

## 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, unspecified	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)

(X) 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:

[X] Notify Physician if maternal temperature is greater than 101.0 or ROM greater than 18 hours	Routine, Until discontinued, Starting S
[X] 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.
[ ] Strict intake and output (specify)	Routine, Every hour Intake/Output to monitor:
<b>Assessments</b>	
[X] Daily weights	Routine, Daily
[X] Frontal occipital circumference	Routine, Weekly
[X] Measure length	Routine, Weekly
[X] Measure chest circumference	Routine, Once
[ ] Measure abdominal girth	Routine, Once For 1 Occurrences If distended obtain measurements
[X] Gestational assessment	Routine, Once
[X] 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 <a href="http://www.bilitool.org">www.bilitool.org</a> ).  -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.
[X] 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.
[ ] Neonatal Abstinence Scoring	Routine, Once Inform physician or physician team for any score 12 or higher OR, total abstinence score is 8 or higher.

### HYPOglycemia Management for Newborns

[X] HYPOglycemia Management for Newborns	
[X] Implement HYPOglycemia Management for Newborns	Routine, Until discontinued, Starting S Click the reference links for algorithms and orders
[X] Bedside glucose	Routine, Conditional Frequency For Until specified As needed per HYPOglycemia Management for Newborns
[X] Glucose level	Conditional Frequency For 4 Weeks As needed per HYPOglycemia Management for Newborns
[X] 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"/> Orogastic tube insert and maintain	
<input type="checkbox"/> Orogastic tube insertion	Routine, Once
<input type="checkbox"/> Orogastic 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 HCO3 less than 10.0, or BE greater than 15.0	Routine, Until discontinued, Starting S, infant cord blood pH less than 7.0 or HCO3 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

[X] 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) - HMTW Only

[ ] 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 (UAC) - HMW Only

[X] HEParin, porcine (PF) 1 unit/mL injection in 0.9% Sodium Chloride	intra-arterial, continuous Administer via UAC
[ ] HEParin, porcine (PF) 1 unit/mL injection in 0.9% Sodium Chloride	intravenous, continuous

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

[X] 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 (UVC) - NOT HMTW, HMW, HMWB

[X] HEParin, porcine (PF) 1 Units/mL in sodium chloride 0.9% 50 mL	intravenous, continuous Administer via UVC
[ ] HEParin, porcine (PF) 1 Units/mL in dextrose 5% 250 mL	intravenous, continuous Administer via UVC
[X] HEParin, porcine (PF) 1 Units/mL in dextrose 10% 250 mL	intravenous, continuous Administer via UVC

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

[ ] HEParin(porcine) in 0.45% NaCl 100 unit/100 mL (1 unit/mL) parenteral solution	intravenous, continuous Administer via UVC
[ ] HEParin, porcine (PF) 1 Units/mL in dextrose 5% 250 mL	intravenous, continuous Administer via UVC
[ ] HEParin, porcine (PF) 1 Units/mL in dextrose 10% 250 mL	intravenous, continuous Administer via UVC

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

[X] HEParin (PF) 50 units/50 mL in 0.45% sodium chloride (neo/ped)	intravenous, continuous Administer via UVC
[ ] HEParin, porcine (PF) 1 Units/mL in dextrose 5% 250 mL	intravenous, continuous Administer via UVC
[ ] HEParin, porcine (PF) 1 Units/mL in dextrose 10% 250 mL	intravenous, continuous Administer via UVC

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

[X] HEParin, porcine (PF) 1 unit/mL injection in 0.9% Sodium Chloride	intravenous, continuous Administer via UVC
[ ] HEParin, porcine (PF) 1 Units/mL in dextrose 5% 250 mL	intravenous, continuous Administer via UVC
[X] HEParin, porcine (PF) 1 Units/mL in dextrose 10% 250 mL	intravenous, continuous Administer via UVC

## Medications

#### Medications - NOT HMSJ

[ ] Birth Weight GREATER than 1500 grams - phytonadione (AQUA-Mephyton) pediatric injection 1 mg	1 mg, intramuscular, once, For 1 Doses
[ ] Birth Weight LESS than 1500 grams - phytonadione (AQUA-Mephyton) pediatric injection 0.5 mg	0.5 mg, intramuscular, once, For 1 Doses
[X] erythromycin 0.5% (ILOTYCIN) ophthalmic ointment	1 application, Both Eyes, once, For 1 Doses

[ ] 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 **
[ ] 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.
[ ] poractant alfa (CUROSURF) injection	2.5 mL/kg, intratracheal, once, For 1 Doses
[ ] zinc oxide-cod liver oil (DESITIN) 40 % paste	Topical

#### Medications - HMSJ Only

[ ] Birth Weight GREATER than 1500 grams - phytonadione (AQUA-Mephymton) pediatric injection 1 mg	1 mg, intramuscular, once, For 1 Doses
[ ] Birth Weight LESS than 1500 grams - phytonadione (AQUA-Mephymton) pediatric injection 0.5 mg	0.5 mg, intramuscular, once, For 1 Doses
[X] erythromycin 0.5% (ILOTYCIN) ophthalmic ointment	1 application, Both Eyes, once, For 1 Doses
[ ] 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 **
[ ] 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.
[ ] poractant alfa (CUROSURF) injection	2.5 mL/kg, intratracheal, once, For 1 Doses
[ ] vitamin A & D (DESITIN) ointment	Topical, PRN, dry skin

#### Antibiotics

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

[ ] 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:
[ ] Initial Gentamicin Dosing (Post Menstrual Age less than 30 weeks) (Single Response)	
( ) 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:
( ) 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:
[ ] Initial Gentamicin Dosing (Post Menstrual Age 30 to 34 weeks) (Single Response)	
( ) 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:
( ) 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:
[ ] Initial Gentamicin Dosing (Post Menstrual Age 35 to 43 weeks) (Single Response)	
( ) 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:
( ) 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:
[ ] Initial Gentamicin Dosing (Post Menstrual Age greater than or equal to 44 weeks) (Single Response)	
( ) 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 - NOT HMSJ

[X] 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)	
( ) 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 - Level III Nursery Only

<input type="checkbox"/> poractant alfa (CUROSURF) injection	intratracheal, once, For 1 Doses
<input type="checkbox"/> fentaNYL (SUBLIMAZE) injection	intravenous
<input type="checkbox"/> MIDAZolam (VERSED) injection	1 mg, intravenous, once Indication(s): Sedation

#### Medications - IV Infusions - HMH ONLY

<input type="checkbox"/> DOPamine (INTROPIN) infusion	2-20 mcg/kg/min, intravenous, continuous Infuse per physician instructions.
<input type="checkbox"/> DOButamine (DOBUTREX) infusion	0.5-20 mcg/kg/min, intravenous, continuous Infuse per physician instructions.
<input type="checkbox"/> EPINEPHrine (ADRENALIN) in sodium chloride 0.9 % 250 mL infusion	2-30 mcg/min, intravenous, continuous Infuse per physician instructions.
<input type="checkbox"/> fentaNYL (SUBLIMAZE) in dextrose 5% 50 mL infusion	intravenous, continuous

#### Medications - IV Infusions - NOT HMH

<input type="checkbox"/> DOPamine IV infusion syringe (neo/ped)	2 mcg/kg/min, intravenous, continuous Infuse per physician instructions.
<input type="checkbox"/> DOBUTamine IV infusion syringe (neo/ped)	2 mcg/kg/min, intravenous, continuous Infuse per physician instructions.
<input type="checkbox"/> epINEPHrine IV infusion syringe (neo/ped)	intravenous, continuous Infuse per physician instructions.
<input type="checkbox"/> fentaNYL (SUBLIMAZE) IV infusion syringe (neo/ped)	intravenous, continuous

## Labs

#### Lab All Babies

<input checked="" type="checkbox"/> NBS newborn screen	Once For 1 Occurrences Complete between 24 and 48 hours of life
<input 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 type="checkbox"/> Bilirubin, neonatal	Once With first newborn screen
<input 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

[ ] 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.
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#### Lab All Babies - Less than 1 yr

[X] NBS newborn screen	Once For 1 Occurrences Complete between 24 and 48 hours of life
[X] NBS newborn screen	Conditional Frequency, Starting S For 1 Occurrences On day of life 10-14, or earlier if requested by physician
[X] Bilirubin, neonatal	Once With first newborn screen
[X] Cord blood evaluation	Once Test includes ABO and Rh type. Direct Coombs with anti-IgG reagent only.
[X] Glucose	Conditional Frequency For 4 Weeks If bedside glucose is LESS than 40 milligrams per deciliter
[ ] CBC with differential	Once
[ ] Blood culture, aerobic	Once, Blood Confirm blood culture results after 24 hours
[ ] Blood gas, arterial	Once
[ ] Capillary blood gas	Conditional Frequency, Starting S For 1 Occurrences If unable to obtain arterial blood gas
[ ] Blood gas, venous	Conditional Frequency, Starting S For 1 Occurrences If unable to obtain arterial blood gas.
[ ] Magnesium	Once
[ ] Urine drugs of abuse screen	Once
[ ] 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.
[ ] Congenital syphilis test (RPR + TPPA)	Once
[ ] HSV viral culture TCH	Once

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

[ ] Direct Coombs' (DAT)	Once
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#### Positive Coombs

[X] Hemoglobin & hematocrit	Conditional Frequency, Starting S For 1 Occurrences For positive Coombs
[X] Reticulocyte count	Conditional Frequency, Starting S For 1 Occurrences For positive Coombs
[X] Bilirubin, neonatal	Conditional Frequency, Starting S For 1 Occurrences For positive Coombs

## Imaging

#### Diagnostic Study

[ ] Chest And Abdomen Child	Routine, 1 time imaging For 1
[ ] Chest 1 Vw Portable	Routine, 1 time imaging For 1
[ ] XR Abdomen 1 Vw Portable	Routine, 1 time imaging For 1

## Respiratory

#### Oxygen Therapy / Ventillation

[ ] 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.
[ ] Oxygen therapy	Routine, Continuous Device: Device 2: Device 3: Titrate to keep O2 Sat Above: Indications for O2 therapy:
[ ] 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:
[ ] 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:
[ ] CPAP	STAT, Continuous Device Interface: CPAP: Mode: Resp Rate (breaths/min): EPAP (cm H2O): O2 Bleed In (L/min): % FiO2: FiO2:
[ ] Neonatal mechanical vent	Routine Mechanical Ventilation:
[ ] Neonatal NPPV	Routine, Once Mask Type: Resp Rate (breaths/min): O2 Bleed In (L/min): Inspiratory Pressure (cm H2O): Expiratory Pressure (cm H2O): FiO2:
[ ] 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

High frequency oscillatory ventilation

STAT, Continuous  
Frequency (5 - 6 Hz):  
Amplitude:  
% Inspiratory Time:  
MAP:  
FiO2:

**Ancillary Consults**

Consult to Social Work

Reason for consult: