

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: 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

Vital Signs

<input checked="" type="checkbox"/> Vital signs - T/P/R	Routine, Every 3 hours
<input checked="" type="checkbox"/> Pulse oximetry	Routine, Continuous Current FIO2 or Room Air:
<input checked="" type="checkbox"/> BP check on four limbs	Routine, Once 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 Servo Control: 36.5 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 To be completed during transition.
<input checked="" type="checkbox"/> Cord care	Routine, Per unit protocol 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 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 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 If distended obtain measurements
<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 -First screen after 24 hours of age. Conduct when infant is awake and calm. -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. -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.
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<input type="checkbox"/> Neonatal Abstinence Scoring	Routine, Once Inform physician or physician team for any score 12 or higher OR, total abstinence score is 8 or higher.
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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

Tube Care

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

Diet

<input type="checkbox"/> Bottle or breast feed	Until discontinued, Starting S 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: Feed when stable
<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: 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 ₃ 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 ₃ 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
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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 Administer via UAC
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IV Fluids (UAC) - HMW Only

<input checked="" type="checkbox"/> HEParin, porcine (PF) 1 unit/mL injection in 0.9% Sodium Chloride	intra-arterial, continuous 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 Administer via UAC
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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 Administer via UAC
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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 Administer via UVC
<input type="checkbox"/> HEParin, porcine (PF) 1 Units/mL in dextrose 5% 250 mL	intravenous, continuous Administer via UVC
<input checked="" type="checkbox"/> HEParin, porcine (PF) 1 Units/mL in dextrose 10% 250 mL	intravenous, continuous 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 Administer via UVC
<input type="checkbox"/> HEParin, porcine (PF) 1 Units/mL in dextrose 5% 250 mL	intravenous, continuous Administer via UVC
<input checked="" type="checkbox"/> HEParin, porcine (PF) 1 Units/mL in dextrose 10% 250 mL	intravenous, continuous 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 Administer via UVC
<input type="checkbox"/> HEParin, porcine (PF) 1 Units/mL in dextrose 5% 250 mL	intravenous, continuous Administer via UVC
<input type="checkbox"/> HEParin, porcine (PF) 1 Units/mL in dextrose 10% 250 mL	intravenous, continuous 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 Administer via UVC
<input type="checkbox"/> HEParin, porcine (PF) 1 Units/mL in dextrose 5% 250 mL	intravenous, continuous Administer via UVC
<input type="checkbox"/> HEParin, porcine (PF) 1 Units/mL in dextrose 10% 250 mL	intravenous, continuous 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 ** 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 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 ** 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 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 Refer to Baylor College of Medicine dosing nomograms for any dose adjustments. Reason for Therapy: Bacterial Infection Suspected 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 [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 [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 [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 [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 [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 [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 [gentamicin (PF)]Reason for Therapy:

Medications - PRN

<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"/> 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 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 Infuse per physician instructions.
<input type="checkbox"/> EPINEPHrine (ADRENALIN) in sodium chloride 0.9 % 250 mL infusion	2-50 mcg/min, intravenous, continuous 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 Infuse per physician instructions.
<input type="checkbox"/> epINEPHrine IV infusion syringe (neo/ped)	intravenous, titrated Infuse per physician instructions.

Labs

Lab All Babies

<input checked="" type="checkbox"/> NBS newborn screen	Once For 1 Occurrences Complete between 24 and 48 hours of life
<input checked="" type="checkbox"/> NBS newborn screen	Conditional Frequency, Starting S For 1 Occurrences On day of life 10-14, or earlier if requested by physician
<input checked="" type="checkbox"/> Bilirubin, neonatal	Once With first newborn screen
<input checked="" type="checkbox"/> Cord blood evaluation	Once Test includes ABO and Rh type. Direct Coombs with anti-IgG reagent only.
<input checked="" type="checkbox"/> Glucose	Conditional Frequency For 4 Weeks 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 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 If unable to obtain arterial blood gas
<input type="checkbox"/> Blood gas, venous	Conditional Frequency, Starting S For 1 Occurrences 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 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.

Lab All Babies - Less than 1 yr

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

<input checked="" type="checkbox"/> Cord blood evaluation	Once Test includes ABO and Rh type. Direct Coombs with anti-IgG reagent only.
<input checked="" type="checkbox"/> Glucose	Conditional Frequency For 4 Weeks 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 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 If unable to obtain arterial blood gas
<input type="checkbox"/> Blood gas, venous	Conditional Frequency, Starting S For 1 Occurrences 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 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
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Positive Coombs

<input checked="" type="checkbox"/> Hemoglobin & hematocrit	Conditional Frequency, Starting S For 1 Occurrences For positive Coombs
<input checked="" type="checkbox"/> Reticulocyte count	Conditional Frequency, Starting S For 1 Occurrences For positive Coombs
<input checked="" type="checkbox"/> Bilirubin, neonatal	Conditional Frequency, Starting S For 1 Occurrences 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 Rate in liters per minute: Indications for O2 therapy: Hypoxemia FiO2: May administer oxygen to maintain saturation greater than 95%. Call MD if activated.
<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: Rate in tenths of a liter per minute: O2 %: Device 2: Device 3: Titrate to keep O2 Sat Above: Indications for O2 therapy:
<input type="checkbox"/> Oxygen therapy-High Flow Nasal Cannula (HFNC)	Routine, Continuous Device: High Flow Nasal Cannula (HFNC) Rate in liters per minute: Rate in liters per minute: O2 %: O2 %: Device 2: Device 3: Titrate to keep O2 Sat Above: Indications for O2 therapy:
<input type="checkbox"/> CPAP	STAT, Continuous Device Interface: CPAP: Mode: Resp Rate (breaths/min): EPAP (cm H2O): O2 Bleed In (L/min): % FiO2: FiO2:
<input type="checkbox"/> Neonatal mechanical vent	Routine Mechanical Ventilation:
<input type="checkbox"/> Neonatal NPPV	Routine, Once Mask Type: Resp Rate (breaths/min): O2 Bleed In (L/min): Inspiratory Pressure (cm H2O): Expiratory Pressure (cm H2O): FiO2:
<input type="checkbox"/> BIPAP	Routine, Once CPAP: Mode: Resp Rate (breaths/min): IPAP (cm H2O): EPAP (cm H2O): FiO2: O2 Bleed In (L/min): Device Interface: At bedtime
<input type="checkbox"/> High frequency oscillatory ventilation	STAT, Continuous Frequency (5 - 6 Hz): Amplitude: % Inspiratory Time: MAP: 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 Confirm blood culture results after 48 hours. Positive cultures: Notify physician immediately and initiate transfer process. 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 Temperature greater than: 99.3 Temperature less than: 97.7 Systolic BP greater than: 70 Systolic BP less than: 50 Diastolic BP greater than: 45 Diastolic BP less than: 30 MAP less than: Heart rate greater than (BPM): 160 Heart rate less than (BPM): 100 Respiratory rate greater than: 60 Respiratory rate less than: 30 SpO2 less than: 90
<input type="checkbox"/> Aerobic culture	Once
Ancillary Consults	
<input type="checkbox"/> Consult to Social Work	Reason for consult: