WO Cont
   T;N, Routine, Infant Transport

Consults/Notifications/Referrals

☐ Notify Physician-Once
   Notify For: of room number on arrival to unit.

☐ Notify Physician For Vital Signs Of

☐ Notify Physician-Continuing
   Notify For: NNP/MD, for if blood gases not within following ranges PH>___, PCO2 _____ to _____,
   PO2 ______, BE>_____
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Notify For: NNP/MD for if lab results outside of established ranges for NICU

☐ Notify Physician-Once
   Notify: Pediatrician's office, Notify For: infant's admission and condition

☑ Consult Medical Social Work
   Reason: Other, specify, Developmental Support

☐ Physical Therapy Ped Eval & Tx
   Routine

☐ Occupational Therapy Ped Eval & Tx
   Routine

☐ Speech Therapy Ped Eval & Tx
   Routine

☑ Consult Nutritional Support Team
   Routine, Reason: Other, Please Specify, Special Instructions: Neonatal Admission

☐ Physician Consult
   Cardiologist

☐ Physician Consult
   Genetics

☐ Physician Consult

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
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