

(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 Patent Ductus Arteriosus

Version 2 12/3/2019

#### Nursing Orders

- Preductal and Postductal oxygen saturation monitoring
- Communication order Calculate urine output milliliters/kilogram per hour for previous 4 hours prior to indomethacin dose.

#### Medications

##### Analgesic

Acetaminophen

- 15 milligram/kilogram intravenously every 6 hours x 20 doses.

##### Nonsteroidal Anti-inflammatory Drugs

indomethacin (age less than 48 hours)

- 0.2 milligram/kilogram intravenously once initial dose \*\*HOLD If urine output is less than 1 milliliter/kilogram per hour in previous 4 hours and Notify Provider
- 0.1 milligram/kilogram intravenously once 12 hours after initial dose \*\*HOLD If urine output is less than 1 milliliter/kilogram per hour in previous 4 hours and Notify Provider
- 0.1 milligram/kilogram intravenously once 24 hours after initial dose \*\*HOLD If urine output is less than 1 milliliter/kilogram per hour in previous 4 hours and Notify Provider

indomethacin (age 2 to 7 days)

- 0.2 milligram/kilogram intravenously once initial dose \*\*HOLD If urine output is less than 1 milliliter/kilogram per hour in previous 4 hours and Notify Provider
- 0.2 milligram/kilogram intravenously once 12 hours after initial dose \*\*HOLD If urine output is less than 1 milliliter/kilogram per hour in previous 4 hours and Notify Provider
- 0.2 milligram/kilogram intravenously once 24 hours after initial dose \*\*HOLD If urine output is less than 1 milliliter/kilogram per hour in previous 4 hours and Notify Provider

indomethacin (age greater than 7 days)

- 0.2 milligram/kilogram intravenously once initial dose \*\*HOLD If urine output is less than 1 milliliter/kilogram per hour in previous 4 hours and Notify Provider
- 0.25 milligram/kilogram intravenously once 12 hours after initial dose \*\*HOLD If urine output is less than 1 milliliter/kilogram per hour in previous 4 hours and Notify Provider
- 0.25 milligram/kilogram intravenously once 24 hours after initial dose \*\*HOLD If urine output is less than 1 milliliter/kilogram per hour in previous 4 hours and Notify Provider

#### Radiology and Diagnostic Tests

XR chest single (CXR) - portable

- routine now Reason for exam: \_\_\_\_\_

Echocardiogram, transthoracic

- routine now Reason for exam: \_\_\_\_\_

#### Consults

- Use order below for consult to pediatric cardiologist:

- Consult other provider \_\_\_\_\_ regarding \_\_\_\_\_

\_\_\_\_\_ Does nursing need to contact consulted provider? [ ] Yes [ ] No

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