

General

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"/> | 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

|   |  |
|---|--|
| <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:<br>Reason for Consult?<br>Order?<br>Name of referring provider:<br>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?<br>Modified Code restrictions:                           |
| <input type="checkbox"/> Treatment Restrictions             | Treatment Restriction decision reached by:<br>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

### Vital Signs

|  |  |
|--|--|
| <input checked="" type="checkbox"/> Vital signs - T/P/R    | Routine, Every 3 hours                           |
| <input checked="" type="checkbox"/> Pulse oximetry         | Routine, Continuous<br>Current FIO2 or Room Air: |
| <input checked="" type="checkbox"/> BP check on four limbs | Routine, Once<br>On admission                    |
| <input checked="" type="checkbox"/> Measure blood pressure | Routine, Every 12 hours                          |

### Nursing - General

|  |  |
|--|--|
| <input checked="" type="checkbox"/> Radiant warmer         | Routine, Until discontinued, Starting S<br>Servo Control: 36.5<br>Servo temperature may be adjusted to achieve/maintain axillary temperature of 97.5-98.6. Initial bath under radiant warmer when vital signs are stable: Axillary temp at least 97.5. |
| <input checked="" type="checkbox"/> Gestational assessment | Routine, Once<br>To be completed during transition.  |
| <input checked="" type="checkbox"/> Cord care              | Routine, Per unit protocol<br>Care:  |

|   |   |
|---|---|
| <input checked="" type="checkbox"/> Notify Physician if maternal temperature is greater than 101.0 or ROM greater than 18 hours | Routine, Until discontinued, Starting S   |
| <input checked="" type="checkbox"/> Bedside glucose   | Routine, As directed<br>For babies requiring IV Fluids on admission, check bedside glucose on admission. If Bedside Glucose is less than 40, draw serum glucose and notify physician. |
| <input type="checkbox"/> Strict intake and output (specify)   | Routine, Every hour<br>Intake/Output to monitor:  |

### Assessments

|   |   |
|---|---|
| <input checked="" type="checkbox"/> Daily weights                   | Routine, Daily  |
| <input checked="" type="checkbox"/> Frontal occipital circumference | Routine, Weekly   |
| <input checked="" type="checkbox"/> Measure length                  | Routine, Weekly   |
| <input checked="" type="checkbox"/> Measure chest circumference     | Routine, Once   |
| <input type="checkbox"/> Measure abdominal girth                    | Routine, Once For 1 Occurrences<br>If distended obtain measurements   |
| <input checked="" type="checkbox"/> Gestational assessment          | Routine, Once   |
| <input checked="" type="checkbox"/> Neonatal BiliTool               | Routine, Once<br>-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 <a href="http://www.bilitool.org">www.bilitool.org</a> ).<br><br>-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.<br><br>-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<br>-First screen after 24 hours of age. Conduct when infant is awake and calm.<br><br>-Second screen: Perform on every baby admitted to NICU and prior to home discharge. NOTE: Second CCHD unnecessary if baby has had an echocardiogram in the interval before discharge.<br><br>-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. |
|--|--|

|  |   |
|--|---|
| <input type="checkbox"/> Neonatal Abstinence Scoring | Routine, Once<br>Inform physician or physician team for any score 12 or higher OR, total abstinence score is 8 or higher. |
|--|---|

### 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<br>Click the reference links for algorithms and orders   |
| <input checked="" type="checkbox"/> Bedside glucose   | Routine, Conditional Frequency For Until specified<br>As needed per HYPOglycemia Management for Newborns   |
| <input checked="" type="checkbox"/> Glucose level   | Conditional Frequency For 4 Weeks<br>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<br>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 |

### Tube Care

|   |  |
|---|--|
| <input type="checkbox"/> Nasogastric tube insert and maintain |  |
| <input type="checkbox"/> Nasogastric tube insertion           | Routine, Once<br>Type:                                       |
| <input type="checkbox"/> Nasogastric tube maintenance         | Routine, Until discontinued, Starting S<br>Tube Care Orders: |
| <input type="checkbox"/> Orogastric tube insert and maintain  |  |
| <input type="checkbox"/> Orogastric tube insertion            | Routine, Once  |
| <input type="checkbox"/> Orogastric tube maintenance          | Routine, Until discontinued, Starting S<br>Tube Care Orders: |

### Diet

|   |  |
|---|--|
| <input type="checkbox"/> Bottle or breast feed                              | Until discontinued, Starting S<br>Route:<br>Infant nutrition # 1:<br>Infant nutrition # 2:<br>Infant nutrition # 3:<br>Breast feed frequency:<br>Bottle feed frequency:<br>Fortifier:<br>Special instructions:<br>Volume minimum (mLs):<br>Volume maximum (mLs):<br>Ad lib minimum volume (mLs):<br>Total enteral volume per day (mLs):<br>Total volume per day (mLs):<br>Gavage times per day:<br>Oral times per day:<br>Feed when stable |
| <input type="checkbox"/> NPO  | Diet effective now, Starting S<br>NPO:<br>Pre-Operative fasting options:   |
| <input checked="" type="checkbox"/> Breast Milk Labels - DO NOT DISCONTINUE | 1 Bottle, PRN  |

### Notify

|   |  |
|---|--|
| <input checked="" type="checkbox"/> Notify Physician for prolonged ruptured membranes over 18 hours   | Routine, Until discontinued, Starting S, prolonged ruptured membranes over 18 hours  |
| <input checked="" type="checkbox"/> Notify Physician infant cord blood pH less than 7.0 or HCO <sub>3</sub> less than 10.0, or BE greater than 15.0 | Routine, Until discontinued, Starting S, infant cord blood pH less than 7.0 or HCO <sub>3</sub> less than 10.0, or BE greater than 15.0      |
| <input checked="" type="checkbox"/> Notify Physician for any abnormal CBC and differential and/or positive blood culture at 24 and 48 hours         | Routine, Until discontinued, Starting S For 48 Hours, for any abnormal CBC and differential and/or positive blood culture at 24 and 48 hours |

## IV Fluids

### Line Care

|   |                                      |
|---|--------------------------------------|
| <input checked="" type="checkbox"/> sodium chloride 0.9 % flush | 2 mL, intra-catheter, PRN, line care |
|---|--------------------------------------|

### IV Fluids

|   |   |
|---|---|
| <input type="checkbox"/> dextrose 10% (D10W) 2 mL/kg IV bolus | 2 mL/kg, intravenous, once, For 1 Doses |
| <input checked="" type="checkbox"/> dextrose 10 % infusion    | intravenous, continuous                 |
| <input type="checkbox"/> dextrose 5% infusion                 | intravenous, continuous                 |

### IV Fluids (UAC) - NOT HMTW, HMW, HMWB

|  |  |
|--|--|
| <input checked="" type="checkbox"/> HEParin, porcine (PF) 1 Units/mL in sodium chloride 0.9% 50 mL | intra-arterial, continuous<br>Administer via UAC |
|--|--|

**IV Fluids (UAC) - HMW Only**

|   |  |
|---|--|
| <input checked="" type="checkbox"/> HEParin, porcine (PF) 1 unit/mL injection in 0.9% Sodium Chloride | intra-arterial, continuous<br>Administer via UAC |
| <input type="checkbox"/> HEParin, porcine (PF) 1 unit/mL injection in 0.9% Sodium Chloride            | intravenous, continuous                          |

**IV Fluids (UAC) - HMWB Only**

|  |  |
|--|--|
| <input checked="" type="checkbox"/> HEParin (PF) 50 units/50 mL in 0.45% sodium chloride (neo/ped) | intra-arterial, continuous<br>Administer via UAC |
|--|--|

**IV Fluids (UAC) - HMTW Only**

|   |  |
|---|--|
| <input type="checkbox"/> HEParin(porcine) in 0.45% NaCl 100 unit/100 mL (1 unit/mL) parenteral solution | intra-arterial, continuous<br>Administer via UAC |
|---|--|

**IV Fluids (UVC) - NOT HMTW, HMW, HMWB**

|  |   |
|--|---|
| <input checked="" type="checkbox"/> HEParin, porcine (PF) 1 Units/mL in sodium chloride 0.9% 50 mL | intravenous, continuous<br>Administer via UVC |
| <input type="checkbox"/> HEParin, porcine (PF) 1 Units/mL in dextrose 5% 250 mL                    | intravenous, continuous<br>Administer via UVC |
| <input checked="" type="checkbox"/> HEParin, porcine (PF) 1 Units/mL in dextrose 10% 250 mL        | intravenous, continuous<br>Administer via UVC |

**IV Fluids (UVC) - HMW Only**

|   |   |
|---|---|
| <input checked="" type="checkbox"/> HEParin, porcine (PF) 1 unit/mL injection in 0.9% Sodium Chloride | intravenous, continuous<br>Administer via UVC |
| <input type="checkbox"/> HEParin, porcine (PF) 1 Units/mL in dextrose 5% 250 mL                       | intravenous, continuous<br>Administer via UVC |
| <input checked="" type="checkbox"/> HEParin, porcine (PF) 1 Units/mL in dextrose 10% 250 mL           | intravenous, continuous<br>Administer via UVC |

**IV Fluids (UVC) - HMWB Only**

|  |   |
|--|---|
| <input checked="" type="checkbox"/> HEParin (PF) 50 units/50 mL in 0.45% sodium chloride (neo/ped) | intravenous, continuous<br>Administer via UVC |
| <input type="checkbox"/> HEParin, porcine (PF) 1 Units/mL in dextrose 5% 250 mL                    | intravenous, continuous<br>Administer via UVC |
| <input type="checkbox"/> HEParin, porcine (PF) 1 Units/mL in dextrose 10% 250 mL                   | intravenous, continuous<br>Administer via UVC |

**IV Fluids (UVC) - HMTW Only**

|   |   |
|---|---|
| <input type="checkbox"/> HEParin(porcine) in 0.45% NaCl 100 unit/100 mL (1 unit/mL) parenteral solution | intravenous, continuous<br>Administer via UVC |
| <input type="checkbox"/> HEParin, porcine (PF) 1 Units/mL in dextrose 5% 250 mL                         | intravenous, continuous<br>Administer via UVC |
| <input type="checkbox"/> HEParin, porcine (PF) 1 Units/mL in dextrose 10% 250 mL                        | intravenous, continuous<br>Administer via UVC |

**Medications**

**Medications - NOT HMSJ**

|   |   |
|---|---|
| <input type="checkbox"/> Birth Weight GREATER than 1500 grams - phytonadione (AQUA-Mephyton) pediatric injection 1 mg | 1 mg, intramuscular, once, For 1 Doses      |
| <input type="checkbox"/> Birth Weight LESS than 1500 grams - phytonadione (AQUA-Mephyton) pediatric injection 0.5 mg  | 0.5 mg, intramuscular, once, For 1 Doses    |
| <input checked="" type="checkbox"/> erythromycin 0.5% (ILOTYCIN) ophthalmic ointment                                  | 1 application, Both Eyes, once, For 1 Doses |

|                          |   |   |
|--------------------------|---|---|
| <input type="checkbox"/> | hepatitis B (ENGERIX-B) 10 mcg/0.5 mL vaccine               | 10 mcg, intramuscular, once, For 1 Doses<br>** REQUIRES CONSENT TO BE OBTAINED PRIOR TO ADMINISTRATION **   |
| <input type="checkbox"/> | hepatitis B immune globulin (HYPERHEP B NEONATAL) injection | 0.5 mL, intramuscular, once PRN, immunization, Mother with positive surface Hepatitis B antigen<br>For infants of mothers with positive Hepatitis B surface antigen. Give immediately after vaccine, within 12 hours after birth. Only administer once consent is obtained. |
| <input type="checkbox"/> | poractant alfa (CUROSURF) injection                         | 2.5 mL/kg, intratracheal, once, For 1 Doses   |
| <input type="checkbox"/> | zinc oxide-cod liver oil (DESITIN) 40 % paste               | Topical   |

#### Medications - HMSJ Only

|                                     |  |   |
|-------------------------------------|--|---|
| <input type="checkbox"/>            | Birth Weight GREATER than 1500 grams - phytonadione (AQUA-Mephyton) pediatric injection 1 mg | 1 mg, intramuscular, once, For 1 Doses  |
| <input type="checkbox"/>            | Birth Weight LESS than 1500 grams - phytonadione (AQUA-Mephyton) pediatric injection 0.5 mg  | 0.5 mg, intramuscular, once, For 1 Doses  |
| <input checked="" type="checkbox"/> | erythromycin 0.5% (ILOTYCIN) ophthalmic ointment   | 1 application, Both Eyes, once, For 1 Doses   |
| <input type="checkbox"/>            | hepatitis B (ENGERIX-B) 10 mcg/0.5 mL vaccine  | 10 mcg, intramuscular, once, For 1 Doses<br>** REQUIRES CONSENT TO BE OBTAINED PRIOR TO ADMINISTRATION **   |
| <input type="checkbox"/>            | hepatitis B immune globulin (HYPERHEP B NEONATAL) injection                                  | 0.5 mL, intramuscular, once PRN, immunization, Mother with positive surface Hepatitis B antigen<br>For infants of mothers with positive Hepatitis B surface antigen. Give immediately after vaccine, within 12 hours after birth. Only administer once consent is obtained. |
| <input type="checkbox"/>            | poractant alfa (CUROSURF) injection  | 2.5 mL/kg, intratracheal, once, For 1 Doses   |
| <input type="checkbox"/>            | vitamin A & D (DESITIN) ointment   | Topical, PRN, dry skin  |

#### Antibiotics

Refer to the Pediatric Baylor College of Medicine dosing nomograms when applicable.

|                          |  |  |
|--------------------------|--|--|
| <input type="checkbox"/> | ampicillin IV  | 100 mg/kg, intravenous, for 30 Minutes, every 12 hours<br>Refer to Baylor College of Medicine dosing nomograms for any dose adjustments.<br>Reason for Therapy: Bacterial Infection Suspected<br>Indication: |
| <input type="checkbox"/> | Initial Gentamicin Dosing (Post Menstrual Age less than 30 weeks) (Single Response)                |  |
| <input type="checkbox"/> | ( ) Postnatal Age less than or equal to 14 days - gentamicin 5 mg/kg IV every 48 hours             | 5 mg/kg, intravenous, for 30 Minutes, every 48 hours<br>[gentamicin (PF)]Reason for Therapy:   |
| <input type="checkbox"/> | ( ) Postnatal age greater than 14 days - gentamicin 5 mg/kg IV every 36 hours                      | 5 mg/kg, intravenous, for 30 Minutes, every 36 hours<br>[gentamicin (PF)]Reason for Therapy:   |
| <input type="checkbox"/> | Initial Gentamicin Dosing (Post Menstrual Age 30 to 34 weeks) (Single Response)                    |  |
| <input type="checkbox"/> | ( ) Postnatal Age less than or equal to 14 days - gentamicin 5 mg/kg IV every 36 hours             | 5 mg/kg, intravenous, for 30 Minutes, every 36 hours<br>[gentamicin (PF)]Reason for Therapy:   |
| <input type="checkbox"/> | ( ) Postnatal age greater than 14 days - gentamicin 5 mg/kg IV every 24 hours                      | 5 mg/kg, intravenous, for 30 Minutes, every 24 hours<br>[gentamicin (PF)]Reason for Therapy:   |
| <input type="checkbox"/> | Initial Gentamicin Dosing (Post Menstrual Age 35 to 43 weeks) (Single Response)                    |  |
| <input type="checkbox"/> | ( ) Postnatal age less than or equal 7 days - gentamicin 4 mg/kg IV every 24 hours                 | 4 mg/kg, intravenous, for 30 Minutes, every 24 hours<br>[gentamicin (PF)]Reason for Therapy:   |
| <input type="checkbox"/> | ( ) Postnatal age greater than 7 days - gentamicin 5 mg/kg IV every 24 hours                       | 5 mg/kg, intravenous, for 30 Minutes, every 24 hours<br>[gentamicin (PF)]Reason for Therapy:   |
| <input type="checkbox"/> | Initial Gentamicin Dosing (Post Menstrual Age greater than or equal to 44 weeks) (Single Response) |  |
| <input type="checkbox"/> | ( ) Postnatal age (ALL) - gentamicin 2.5 mg/kg IV every 8 hours                                    | 2.5 mg/kg, intravenous, for 30 Minutes, every 8 hours<br>[gentamicin (PF)]Reason for Therapy:  |

#### Medications - PRN

|                                     |                        |  |
|-------------------------------------|------------------------|--|
| <input checked="" type="checkbox"/> | vitamin A & D ointment | 1 application, Topical, PRN, dry skin, with diaper changes |
|-------------------------------------|------------------------|--|

|  |  |
|--|--|
| <input checked="" type="checkbox"/> 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<br>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<br>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 type="checkbox"/> sodium chloride 0.9 % nasal solution  | 2 drop, nasal, 4 times daily PRN, congestion   |

#### Medications - IV Infusions - HHM HMSJ

|   |  |
|---|--|
| <input type="checkbox"/> DOPamine (INTROPIN) infusion                                     | 2-20 mcg/kg/min, intravenous, titrated<br>Infuse per physician instructions. |
| <input type="checkbox"/> EPINEPHrine (ADRENALIN) in sodium chloride 0.9 % 250 mL infusion | 2-50 mcg/min, intravenous, continuous<br>Infuse per physician orders.        |

#### Medications - IV Infusions - NOT HHM HMSJ

|  |  |
|--|--|
| <input type="checkbox"/> DOPamine IV infusion syringe (neo/ped)    | 2-20 mcg/kg/min, intravenous, titrated<br>Infuse per physician instructions. |
| <input type="checkbox"/> epINEPHrine IV infusion syringe (neo/ped) | intravenous, titrated<br>Infuse per physician instructions.                  |

## Labs

#### Lab All Babies

|   |  |
|---|--|
| <input checked="" type="checkbox"/> NBS newborn screen                      | Once For 1 Occurrences<br>Complete between 24 and 48 hours of life   |
| <input checked="" type="checkbox"/> NBS newborn screen                      | Conditional Frequency, Starting S For 1 Occurrences<br>On day of life 10-14, or earlier if requested by physician  |
| <input checked="" type="checkbox"/> Bilirubin, neonatal                     | Once<br>With first newborn screen  |
| <input checked="" type="checkbox"/> Cord blood evaluation                   | Once<br>Test includes ABO and Rh type. Direct Coombs with anti-IgG reagent only.   |
| <input checked="" type="checkbox"/> Glucose                                 | Conditional Frequency For 4 Weeks<br>If bedside glucose is LESS than 40 milligrams per deciliter   |
| <input type="checkbox"/> CBC with differential                              | Once   |
| <input type="checkbox"/> Blood culture, aerobic                             | Once, Blood<br>Confirm blood culture results after 24 hours  |
| <input type="checkbox"/> Blood gas, arterial                                | Once   |
| <input type="checkbox"/> Capillary blood gas                                | Conditional Frequency, Starting S For 1 Occurrences<br>If unable to obtain arterial blood gas  |
| <input type="checkbox"/> Blood gas, venous                                  | Conditional Frequency, Starting S For 1 Occurrences<br>If unable to obtain arterial blood gas.   |
| <input type="checkbox"/> Magnesium  | Once   |
| <input type="checkbox"/> Urine drugs of abuse screen                        | Once   |
| <input type="checkbox"/> Miscellaneous referral test - Meconium drug screen | Conditional Frequency For 1 Occurrences<br>One activation for infants of mothers with unknown prenatal care if mother's toxicology results are unknown or positive.<br>Obtain meconium if available for toxicology screen. |

#### Lab All Babies - Less than 1 yr

|   |   |
|---|---|
| <input checked="" type="checkbox"/> NBS newborn screen  | Once For 1 Occurrences<br>Complete between 24 and 48 hours of life  |
| <input checked="" type="checkbox"/> NBS newborn screen  | Conditional Frequency, Starting S For 1 Occurrences<br>On day of life 10-14, or earlier if requested by physician |
| <input checked="" type="checkbox"/> Bilirubin, neonatal | Once<br>With first newborn screen   |

|   |   |
|---|---|
| <input checked="" type="checkbox"/> Cord blood evaluation                   | Once<br>Test includes ABO and Rh type. Direct Coombs with anti-IgG reagent only.  |
| <input checked="" type="checkbox"/> Glucose                                 | Conditional Frequency For 4 Weeks<br>If bedside glucose is LESS than 40 milligrams per deciliter  |
| <input type="checkbox"/> CBC with differential                              | Once  |
| <input type="checkbox"/> Blood culture, aerobic                             | Once, Blood<br>Confirm blood culture results after 24 hours   |
| <input type="checkbox"/> Blood gas, arterial                                | Once  |
| <input type="checkbox"/> Capillary blood gas                                | Conditional Frequency, Starting S For 1 Occurrences<br>If unable to obtain arterial blood gas   |
| <input type="checkbox"/> Blood gas, venous                                  | Conditional Frequency, Starting S For 1 Occurrences<br>If unable to obtain arterial blood gas.  |
| <input type="checkbox"/> Magnesium  | Once  |
| <input type="checkbox"/> Urine drugs of abuse screen                        | Once  |
| <input type="checkbox"/> Miscellaneous referral test - Meconium drug screen | Conditional Frequency For 1 Occurrences<br>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. |
| <input type="checkbox"/> Congenital syphilis test (RPR + TPPA)              | Once  |
| <input type="checkbox"/> HSV viral culture TCH                              | Once  |

#### Rh negative or type O or antibody positive screen mother

|   |      |
|---|------|
| <input type="checkbox"/> Direct Coombs' (DAT) | Once |
|---|------|

#### Positive Coombs

|   |  |
|---|--|
| <input checked="" type="checkbox"/> Hemoglobin & hematocrit | Conditional Frequency, Starting S For 1 Occurrences<br>For positive Coombs |
| <input checked="" type="checkbox"/> Reticulocyte count      | Conditional Frequency, Starting S For 1 Occurrences<br>For positive Coombs |
| <input checked="" type="checkbox"/> Bilirubin, neonatal     | Conditional Frequency, Starting S For 1 Occurrences<br>For positive Coombs |

## Imaging

#### Diagnostic Study

|   |                               |
|---|-------------------------------|
| <input type="checkbox"/> Chest And Abdomen Child  | Routine, 1 time imaging For 1 |
| <input type="checkbox"/> Chest 1 Vw Portable      | Routine, 1 time imaging For 1 |
| <input type="checkbox"/> XR Abdomen 1 Vw Portable | Routine, 1 time imaging For 1 |

## Respiratory

#### Oxygen Therapy / Ventillation

|   |  |
|---|--|
| <input type="checkbox"/> Blow-by oxygen | Routine, As needed<br>Rate in liters per minute:<br>Indications for O2 therapy: Hypoxemia<br>FiO2:<br>May administer oxygen to maintain saturation greater than 95%. Call MD if activated. |
| <input type="checkbox"/> Oxygen therapy | Routine, Continuous<br>Device:<br>Device 2:<br>Device 3:<br>Titrate to keep O2 Sat Above:<br>Indications for O2 therapy:   |



|  |   |
|--|---|
| <input type="checkbox"/> Oxygen therapy-Nasal Cannula                  | Routine, Continuous<br>Device: Nasal Cannula<br>Rate in liters per minute:<br>Rate in tenths of a liter per minute:<br>O2 %:<br>Device 2:<br>Device 3:<br>Titrate to keep O2 Sat Above:<br>Indications for O2 therapy:                |
| <input type="checkbox"/> Oxygen therapy-High Flow Nasal Cannula (HFNC) | Routine, Continuous<br>Device: High Flow Nasal Cannula (HFNC)<br>Rate in liters per minute:<br>Rate in liters per minute:<br>O2 %:<br>O2 %:<br>Device 2:<br>Device 3:<br>Titrate to keep O2 Sat Above:<br>Indications for O2 therapy: |
| <input type="checkbox"/> CPAP  | STAT, Continuous<br>Device Interface:<br>CPAP:<br>Mode:<br>Resp Rate (breaths/min):<br>EPAP (cm H2O):<br>O2 Bleed In (L/min):<br>% FiO2:<br>FiO2:   |
| <input type="checkbox"/> Neonatal mechanical vent                      | Routine<br>Mechanical Ventilation:  |
| <input type="checkbox"/> Neonatal NPPV                                 | Routine, Once<br>Mask Type:<br>Resp Rate (breaths/min):<br>O2 Bleed In (L/min):<br>Inspiratory Pressure (cm H2O):<br>Expiratory Pressure (cm H2O):<br>FiO2:   |
| <input type="checkbox"/> BIPAP   | Routine, Once<br>CPAP:<br>Mode:<br>Resp Rate (breaths/min):<br>IPAP (cm H2O):<br>EPAP (cm H2O):<br>FiO2:<br>O2 Bleed In (L/min):<br>Device Interface:<br>At bedtime   |
| <input type="checkbox"/> High frequency oscillatory ventilation        | STAT, Continuous<br>Frequency (5 - 6 Hz):<br>Amplitude:<br>% Inspiratory Time:<br>MAP:<br>FiO2:   |

## Chorioamnionitis

### Chorioamnionitis

|   |                        |
|---|------------------------|
| <input type="checkbox"/> Vital signs - T/P/R/BP | Routine, Every 4 hours |
| <input type="checkbox"/> Insert peripheral IV   | Routine, Once          |
| <input type="checkbox"/> Assess IV site         | Routine, Every 4 hours |

|   |  |
|---|--|
| <input type="checkbox"/> Confirm blood culture results                                | Routine, Once, Starting S+2 For 1 Occurrences<br>Confirm blood culture results after 48 hours. Positive cultures:<br>Notify physician immediately and initiate transfer process.<br>Negative cultures: Discontinue peripheral IV and start vital signs every 8 hours.  |
| <input type="checkbox"/> Notify Physician for vitals or signs and symptoms of sepsis: | Routine, Until discontinued, Starting S<br>Temperature greater than: 99.3<br>Temperature less than: 97.7<br>Systolic BP greater than: 70<br>Systolic BP less than: 50<br>Diastolic BP greater than: 45<br>Diastolic BP less than: 30<br>MAP less than:<br>Heart rate greater than (BPM): 160<br>Heart rate less than (BPM): 100<br>Respiratory rate greater than: 60<br>Respiratory rate less than: 30<br>SpO2 less than: 90 |
| <input type="checkbox"/> Aerobic culture  | Once   |
| <b>Ancillary Consults</b>   |  |
| <input type="checkbox"/> Consult to Social Work                                       | Reason for consult:  |