

## Admission

## Common Present on Admission - Newborn

<input type="checkbox"/>	ABO HDN	Details
<input type="checkbox"/>	Acute Respiratory Insufficiency	Details
<input type="checkbox"/>	Acute Respiratory Failure	Details
<input type="checkbox"/>	Amniotic Fluid Aspiration with Pneumonia	Details
<input type="checkbox"/>	Alloimmune thrombocytopenia	Details
<input type="checkbox"/>	Bacterial sepsis of newborn	Details
<input type="checkbox"/>	Birth injury, unspecified	Details
<input type="checkbox"/>	Bilious vomiting of newborn	Details
<input type="checkbox"/>	Cephalhematoma	Details
<input type="checkbox"/>	Choanal atresia	Details
<input type="checkbox"/>	Congenital Syphilis	Details
<input type="checkbox"/>	Cardiac murmur, unsepcified	Details
<input type="checkbox"/>	Cephalhematoma due to birth injury	Details
<input type="checkbox"/>	Meningoencephalitis due to HSV Newborn	Details
<input type="checkbox"/>	Down's Syndrome	Details
<input type="checkbox"/>	Erb's Palsy	Details
<input type="checkbox"/>	Subgaleal hemorrhage	Details
<input type="checkbox"/>	Transient Neonatal Thrombocytopenia	Details
<input type="checkbox"/>	Infant of diabetic mother	Details
<input type="checkbox"/>	Fracture of clavicle due to birth injury	Details
<input type="checkbox"/>	Hypermagnesemia	Details
<input type="checkbox"/>	Hyperglycemia	Details
<input type="checkbox"/>	Feeding problems	Details
<input type="checkbox"/>	Metabolic acidosis	Details
<input type="checkbox"/>	Meconium Aspiration Pneumonia	Details
<input type="checkbox"/>	Prematurity	Details
<input type="checkbox"/>	Transient tachypnea of newborn	Details
<input type="checkbox"/>	Thrombocytopenia due to platelet alloimmunization	Details
<input type="checkbox"/>	Rh isoimmunization in newborn	Details
<input type="checkbox"/>	Other hemolytic diseases of newborn	Details
<input type="checkbox"/>	HIE (hypoxic-ischemic encephalopathy), mild	Details
<input type="checkbox"/>	HIE (hypoxic-ischemic encephalopathy), moderate	Details
<input type="checkbox"/>	HIE (hypoxic-ischemic encephalopathy), severe	Details
<input type="checkbox"/>	HIE (hypoxic-ischemic encephalopathy), severe	Details
<input type="checkbox"/>	IUGR (intrauterine growth retardation) of newborn	Details
<input type="checkbox"/>	Exceptionally large newborn baby	Details
<input type="checkbox"/>	Other heavy for gestational age newborn	Details
<input type="checkbox"/>	Post-term infant with 40-42 completed weeks of gestation	Details
<input type="checkbox"/>	PPHN (persistent pulmonary hypertension)	Details
<input type="checkbox"/>	Respiratory depression of newborn	Details
<input type="checkbox"/>	Sepsis	Details
<input type="checkbox"/>	Stridor	Details
<input type="checkbox"/>	Pneumothorax	Details
<input type="checkbox"/>	Newborn suspected to be affected by chorioamnionitis	Details
<input type="checkbox"/>	Syphilis, congenital	Details
<input type="checkbox"/>	HSV infection	Details
<input type="checkbox"/>	Respiratory Distress Syndrome	Details
<input type="checkbox"/>	No prenatal care in current pregnancy, unspecified trimester	Details
<input type="checkbox"/>	Neonatal abstinence syndrome	Details
<input type="checkbox"/>	Vomiting of newborn-Other	Details

## Admission Order (Single Response) (Selection Required)

Admit to inpatient

Diagnosis:  
Admitting Physician:  
Admitting Physician:  
Level of Care:  
Patient Condition:  
Bed request comments:  
Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.

**Code Status**

@CERMSG(674511:):@

Code Status (Single Response)

DNR and Modified Code orders should be placed by the responsible physician.

Full code

Code Status decision reached by:

DNR (Do Not Resuscitate) (Selection Required)

DNR (Do Not Resuscitate)

Did the patient/surrogate require the use of an interpreter?

Did the patient/surrogate require the use of an interpreter?

Does patient have decision-making capacity?

Consult to Palliative Care Service

Consult to Palliative Care Service

Priority:

Reason for Consult?

Order?

Name of referring provider:

Enter call back number:

Consult to Social Work

Reason for Consult:

Modified Code

Did the patient/surrogate require the use of an interpreter?

Did the patient/surrogate require the use of an interpreter?

Does patient have decision-making capacity?

Modified Code restrictions:

Treatment Restrictions ((For use when a patient is NOT in a cardiopulmonary arrest))

I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided.

Treatment Restriction decision reached by:

Specify Treatment Restrictions:

**Nursing**

**Vital Signs**

No oxygen saturation or cardiorespiratory monitoring

Routine, Until discontinued, Starting S

Vital signs - HR and Respiratory Rate at delivery and PRN patient/family request

Routine, As needed

Once at delivery and PRN at patient/family request

**Nursing**

Document Estimated Gestational Age

Routine, Once For 1 Occurrences

Document reflexes

Routine, Once For 1 Occurrences

Measure length

Routine, Once For 1 Occurrences

Weigh patient

Routine, Once For 1 Occurrences

Frontal occipital circumference

Routine, Once For 1 Occurrences

Maintain IV access

Routine, Until discontinued, Starting S  
If IV present

Nasal/oral bulb suction per family preference

Routine, As needed

Swaddling per family preference

Routine, Until discontinued, Starting S

Facilitated tuck per family preference

Routine, Until discontinued, Starting S

Skin to skin per family preference

Routine, Until discontinued, Starting S

Begin memory making and encourage bonding per family preference

Routine, Until discontinued, Starting S

<input type="checkbox"/>	Allow baby to room in and minimize interruptions per family preference	Routine, Until discontinued, Starting S
<input type="checkbox"/>	May room with Mom without monitor	Routine, Until discontinued, Starting S
<input type="checkbox"/>	No invasive painful interventions unless cleared by Provider	Routine, Until discontinued, Starting S
<input type="checkbox"/>	Complete Perinatal Loss Notification and Consent Record	Routine, Once For 1 Occurrences
<input type="checkbox"/>	Notify Life Gift at time of death within one hour	Routine, Until discontinued, Starting S

### Diet

<input type="checkbox"/>	Bottle or breast feed	Until discontinued, Starting S For Until specified Route: Infant nutrition # 1: Infant nutrition # 2: Infant nutrition # 3: Breast feed frequency: Bottle feed frequency: Fortifier: Special instructions: Volume minimum (mLs): Volume maximum (mLs): Ad lib minimum volume (mLs): Total enteral volume per day (mLs): Total volume per day (mLs): Gavage times per day: Oral times per day: Per parents request ad lib
<input type="checkbox"/>	Oral sucrose for comfort per unit protocol	Routine, Until discontinued, Starting S
<input type="checkbox"/>	NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options:

### Respiratory

<input type="checkbox"/>	Blow-by oxygen	Routine, Continuous Rate in liters per minute: Indications for O2 therapy: FiO2:
<input type="checkbox"/>	Ok to extubate	
<input type="checkbox"/>	Ok to extubate	Routine, Until discontinued, Starting S
<input type="checkbox"/>	Prepare for terminal extubation of a mechanically ventilated patients	Routine, Until discontinued, Starting S
<input type="checkbox"/>	Prior to terminal extubation, ensure parents informed, agree to continue DNR DNI, and Out of Hospital DNR form if indicated	Routine, Until discontinued, Starting S
<input type="checkbox"/>	Oxygen support/humidification post-extubation as needed for comfort via nasal cannula	Routine, Until discontinued, Starting S
<input type="checkbox"/>	Perform Time Out prior to terminal extubation, to include but not limited to the registered nurse (RN), respiratory care practioner (RCP), Charge Nurse (CN), Neonatal Nurse Practioner , and/or Neonatologist	Routine, Until discontinued, Starting S
<input type="checkbox"/>	Oxygen therapy	Routine, Continuous Device: Device 2: Device 3: Titrate to keep O2 Sat Above: Indications for O2 therapy:

<input type="checkbox"/> Oxygen therapy-Nasal Cannula	Routine, Continuous Device: Nasal Cannula Rate in liters per minute: Device 2: Device 3: Titrate to keep O2 Sat Above: Indications for O2 therapy:
<input type="checkbox"/> OK to discontinue oxygen therapy per family request	Routine, Until discontinued, Starting S

### Notify Physician

<input type="checkbox"/> Notify Attending Physician and LifeGift at time of death	Routine, Until discontinued, Starting S
<input type="checkbox"/> Call LifeGift at time of Hospice admission if not previously completed and at one hour of delivery	Routine, Until discontinued, Starting S

## Medications

### Palliative Care Medications

<input type="checkbox"/> morphine IV or Oral (Single Response)	
<input type="checkbox"/> morPHINE PF syringe	0.1 mg/kg, intravenous, for 5 Minutes, every 1 hour prn, severe pain (score 7-10), PIPP score >6 or N-PASS score >= 3 If N-PASS remains >7 after reassessment post opioid administration, notify NICU practioner
<input type="checkbox"/> morPHINE 10 mg/5 mL solution	0.1 mg/kg, oral, every 1 hour prn, severe pain (score 7-10), PIPP score >6 or N-PASS score >= 3 If N-PASS remains >7 after reassessment post opioid administration, notify NICU practioner
<input type="checkbox"/> fentaNYL (SUBLIMAZE) intraNASAL	2 mcg/kg, nasal, every 10 min PRN, sedation, PIPP score >6 or N-PASS score =3
<input type="checkbox"/> sucrose 24 % oral solution	0.4 mL, oral, every 4 hours PRN, mild pain (score 1-3), PIPP score >6 or N-PASS score >= 3
<input type="checkbox"/> acetaminophen (TYLENOL) liquid	15 mg/kg, oral, every 4 hours PRN, mild pain (score 1-3), pain or discomfort
<input type="checkbox"/> LORAZepam (ATIVAN) IV syringe (neonatal)	0.1 mg/kg, intravenous, for 5 Minutes, every 1 hour prn, N-PASS score >= 3

## Consults

### Consults

<input type="checkbox"/> Consult to Social Work	Reason for Consult:
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult?
<input type="checkbox"/> Consult to Palliative Care Service	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:

## Additional Orders

### Additional Orders

<input type="checkbox"/> Place appropriate door sign to indicate sacred space	Routine, Until discontinued, Starting S
<input type="checkbox"/> Order comfort cart, if available at hospital facility	Routine, Until discontinued, Starting S
<input type="checkbox"/> Provide bereavement packet (grief support). Follow your entity's bereavement guidelines for foot printing, photography, mementos, grief resources. Utilize fetal/pediatric Bereavement Checklist.	Routine, Until discontinued, Starting S
<input type="checkbox"/> Assist with pet visitation. If requested, Contact PAWS	Routine, Until discontinued, Starting S
<input type="checkbox"/> Houston Methodist Nurse Practitioner allowed to complete death pronouncement	Routine, Until discontinued, Starting S
<input type="checkbox"/> Death pronouncement to be completed by OB or Neonatologist/NNP	Routine, Until discontinued, Starting S

[ ] Review Palliative Care care plan created by parents, OB and/or NICU	Routine, Until discontinued, Starting S
[ ] Notify security for any special needs family has regarding deceased	Routine, Until discontinued, Starting S
[ ] Parents to review and agree on medications, devices, infusions and nutrition	Routine, Until discontinued, Starting S
[ ] Assess preferences or end of life practices, cultural/spiritual traditions, rituals, body preparation requests	Routine, Until discontinued, Starting S
[ ] Provide family education, information regarding signs/symptoms of death and dying, MOHA angel box if available	Routine, Until discontinued, Starting S
[ ] If autopsy requested by parent and/or physician, obtain parental consent	Routine, Until discontinued, Starting S
[ ] Contact Operations Administrator upon mother's discharge to arrange for release to funeral home	Routine, Until discontinued, Starting S