

(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 PIV Extravasation**

**Version 1 Approved 03/28/2013**

**Nursing Orders**

- Communication order : Refer to Neonatal Peripheral Intravenous Extravasation Guideline
- Elevate extremity affected as able; do not apply heat

**Medications**

Patient Weight: \_\_\_\_\_

Extravasation of HYPEROSMOLAR agents: (Stage 3-4)

hyaluronidase, human recombinant 150 unit/mL injection (HYLENEX)

- 150 unit subcutaneously Administer in separate 30 unit (0.2 milliliter) injections for up to a total of 5 injections into the extravasation site at the leading edge changing the needle with each injection

Extravasation of VASOCONSTRICTOR agents: (Stage 3-4)

- For infants LESS than 2.5 kilogram SELECT:

phenolamine 0.25 milligram/milliliter injection (REGITINE)

- 0.125 milligram subcutaneously Administer in separate 0.025 milligram (0.1 milliliter) injections for up to a total of 5 injections into the extravasation site at the leading edge changing the needle with each injection

- For infants GREATER than or equal to 2.5 kilogram SELECT:

phenolamine 0.25 milligram/milliliter injection (REGITINE)

- 0.25 milligram subcutaneously Administer in separate 0.05 milligram (0.2 milliliter) injections for up to a total of 5 injections into the extravasation site at the leading edge changing the needle with each injection

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