



attach patient label here

## Physician Orders Pediatric

## Title: NICU Whole Body Cooling / Rewarming Plan

## Phase: NICU Cooling Phase

[R] = will be ordered

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

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

Allergies: ☐ No known allergies☐ Medication allergy(s): \_\_\_\_\_☐ Latex allergy ☐ Other: \_\_\_\_\_

## Initiate Orders Phase

<input type="checkbox"/>	Initiate Powerplan Phase	T;N, Phase: NICU Cooling Phase When to initiate: _____
<input type="checkbox"/>	Initiate Powerplan Phase	T;N, Phase: NICU Rewarming Phase When to initiate: _____

## NICU Cooling Phase

## Vital Signs

<input type="checkbox"/>	Vital Signs	T;N, Monitor and Record T,P,R,BP, q 15 min, Comments: Monitor axillary, skin and esophageal temps q15min until target esophageal temp of 35.5 C is met.
<input type="checkbox"/>	Vital Signs	T;N, Monitor and Record T,P,R, BP Comments: Once Target Temp of 35.5° C is met, monitor axillary, skin, esophageal 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

<input type="checkbox"/>	Bedrest	T;N, Routine
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## Food/Nutrition

<input type="checkbox"/>	NPO	Start at T; N
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## Patient Care

<input type="checkbox"/>	Neonatal Cooling Therapy Initiate	T;N, See Reference Text for link to policy
<input type="checkbox"/>	Indwelling Urinary Catheter Insert - Follow Removal Protocol	T;N, Reason: UOP monitoring in critically ill patient.
<input type="checkbox"/>	Nasogastric Tube Insert	T; N, Comments: Insert Nasogastric Tube to Gravity
<input type="checkbox"/>	Intake and Output	T;N, Routine
<input type="checkbox"/>	Neurochecks	T;N, q 4h, Routine, Monitor pupil size, pupil response, and level of consciousness every 4 hours
<input type="checkbox"/>	Bedside Glucose Nsg	T;N, STAT, Comments: q1h until Blood Glucose is 60 to 120 mg/dL x two readings, then every 6 hours
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N, q1h, Routine Comments: Monitor and Record, Keep O2 saturations between 93% and 98%
<input type="checkbox"/>	Blood Gas POC NICU-Collect	T;N, STAT, Arterial Blood Gas
<input type="checkbox"/>	Blood Gas POC NICU-Collect	T;N, Routine, Arterial Blood Gas, q6h, Scheduled Time: 0500, 1100, 1700, 2300 Type: Arterial Blood Gas

## Nursing Communication

<input type="checkbox"/>	Nursing Communication	T;N, Monitor for signs of skin injury every hour
<input type="checkbox"/>	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
<input type="checkbox"/>	Nursing Communication	T;N, Initiate NICU Rewarming Phase at the completion of 72 hours of cooling phase

## Continuous Infusions

	<b>NOTE: Specify in order comments in which UAC #1, UAC#2, UVC #1, UVC#2</b>	
<input type="checkbox"/>	NS with Heparin 1 unit/mL	250 mL, IV, _____ mL/hr, Routine, T;N, Comment: Site: _____
<input type="checkbox"/>	Stock Neonatal TPN	250 mL, IV, _____ mL/hr, Routine, T;N, Comment: Site: _____



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Medications		
<input type="checkbox"/>	morPHINE	0.05mg/kg, Ped Injectable, IVPush, q4h, Routine, T;N, (for 72 hours)
<input type="checkbox"/>	morPHINE	___mg (0.05mg/kg), Ped Injectable, IVPush, q4h, PRN Pain, Breakthrough, Routine, T;N, (for 3 day)
<input type="checkbox"/>	morPHINE	___mg (0.05mg/kg), Ped Injectable, IVPush, q6h, PRN Pain, Breakthrough, Routine, T;N, (for 3 day)
<input type="checkbox"/>	PHENobarbital	___mg (20mg/kg), Ped Injectable, IV Piggyback, once, PRN Seizure Activity, Routine, T;N, Loading dose
Laboratory		
<input type="checkbox"/>	CBC	T; N, STAT, once, Blood
<input type="checkbox"/>	CMP	T; N, STAT, once, Blood
<input type="checkbox"/>	PT/INR	T; N, STAT, once, Blood
<input type="checkbox"/>	APTT	T; N, STAT, once, Blood
<input type="checkbox"/>	Fibrinogen Level	T; N, STAT, once, Blood
<input type="checkbox"/>	Phosphorus level	T; N, STAT, once, Blood
<input type="checkbox"/>	Troponin-I	T; N, STAT, once, Blood
<input type="checkbox"/>	Lactate Level	T; N, STAT, once, Blood
<input type="checkbox"/>	Ionized Calcium	T; N, STAT, once, Blood
<input type="checkbox"/>	Blood Culture	T; N, STAT, once, Specimen Source, peripheral blood
<input type="checkbox"/>	Urinalysis w/Reflex Microscopic Exam	T; N, STAT, once, Urine, Catheterized, Nurse Collect
<input type="checkbox"/>	Electrolytes	T; N+360, Time Study, q6 hours, Duration: 72 hours, Blood
<input type="checkbox"/>	CBC	T+1; N, Routine, q24 hr x 3 days, Blood
<input type="checkbox"/>	PT/INR	T+1; N, Routine, q24 hr x 3 days, Blood
<input type="checkbox"/>	APTT	T+1; N, Routine, q24 hr x 3 days, Blood
<input type="checkbox"/>	Fibrinogen Level	T+1; N, Routine, q24 hr x 3 days, Blood
<input type="checkbox"/>	Ionized Calcium	T+1; N, Routine, q24 hr x 3 days, Blood
<input type="checkbox"/>	Bilirubin Total & Direct	T+1; N, Routine, q24 hr x 3 days, Blood
<input type="checkbox"/>	BUN	T+1; N, Routine, q24 hr x 3 days, Blood
<input type="checkbox"/>	Creatinine	T+1; N, Routine, q24 hr x 3 days, Blood
<input type="checkbox"/>	AST	T+1; N, Routine, q24 hr x 3 days, Blood
<input type="checkbox"/>	ALT	T+1; N, Routine, q24 hr x 3 days, Blood
<input type="checkbox"/>	Troponin-I	T+1; N, Routine, q24 hr x 3 days, Blood
Diagnostic Tests		
<input type="checkbox"/>	Chest 1 VW Frontal	T; N, STAT, Reason for exam Other: suspected cardiovascular dysfunction secondary to hypothermia therapy, portable
<input type="checkbox"/>	Chest 2 VW Frontal & Lat	T; N, STAT, Reason for exam Other: suspected cardiovascular dysfunction secondary to hypothermia therapy, portable
<input type="checkbox"/>	US Head Neonatal/Echoencephalogram	T;N, STAT, Reason for exam Other: rule out intracerebral hemorrhage portable
<input type="checkbox"/>	EEG	T; N, STAT, Reason for exam _____, portable



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Consults/Notifications		
	<b>NOTE: Use the Consult below for Neurology</b>	
<input type="checkbox"/>	Physician Consult	T;N, Notify: _____, Reason: Neonatal Encephalopathy
<input type="checkbox"/>	Notify Physician-Once	T;N, Notify physician when NICU Rewarming Phase is initiated (at the completion of 72 hours of cooling phase)
<input type="checkbox"/>	Notify Physician- Continuing	T;N, Notify: NNP/MD, For: ABG results: pH < 7.3 or > 7.40, pCO2 < 40 or > 50 or O2 Saturations < 93% or > 98%,
<input type="checkbox"/>	Notify Physician- Continuing	T;N, Notify: NNP/MD, For: Excessive bleeding at IV or tube insertion sites
<input type="checkbox"/>	Notify Physician- Continuing	T;N, Notify: NNP/MD, For: Heart rate less than 70 or greater than 180 and if mean BP is less than _____ or greater than _____
<input type="checkbox"/>	Notify Physician- Continuing	T;N, Notify: NNP/MD, For: Suspected thrombotic sites
<input type="checkbox"/>	Notify Physician- Continuing	T;N, Notify: NNP/MD, For: Urine output less than 1mL/kg/hr every 6 hour period

Date

Time

Physician's Signature

MD Number



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Allergies: \_\_\_\_\_ [ ] No known allergies

[ ] Medication allergy(s): \_\_\_\_\_

[ ] Latex allergy [ ] Other: \_\_\_\_\_

## NICU Rewarming Phase

## Uncategorized

NOTE: This rewarming phase should be Initiated after 72 hours of cooling completed

## Vital Signs

[ ]	Vital Signs	T;N, Routine, Monitor and Record T, P,R, BP Comments: Monitor axillary, esophageal and skin temperatures every 1 hour x 4 hours then every 4 hours x 12 hours
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## Patient Care

[ ]	Nursing Communication	T; N, Rewarm infant at rate of 0.5° C per every hour until esophageal temperature reaches 36.5° C
[ ]	Nursing Communication	T;N, When esophageal temperature reaches 36.5° C set Blanketrol mode to monitor only and then turn radiant warmer on, set Servo control at 36°C to 37° C
[ ]	Nursing Communication	T;N, Discontinue esophageal probe and Blanketrol after 16 hours if core temperature remains consistently equal to or greater than 36.5° C
[ ]	Nursing Communication	T;N, Discontinue Whole Body Cooling and Rewarming Plan once NICU Rewarming Phase is completed.

## Consults/Notifications

[ ]	Notify Physician-Continuing	T;N, Who: NNP/MD, For: If core temperature is < 36.5 °C or > 37.3 °C
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Date

Time

Physician's Signature

MD Number

