

General

Admission (Single Response) (Selection Required)

<input checked="" type="checkbox"/> Admit to inpatient	Diagnosis: Normal newborn (single liveborn) Diagnosis: Admitting Physician: Admitting Physician: Level of Care: Patient Condition: Bed request comments:
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Code Status

<input type="checkbox"/> Full code	Code Status decision reached by:
<input type="checkbox"/> DNR (Selection Required)	
<input type="checkbox"/> DNR (Do Not Resuscitate)	Does patient have decision-making capacity?
<input type="checkbox"/> Consult to Palliative Care Service	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:
<input type="checkbox"/> Consult to Social Work	Reason for Consult:
<input type="checkbox"/> Modified Code	Does patient have decision-making capacity? Modified Code restrictions:
<input type="checkbox"/> Treatment Restrictions	Treatment Restriction decision reached by: Specify Treatment Restrictions:

Isolation

<input type="checkbox"/> Airborne isolation status	
<input type="checkbox"/> Airborne isolation status	Details
<input type="checkbox"/> Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	Once, Sputum
<input type="checkbox"/> Contact isolation status	Details
<input type="checkbox"/> Droplet isolation status	Details
<input type="checkbox"/> Enteric isolation status	Details

Precautions

<input type="checkbox"/> Latex precautions	Details
<input type="checkbox"/> Seizure precautions	Increased observation level needed:

Nursing

Routine Vital Signs

<input checked="" type="checkbox"/> Vital signs - T/P/R	Routine, Per unit protocol
<input type="checkbox"/> Vital signs - T/P/R	Routine, Every 6 hours

Vital Signs With Heart Murmur

<input checked="" type="checkbox"/> Measure blood pressure	Routine, Once For 1 Occurrences If heart murmur is noted after 24 hours of life or if loud murmur is noted prior to 24 hours of life, perform pulse oximetry on right arm and one lower extremities and then four extremity blood pressure. Notify the physician during morning rounds.
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Assessments

<input checked="" type="checkbox"/> Daily weights	Routine, Daily
<input checked="" type="checkbox"/> Frontal occipital circumference	Routine, Once
<input checked="" type="checkbox"/> Measure length	Routine, Once

<input checked="" type="checkbox"/> Gestational assessment	Routine, Once
<input checked="" type="checkbox"/> Neonatal BiliTool	Routine, Once -If baby is at least 35 weeks gestational age and at least 18 hours of life, enter bilirubin level on Bilitool and record risk level (Click reference link below, or go to www.bilitool.org). -If bilirubin level is in a high risk zone, follow recommended Hyperbilirubinemia Protocol for your site. Include immediate physician notification if baby is Coomb's positive. -If bilirubin level is in a high intermediate risk zone, notify physician/physician team during morning rounds.
<input checked="" type="checkbox"/> Congenital Cyanotic Heart Disease screen	Routine, Until discontinued, Starting S -Screen after 24 hours of age. Conduct when infant is awake and calm. -Perform in right hand, RH (pre ductal) and one foot (post ductal), in parallel or one after the other. If GREATER than or EQUAL to 95% in RH or foot AND LESS than or EQUAL to 3% difference between RH and foot, PASSED screen. If LESS than 90% in RH or foot: FAILED screen, then notify MD. If 90 - 94% in both RH and foot OR GREATER than 3% difference between RH and foot: REPEAT in 1 hr up to 2 times, then notify MD.

HYPOglycemia Management for Newborns

<input checked="" type="checkbox"/> HYPOglycemia Management for Newborns	
<input checked="" type="checkbox"/> Implement HYPOglycemia Management for Newborns	Routine, Until discontinued, Starting S Click the reference links for algorithms and orders
<input checked="" type="checkbox"/> Bedside glucose	Routine, Conditional Frequency For Until specified As needed per HYPOglycemia Management for Newborns
<input checked="" type="checkbox"/> Glucose level	Conditional Frequency For 4 Weeks As needed per HYPOglycemia Management for Newborns
<input checked="" type="checkbox"/> Notify Physician Neo/Pedi team per HYPOglycemia Management for Newborns	Routine, Until discontinued, Starting S, Signs of hypoglycemia are non-specific but may include: tachypnea, apnea, respiratory distress, jitteriness, tremors, seizures, temperature instability, irritability, feeding difficulty, lethargy, hypotonia, diaphoresis, cyanosis, etc.
<input checked="" type="checkbox"/> Insert peripheral IV - As needed per HYPOglycemia Management for Newborns	Routine, Once As needed per HYPOglycemia Management for Newborns
<input checked="" type="checkbox"/> dextrose 10% (D10W) IV bolus 2 mL/kg	2 mL/kg, intravenous, PRN, low blood sugar, per HYPOglycemia Management for Newborns

Interventions

<input checked="" type="checkbox"/> Move to open crib	Routine, Until discontinued, Starting S Move when vital signs criteria met (infant is able to maintain stable vital signs with axillary temperature 97.7-99 degrees F, pulse 100-160 BPM, RR 30-60 breaths per minute)
<input checked="" type="checkbox"/> Cord care	Routine, Per unit protocol Care:
<input checked="" type="checkbox"/> Bathe baby	Routine, Once For 1 Occurrences Bathe once or as needed. If mother HIV positive then bathe immediately after birth. Bathe if vital signs are stable and axillary temperature 97.7-99 degrees F, pulse 100-160 BPM, RR 30-60 breaths per minute. Monitor temperature after bath to ensure axillary temperature remains at or above 97.7 degrees.
<input checked="" type="checkbox"/> Radiant warmer	Routine, Conditional Frequency Servo Control: 36.5 For axillary temperature less than 97.7F. Place infant on radiant warmer, obtain capillary serum glucose and notify MD is still low after one hour.

[X] Hearing screen prior to discharge	Routine, Once With parental consent
[X] Car seat challenge	Routine, Once Prior to discharge if less than 37 weeks or less than 2500 grams. Notify physician if challenge fails.

Conditional

[X] Pulse oximetry	Routine, Conditional Frequency Current FIO2 or Room Air: If signs and symptoms of respiratory distress.
[X] Cardio respiratory monitoring	Routine, Conditional Frequency Place on cardio-respiratory monitor IF signs and symptoms of respiratory distress.

Diet

[X] Bottle or breast feed	Until discontinued, Starting S Route: PO Infant nutrition # 1: Breastfeeding Infant nutrition # 2: Infant nutrition # 3: Breast feed frequency: Ad lib, on demand 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:
[X] Breast Milk Labels - DO NOT DISCONTINUE	1 Bottle, PRN

Notify

[X] Notify Physician for prolonged ruptured membranes over 18 hours	Routine, Until discontinued, Starting S, prolonged ruptured membranes over 18 hours
[X] Notify Physician infant cord blood pH less than 7.0 or HCO3 less than 10.0, or base deficit greater than 15.0	Routine, Until discontinued, Starting S, infant cord blood pH less than 7.0 or HCO3 less than 10.0, or base deficit greater than 15.0

Medications

Medications

[X] phytonadione (AQUA-Mephyton) pediatric injection	1 mg, intramuscular, once, For 1 Doses
[X] erythromycin 0.5% (ILOTYCIN) ophthalmic ointment	1 application, Both Eyes, once, For 1 Doses
[X] hepatitis B (ENGERIX-B) 10 mcg/0.5 mL vaccine	10 mcg, intramuscular, once, For 1 Doses ** REQUIRES CONSENT TO BE OBTAINED PRIOR TO ADMINISTRATION ** Give immediately after birth, once consent is obtained. Give no longer than 12 hours after birth. Patient weight must be 2 kg or GREATER to administer vaccine.
[] hepatitis B immune globulin (HYPERHEP B NEONATAL) injection	0.5 mL, intramuscular, once, For 1 Doses Immunization for infants of mothers with positive Hepatitis B surface antigen. Give immediately after vaccine, within 12 hours after birth.

Medications PRN (NOT HMSJ, HMTW)

[X] vitamin A & D ointment	1 application, Topical, PRN, dry skin, with diaper changes
[X] Sucrose 24 % (Toot-Sweet) (Single Response)	

<input type="checkbox"/> sucrose 24 % oral solution (for infants under 1000g, under 28 weeks gestational age, or NPO without NEC evidence)	0.1 mL, oral, PRN, mild pain (score 1-3), Procedures Do not use more than 3 doses during a single procedure. Do not exceed 9 doses in 24 hours.
<input checked="" type="checkbox"/> sucrose 24 % oral solution	0.2 mL, oral, PRN, mild pain (score 1-3), Procedures Do not use more than 3 doses during a single procedure. Do not exceed 9 doses in 24 hours.
<input type="checkbox"/> zinc oxide-cod liver oil (DESITIN) 40 % paste	1 application, Topical, PRN, diaper changes (for diaper rash)
<input checked="" type="checkbox"/> sodium chloride 0.9 % nasal solution	2 drop, nasal, 4 times daily PRN, congestion

Medications PRN (HMSJ Only)

<input checked="" type="checkbox"/> vitamin A & D ointment	1 application, Topical, PRN, dry skin, with diaper changes
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<input checked="" type="checkbox"/> sodium chloride (OCEAN) 0.65 % nasal spray	2 spray, Each Nare, 4 times daily PRN, congestion

Medications PRN (HMTW Only)

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Labs

Laboratory

<input checked="" type="checkbox"/> Newborn metabolic screen	Once On day of discharge/transfer to another hospital or between 24 to 48 hours of life
<input checked="" type="checkbox"/> Neonatal bilirubin	Once With first newborn screen.
<input checked="" type="checkbox"/> Neonatal bilirubin	Once Neonatal Bilirubin under the following conditions: 1. If infant is noted to be moderately jaundiced even at less than 24 hrs of age (First NBS should NOT be done at less than 24 hrs of life). 2. For vaginal birth babies, at 5am after the infant is at least 24 hr of age, OR if mother baby is being discharged at 24 hrs. 3. For C-section babies, at 5am the first morning after the infant is at least 36 hrs of age, OR if mother/baby being discharged at less than 48 hrs.

Laboratory - Less than 1 yr

<input checked="" type="checkbox"/> Newborn metabolic screen	Once On day of discharge/transfer to another hospital or between 24 to 48 hours of life
<input checked="" type="checkbox"/> Neonatal bilirubin	Once With first newborn screen.

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<input type="checkbox"/> Congenital syphilis test (RPR + TPPA)	Once
<input type="checkbox"/> HSV viral culture TCH	Once

Conditional Labs

<input checked="" type="checkbox"/> Urine drugs of abuse screen	Conditional Frequency, Starting S For 1 Occurrences One activation for infants of mothers with unknown prenatal care if mother's toxicology results are unknown or positive. Obtain 5 milliliters urine for toxicology screen.
<input checked="" type="checkbox"/> Miscellaneous referral test - Meconium drug screen	Conditional Frequency, Starting S For 1 Occurrences One activation for infants of mothers with unknown prenatal care if mother's toxicology results are unknown or positive. Obtain meconium if available for toxicology screen.

Rh negative or type O or antibody positive screen mother

<input checked="" type="checkbox"/> Cord blood evaluation	Once Order Direct Coombs' if mother's blood type is O or she is Rh negative, unknown or atypical maternal antibody. Perform on cord blood. Test includes ABO and Rh type, Direct Coombs.
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Positive Cord blood Coombs

<input checked="" type="checkbox"/> Neonatal bilirubin	Conditional Frequency, Starting S For 1 Occurrences If positive Coombs, notify physician
<input checked="" type="checkbox"/> Reticulocyte count	Conditional Frequency, Starting S For 1 Occurrences If positive Coombs, notify physician
<input checked="" type="checkbox"/> Hemoglobin & hematocrit	Conditional Frequency, Starting S For 1 Occurrences If positive Coombs, notify physician

Maternal GBS

<input type="checkbox"/> CBC with platelet and differential	Conditional Frequency For infants born to mothers with diagnosis of maternal chorioamnionitis. For infants less than 37 weeks, born to mothers that are GBS positive or unknown with inadequate prophylaxis (did not receive at least 1 dose of Ampicillin, Penicillin, or Cefazolin at least 4 hours PTD). For infants with prolonged ROM greater than 18 hours, regardless of GBS status, GA, or intrapartum antibiotics.
<input type="checkbox"/> Blood culture, aerobic	Conditional Frequency, Blood For infants born to mothers with diagnosis of maternal chorioamnionitis. For infants less than 37 weeks, born to mothers that are GBS positive or unknown with inadequate prophylaxis (did not receive at least 1 dose of Ampicillin, Penicillin, or Cefazolin at least 4 hours PTD). For infants with prolonged ROM greater than 18 hours, regardless of GBS status, GA, or intrapartum antibiotics.

Consults

For Physician Consult orders use sidebar

Ancillary Consults

Consult to Case Management

Consult Reason:

Consult to Social Work

Reason for Consult: