

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (√)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____

Allergies with reaction type: _____

NICU IV Fluids

Version 2 10/23/17

IV/line Placement and Management

- IV insert/maintain
- Umbilical arterial catheter (UAC) insert/maintain
- Umbilical venous catheter (UVC) insert/maintain
- PICC insert/maintain
- Peripheral Arterial 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

Dextrose 10% in Water (D10W) IV with 2 milligram/milliliter Calcium Gluconate, 10 milliequivalents/500 milliliters Potassium Chloride and 19.25 milliequivalents/500 milliliters Sodium Chloride

- _____ 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

Dextrose 10% in Water (D10W) IV with 2 milligram/milliliter Calcium Gluconate, 10 milliequivalents/500 milliliters Potassium Chloride, 19.25 milliequivalents/500 milliliters Sodium Chloride and 0.5 unit/milliliter Heparin

- _____ milliliter/hour continuous intravenous infusion

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

- 5-10 unit intravenous once

Initials _____

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PROVIDER ORDERS

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 gram Premasol (STARTER TPN)

Additives:

[] 4 milligram/milliliter Calcium Gluconate

[] 0.5 unit/milliliter Heparin

- 250 milliliter _____ milliliter/hour continuous intravenous infusion Draw up 20 milliliter 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 gram Premasol (STARTER TPN)

Additives:

[] 4 milligram/milliliter Calcium Gluconate

[] 0.5 unit/milliliter Heparin

- 250 milliliter _____ milliliter/hour continuous intravenous infusion Draw up 20 milliliter into a syringe to run thru 2nd port of UVC IF present; to infuse at 0.5 milliliter/hour

UAC/ Arterial Line Fluids

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

Provider Signature: _____ Date: _____ Time: _____