

(place patient label here)

Patient Name: \_\_\_\_\_



**PROVIDER ORDERS**

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Diagnosis: \_\_\_\_\_

Allergies with reaction type: \_\_\_\_\_

**NICU Admission**

**Version 11 9/12/2018**

**Patient Placement**

***Patient Status***

- Admit to inpatient
- Attending Provider

***Preferred Location/Unit***

- NICU

**Nursing Orders**

- Isolation
- Vital Signs Per Unit Standard
- Vital Signs Non Unit Standard \_\_\_\_\_
- IF Mean BP Less than \_\_\_\_\_ mmHg, THEN Notify Provider
- Intake and Output Per Unit Standard
- Intake and Output Diaper Count
- Daily Weight
- Measure Length
- Measure Occipitofrontal Circumference Weekly
- Point of Care Capillary Blood Glucose as needed for hypoglycemia
- Giraffe Bed Humidity per NICU Thermoregulation Guidelines (<30-week gestational age)
- Instructions Provider to Nursing: Contact referring OB to send maternal prenatal labs and medical records
- IF Glucose  $\leq$  50 mg/dl, THEN Notify Provider
- Nasogastric/Orogastric Tube Insertion/Management
- Replogle Tube Insertion/Maintain; Low Intermittent Suction
- Transient Evoked Otoacoustic Emissions (EOAE) when nipping all feeds and off antibiotics
- Obtain Umbilical Cord for Drug Screen PER SCREENING NEWBORNS FOR THE KNOWN OR SUSPECTED DRUG EXPOSED PREGNANCY VIA UMBILICAL CORD SAMPLING GUIDELINE
- Initiate Pump/Breastfeeding Within 6 Hours of delivery
- Use Colostrum for Oral Care for first 7 days in the order it was produced
- Car Seat Screening, If Less Than 37 Weeks Gestational Age at Birth, Less than 2500 Grams Birthweight, Discretion of MD/NP

Initials \_\_\_\_\_

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BENEFIS HEALTH SYSTEM  
**Benefis**  
HOSPITALS



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**Respiratory**

- Pulse Oximetry Continuous (Set Alarm Limits at 89-96%)
- Transcutaneous Continuous (TCOM) Expected PCO<sub>2</sub> 40-60 (mmHg)
- Education, respiratory care: RT consult to provide patient/family respiratory care education

**Non-Invasive Respiratory Support**

- Oxygen via Hood: FiO<sub>2</sub> (%) \_\_\_\_\_  
**Titrate to keep O<sub>2</sub> Sat Greater Than or Range of % 90-95**
- NICU Oxygen via Nasal Cannula: Flow Rate (lpm) \_\_\_\_\_  
**Titrate to keep O<sub>2</sub> Sat Greater Than or Range of % 90-95**
- NICU Oxygen via Heated High Flow Cannula: Flow Rate (lpm) \_\_\_\_\_  
**Titrate to keep O<sub>2</sub> Sat Greater Than or Range of % 90-95**
- CPAP Infant Flow (Infant Only): CPAP Settings (cmH<sub>2</sub>O) 5; FiO<sub>2</sub> (%) \_\_\_\_\_  
**Titrate to keep O<sub>2</sub> Sat Greater Than or Range of % 90-95**
- CPAP via RAM (Infant Only): CPAP Settings (cmH<sub>2</sub>O) 5; FiO<sub>2</sub> (%) \_\_\_\_\_  
**Titrate to keep O<sub>2</sub> Sat Greater Than or Range of % 90-95**
- NIPPV via RAM: Rate (bpm) \_\_\_\_\_, PIP (cmH<sub>2</sub>O) \_\_\_\_\_, PEEP (cmH<sub>2</sub>O) \_\_\_\_\_, iT (Seconds) \_\_\_\_\_, FiO<sub>2</sub> (%) \_\_\_\_\_  
**Titrate to keep O<sub>2</sub> Sat Greater Than or Range of % 90-95**
- SIPAP: Rate (bpm) \_\_\_\_\_, PIP (cmH<sub>2</sub>O) \_\_\_\_\_, PEEP (cmH<sub>2</sub>O) \_\_\_\_\_, iT (Seconds) \_\_\_\_\_, FiO<sub>2</sub> (%) \_\_\_\_\_  
**Titrate to keep O<sub>2</sub> Sat Greater Than or Range of % 90-95**

**Invasive Respiratory Support**

- Endotracheal Tube insertion/management
- Ventilator Infant Settings Conventional: Mode SIMV, Rate (bpm) \_\_\_\_\_, PIP (cmH<sub>2</sub>O) \_\_\_\_\_, PS (cmH<sub>2</sub>O) \_\_\_\_\_, PEEP (cmH<sub>2</sub>O) \_\_\_\_\_, iT (Seconds), \_\_\_\_\_, FiO<sub>2</sub> (%) \_\_\_\_\_  
**Titrate to keep O<sub>2</sub> Sat Greater Than or Range of % 90-95**
- Ventilator Infant Settings High Frequency: MAP \_\_\_\_\_, Amplitude \_\_\_\_\_, Hz \_\_\_\_\_, iT 0.33 %, FiO<sub>2</sub> (%) \_\_\_\_\_  
**Titrate to keep O<sub>2</sub> Sat Greater Than or Range of % 90-95**
- Nitric Oxide: Parts Per Million (ppm) (1-80) \_\_\_\_\_ (Order Co-oximetry (MetHb) below when placing Nitric Oxide Order)

**Co-Oximetry (MetHb)**

- Co-Oximetry (MetHb) prior to placement on Nitric oxide, one hour after placed on Nitric oxide, and every 24 hours while on Nitric oxide)

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**Diet**

Consider trophic feeding

- NPO NICU

Infant Feeding NICU

- Type of Baby Feeding: \_\_\_\_\_
- Route: \_\_\_\_\_
- Feeding Frequency: \_\_\_\_\_
- Calories per Ounce: \_\_\_\_\_
- Volume (mls): \_\_\_\_\_
- IV+PO= \_\_\_\_\_
- Additive: \_\_\_\_\_
- Additional Instructions: \_\_\_\_\_

**IV/Line Placement and Management**

- Peripheral IV insert/Maintain
- Umbilical Arterial Line Insert/Maintain
- Umbilical Venous Line Insert/Maintain

**IV Fluids**

***Peripheral IV Fluids***

Dextrose 10% in Water (D10W) IV

- \_\_\_\_\_ milliliter/hour continuous intravenous infusion (IF Starter TPN or other IV fluid sent from pharmacy is ordered discontinue D10 when new IV fluid infusion is initiated)

Dextrose 10% in Water (D10W) IV with 2 milligram/milliliter Calcium Gluconate

- \_\_\_\_\_ milliliter/hour continuous intravenous infusion

***Central Line Fluids***

Dextrose 10% in Water (D10W) IV with 2 milligram/milliliter Calcium Gluconate and 0.5 unit/milliliter Heparin

- \_\_\_\_\_ milliliter/hour continuous intravenous infusion

Dextrose 10% in Water (D10W) IV with 0.5 unit/milliliter Heparin

- \_\_\_\_\_ milliliter/hour continuous intravenous infusion

Heparin Sodium, Porcine/PF (heparin neonatal Hep-lock)

- 5-10 unit intravenous once

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**Starter TPN (Central or Peripheral)**

Select one of the following for neonates less than or equal to 1500 grams and as clinically indicated  
Dextrose 10% in Water (D10W) IV with 7.5 grams Premasol (STARTER TPN)

Additives:  4 milligrams/milliliter Calcium Gluconate  0.5 unit/milliliter Heparin  
 250 milliliter \_\_\_\_\_ milliliters/hour continuous intravenous infusion Draw up 20 milliliters into a syringe to run thru 2nd port of UVC IF present; to infuse at 0.5 milliliter/hour

Dextrose 7.5 % in water (D7.5W) IV with 7.5 grams Premasol (STARTER TPN)

Additives:  4 milligrams/milliliter Calcium Gluconate  0.5 unit/milliliter Heparin  
 250 milliliter \_\_\_\_\_ milliliters/hour continuous intravenous infusion Draw up 20 milliliters into a syringe to run thru 2nd port of UVC IF present; to infuse at 0.5 milliliter/hour

**UAC Fluid**

Sodium Chloride 0.45% with 1 unit/milliliter of heparin

1 milliliter/hour continuous infusion intra-arterially

Sodium Acetate 0.45% with 1 unit/milliliter of heparin

1 milliliter/hour continuous infusion intra-arterially

**Medications**

Zinc Oxide/Petrolatum, Yellow (Citric-Acid Skin Paste)

Apply topically, as directed, to perianal area as needed for diaper dermatitis

**Antihypoglycemic Agents**

dextrose 10% in water (D10W)

2 milliliters/kilogram intravenously as needed for blood glucose less than or equal to 50 milligrams/deciliter, notify provider and recheck blood glucose in 30 minutes and repeat bolus until blood glucose is greater than 50 milligrams/deciliter

**Admission medications and immunizations**

erythromycin 5 mg/gram (0.5%) eye ointment

0.5 centimeter in each eye once upon admission

phytonadione (VIT K)

0.5-1 milligram intramuscularly once: give 0.5 milligram if weight less than 1500 grams; give 1 milligram if weight 1500 grams or greater

hepatitis B virus vaccine (preserv free)

0.5 milliliter intramuscularly once if weight greater than 2 kilograms or once weight greater than 2 kilograms, or at 30 days of age or prior to discharge

**Surfactant**

poractant alfa (CUROSURF)

2.5 milliliters/kilogram (\_\_\_\_\_ milliliter) endotracheally once

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**PROVIDER ORDERS**

**Antibacterial or Antiviral Agents**

ampicillin (OMNIPEN)

- 100 milligrams/kilogram (\_\_\_\_\_ milligrams) intravenously every 12 hours

gentamicin

- 5 milligrams/kilogram (\_\_\_\_\_ milligrams) intravenously every 48 hours postmenstrual age less than or equal to 29 weeks
- 4.5 milligrams/kilogram (\_\_\_\_\_ milligrams) intravenously every 36 hours postmenstrual age 30 to 34 weeks
- 4 milligrams/kilogram (\_\_\_\_\_ milligrams) intravenously every 24 hours postmenstrual age greater than or equal to 35 weeks
- Gentamicin level, trough before 3rd dose (if gentamicin continued >48 hours). If trough >2 hold dose and recheck in 6 hours

cefotaxime (CLAFORAN)

- 50 milligrams/kilogram (\_\_\_\_\_ milligrams) intravenously every 12 hours

acyclovir (ZOVIRAX)

- 20 milligrams/kilogram (\_\_\_\_\_ milligrams) intravenously every 12 hours postmenstrual age less than 34 weeks
- 20 milligrams/kilogram (\_\_\_\_\_ milligrams) intravenously every 8 hours postmenstrual age greater than 34 weeks

**Central Nervous System Stimulants: Methylxanthines**

caffeine citrate (CAFCIT)

- 20 milligrams/kilogram (\_\_\_\_\_ milligrams) intravenously once loading dose
- 10 milligrams/kilogram (\_\_\_\_\_ milligrams) intravenously every 24 hours maintenance dose (start 24 hours after loading dose)

**Laboratory**

**Admission Labs:**

*Manual differential is done on all CBC/AUTO DIFF orders if patient is less than 2 years old*

- CBC/AUTO DIFF
- Blood Gas Study Infant
- BLOOD CULTURE
- NEONATAL 14
- GLUCOSE
- BILIRUBIN, NEONATAL
- BILIRUBIN, TOTAL
- BILIRUBIN, DIRECT
- MECONIUM DRUG SCREEN
- URINE DRUG SCR N W/CONFIRMATION
- RH NEG PROTOCOL/BABY
- PEDIATRIC EVALUATION

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**PROVIDER ORDERS**

**Morning Draw**

- CBC/AUTO DIFF
- Blood Gas Study Infant
- NEONATAL 14
- NEONATAL 8
- BILIRUBIN, NEONATAL
- BILIRUBIN, TOTAL
- BILIRUBIN, DIRECT

**Radiology and Diagnostic Tests**

- XR CHEST SINGLE AP View Only
- XR CHEST SINGLE AP View Only
  - IN AM (RAD ONLY)  
(Tomorrow in AM)
- XR Abdomen 1 view
- XR Abdomen 1 View
  - IN AM (RAD ONLY)  
(Tomorrow in AM)
- US Brain (Order approximately 7 days of life)
- ECHO, Transthoracic Complete

**Consults**

- Consult Transition Plan/Care Coordinator
- Consult Other Provider

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_