

(place patient label here)

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

BENEFIS HEALTH SYSTEM

Benefis  
HOSPITALS



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: \_\_\_\_\_

## SO NICU Stabilization

Version 3 4/16/18

- This neonatal order set is intended for use in emergent admission NICU and stabilization.
- Admission weight must be entered in MEDITECH prior to initiating this order set.

### Patient Placement

#### Patient Status

- Admit to Inpatient Standing Order

#### Preferred Location/Unit

- NICU

### Nursing Orders

- WHEN Patient Arrives on Unit, THEN Notify Provider
- Vital Signs Per Unit Standard
- Intake and Output per Unit Standard
- Daily Weight
- Point of Care Capillary Blood Glucose now AND as needed for hypoglycemia
- IF Glucose < 50 mg/dl, THEN Notify Provider

### Respiratory

- O2 Delivery RT/RN to Determine  
**Titrate to Keep O2 Sat Greater Than or Range of % 90-95**  
For oxygen support started at delivery: Begin Nasal Cannula at 2Lpm; OR Begin CPAP via RAM Cannula at 5 cm H2O pressure
- Ventilator Infant Settings Conventional  
Mode: SIMV  
Rate (bpm): 30  
PIP (cm H2O): 20  
PS (cm H2O): 4  
PEEP (cm H2O): 5  
iT (Seconds): 0.35  
FiO2 (%) 40%  
**Titrate to Keep O2 Sat Greater Than or Range of (%) 90-95%**  
Additional Instructions: IF intubated at delivery begin with these settings

### Diet

- NPO NICU

### IV/Line Insert and/or Maintain

- Peripheral IV

### IV Fluids

- Dextrose 10% in Water (D10W) IV
- 3.33 milliliter/kilogram per hour (\_\_\_\_\_ milliliter/hour) continuous intravenous infusion (80 milliliter/kilogram per day)

Initials \_\_\_\_\_

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**PROVIDER ORDERS**

**Medications**

***Antihypoglycemic Agents***

dextrose 10% in water (D10W)

- 2 milliliter/kilogram (\_\_\_\_\_ milliliter) intravenously as needed for blood glucose less than or equal to 50 milligram/deciliter, notify provider and recheck blood glucose in 30 minutes and repeat bolus until blood glucose is greater than 50 milligram/deciliter

***Admission medications and immunizations***

erythromycin 5 mg/gram (0.5%) eye ointment

- 0.5 centimeter in each eye once upon admission

phytonadione (Vitamin 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-PF (Engerix-B Pediatric)

- 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

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