

## 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"/>	Hyperglycemia	Details
<input type="checkbox"/>	Feeding problems	Details
<input type="checkbox"/>	Metabolic acidosis	Details
<input type="checkbox"/>	Meconium Aspiration Pneumonia	Details
<input type="checkbox"/>	Prematurity	Details
<input type="checkbox"/>	Transient tachypnea of newborn	Details
<input type="checkbox"/>	Thrombocytopenia due to platelet alloimmunization	Details
<input type="checkbox"/>	Rh isoimmunization in newborn	Details
<input type="checkbox"/>	Other hemolytic diseases of newborn	Details
<input type="checkbox"/>	HIE (hypoxic-ischemic encephalopathy), mild	Details
<input type="checkbox"/>	HIE (hypoxic-ischemic encephalopathy), moderate	Details
<input type="checkbox"/>	HIE (hypoxic-ischemic encephalopathy), severe	Details
<input type="checkbox"/>	HIE (hypoxic-ischemic encephalopathy), severe	Details
<input type="checkbox"/>	IUGR (intrauterine growth retardation) of newborn	Details
<input type="checkbox"/>	Exceptionally large newborn baby	Details
<input type="checkbox"/>	Other heavy for gestational age newborn	Details
<input type="checkbox"/>	Post-term infant with 40-42 completed weeks of gestation	Details
<input type="checkbox"/>	PPHN (persistent pulmonary hypertension)	Details
<input type="checkbox"/>	Respiratory depression of newborn	Details
<input type="checkbox"/>	Sepsis	Details
<input type="checkbox"/>	Stridor	Details
<input type="checkbox"/>	Pneumothorax	Details
<input type="checkbox"/>	Newborn suspected to be affected by chorioamnionitis	Details
<input type="checkbox"/>	Syphilis, congenital	Details
<input type="checkbox"/>	HSV infection	Details
<input type="checkbox"/>	Respiratory Distress Syndrome	Details
<input type="checkbox"/>	No prenatal care in current pregnancy, unspecified trimester	Details
<input type="checkbox"/>	Neonatal abstinence syndrome	Details
<input type="checkbox"/>	Vomiting of newborn-Other	Details

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

Admit to inpatient

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

### Code Status

<input type="checkbox"/> Full code	Code Status decision reached by:
<input type="checkbox"/> DNR (Selection Required)	
<input type="checkbox"/> DNR (Do Not Resuscitate)	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity?
<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	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? Modified Code restrictions:
<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 type="checkbox"/> Cardio respiratory monitoring	Routine, Continuous Low Heart Rate Alarm? 100 High Heart Rate Alarm? 200 Keep Oxygen Saturation (or low limit) Greater than Equal to (%)? 90 High Heart Rate Alarm? 95
<input type="checkbox"/> Vital signs - T/P/R	Routine, Every 3 hours
<input type="checkbox"/> Pulse oximetry	Routine, Continuous Current FIO2 or Room Air:
<input type="checkbox"/> BP check on four limbs	Routine, Once
<input type="checkbox"/> Measure blood pressure	Routine, Every 6 hours Now then every 6 hours

<input type="checkbox"/> Measure blood pressure	Routine, Every 12 hours Now then every 12 hours
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### Nursing - General

<input type="checkbox"/> Gestational assessment	Routine, Once To be completed during transition.
<input type="checkbox"/> Cord care	Routine, Per unit protocol Care:
<input type="checkbox"/> Notify Physician if maternal temperature is greater than 101.0 or ROM greater than 18 hours	Routine, Until discontinued, Starting S
<input 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:

### Activity

<input type="checkbox"/> Radiant warmer with Servo Control	Routine, Once Servo Control: 36.5 Temperature setting at 36.2 - 36.5 degrees Celsius
<input type="checkbox"/> Incubator Manual Control	Routine, Once, Starting S For Until specified Servo Control: 36.5
<input type="checkbox"/> Incubator Servo Control	Routine, Once, Starting S For Until specified Servo Control: 36.5 Temperature settings at 36.2-36.5 Celsius

### Assessments

<input type="checkbox"/> Daily weights	Routine, Daily
<input type="checkbox"/> Frontal occipital circumference	Routine, Weekly
<input type="checkbox"/> Measure length	Routine, Weekly
<input type="checkbox"/> Measure chest circumference	Routine, Once
<input type="checkbox"/> Measure abdominal girth	Routine, Once For 1 Occurrences If distended obtain measurements
<input type="checkbox"/> Gestational assessment	Routine, Once
<input 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 <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.

<input 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.
<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.

### HYPOglycemia Management for Newborns

<input type="checkbox"/> HYPOglycemia Management for Newborns	
<input type="checkbox"/> Implement Intravenous (IV) HYPOglycemia Management for Newborns	Routine, Until discontinued, Starting S Click the reference links for algorithms and orders
<input type="checkbox"/> Implement ORAL HYPOglycemia Management for Newborns	Routine, Until discontinued, Starting S Click the reference links for algorithms and orders
<input type="checkbox"/> Bedside glucose	Routine, Conditional Frequency For Until specified As needed per HYPOglycemia Management for Newborns
<input type="checkbox"/> Glucose level	Conditional Frequency For 4 Weeks As needed per HYPOglycemia Management for Newborns
<input type="checkbox"/> Notify MD/NNP immediately for any of the following for Infants less than 4 hours of age: (Single Response) (Selection Required)	
<input type="checkbox"/> Notify MD/NNP immediately for any of the following for Infant less than 4 hours of age:	Routine, Until discontinued, Starting S, Any glucose screen less than 25 mg/dl OR any glucose screen less than or equal to 40 mg/dl if infant has already received 2 doses of the dextrose gel since birth.
<input type="checkbox"/> Notify MD/NNP immediately for any of the following for Infant less than 4 hours of age	Routine, Until discontinued, Starting S, Any glucose screen less than 25 mg/dl OR any glucose screen less than or equal to 40 mg/dl, give dextrose gel first and then notify provider immediately.
<input type="checkbox"/> Notify MD/NNP immediately for any of the following for Infant 4 to 24 hours of age (Single Response) (Selection Required)	
<input type="checkbox"/> Notify MD/NNP immediately for any of the following for Infant 4 to 24 hours of age:	Routine, Until discontinued, Starting S, Any glucose screen less than 35 mg/dl OR any glucose screen less than or equal to 45 mg/d, if infant has already received 2 doses of glucose gel since birth.
<input type="checkbox"/> Notify MD/NNP immediately for any of the following for Infant 4 to 24 hours of age:	Routine, Until discontinued, Starting S, Any glucose screen less than 35mg/d, OR any glucose screen less than or equal to 45 mg/dl, give dextrose gel first and then notify the provider immediately.
<input 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 type="checkbox"/> Insert peripheral IV - As needed per HYPOglycemia Management for Newborns	Routine, Once As needed per HYPOglycemia Management for Newborns
<input type="checkbox"/> dextrose 10% (D10W) IV bolus 2 mL/kg	2 mL/kg, intravenous, PRN, low blood sugar, per HYPOglycemia Management for Newborns
<input type="checkbox"/> dextrose (SWEET CHEEKS) gel 40% (neo)	200 mg/kg, buccal, PRN, asymptomatic hypoglycemia, For 2 Doses Do not use beyond 24 hours of age.

### Tube Care

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 type="checkbox"/>	Breast Milk Labels - DO NOT DISCONTINUE	1 Bottle, PRN

### Notify

<input type="checkbox"/>	Notify Physician for prolonged ruptured membranes over 18 hours	Routine, Until discontinued, Starting S, prolonged ruptured membranes over 18 hours
<input 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 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 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 type="checkbox"/>	dextrose 10 % infusion	intravenous, continuous
<input type="checkbox"/>	dextrose 5% infusion	intravenous, continuous

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

<input 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 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

[ ] 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

[ ] 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

[ ] HEParin, porcine (PF) 1 Units/mL in sodium chloride 0.9% 50 mL	intravenous, continuous Administer via UVC
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[ ] HEParin, porcine (PF) 1 Units/mL in dextrose 5% 250 mL	intravenous, continuous Administer via UVC
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[ ] HEParin, porcine (PF) 1 Units/mL in dextrose 10% 250 mL	intravenous, continuous Administer via UVC
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#### IV Fluids (UVC) - HMW Only

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

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

#### Medications - NOT HMSJ

[ ] Birth Weight GREATER than 1500 grams - phytonadione (AQUA-Mephyton) pediatric injection 1 mg	1 mg, intramuscular, once, For 1 Doses
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[ ] Birth Weight LESS than 1500 grams - phytonadione (AQUA-Mephyton) pediatric injection 0.5 mg	0.5 mg, intramuscular, once, For 1 Doses
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[ ] erythromycin 0.5% (ILOTYCIN) ophthalmic ointment	1 application, Both Eyes, once, For 1 Doses
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[ ] 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 **
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[ ] 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.
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[ ] poractant alfa (CUROSURF) injection	2.5 mL/kg, intratracheal, once, For 1 Doses
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[ ] zinc oxide-cod liver oil (DESITIN) 40 % paste	Topical
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## Medications - HMSJ Only

[ ] 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
[ ] 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 8 hours Refer to Baylor College of Medicine dosing nomograms for any dose adjustments. Reason for Therapy: Bacterial Infection Suspected Indication:
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### [ ] gentamicin IV (Single Response)

#### ( ) Initial Gentamicin Dosing (Gestational Age less than 30 weeks) (Single Response)

- |   |  |
|---|--|
| ( ) Postnatal Age less than or equal to 14 days | 5 mg/kg, intravenous, for 30 Minutes, every 48 hours<br>[gentamicin (PF)]Reason for Therapy: |
| ( ) Postnatal age greater than 14 days          | 5 mg/kg, intravenous, for 30 Minutes, every 36 hours<br>[gentamicin (PF)]Reason for Therapy: |

#### ( ) Initial Gentamicin Dosing (Gestational Age 30 to 34 weeks) (Single Response)

- |   |  |
|---|--|
| ( ) Postnatal Age less than or equal to 14 days | 5 mg/kg, intravenous, for 30 Minutes, every 36 hours<br>[gentamicin (PF)]Reason for Therapy: |
| ( ) Postnatal age greater than 14 days          | 5 mg/kg, intravenous, for 30 Minutes, every 24 hours<br>[gentamicin (PF)]Reason for Therapy: |

#### ( ) Initial Gentamicin Dosing (Gestational Age 35 to 43 weeks) (Single Response)

- |   |  |
|---|--|
| ( ) Postnatal age less than or equal 7 days | 4 mg/kg, intravenous, for 30 Minutes, every 24 hours<br>[gentamicin (PF)]Reason for Therapy: |
| ( ) Postnatal age greater than 7 days       | 5 mg/kg, intravenous, for 30 Minutes, every 24 hours<br>[gentamicin (PF)]Reason for Therapy: |

#### ( ) Initial Gentamicin Dosing (Gestational Age greater than or equal to 44 weeks) (Single Response)

- |                         |   |
|-------------------------|---|
| ( ) Postnatal age (ALL) | 2.5 mg/kg, intravenous, for 30 Minutes, every 8 hours<br>[gentamicin (PF)]Reason for Therapy: |
|-------------------------|---|

### [ ] amikacin IV (Single Response)

#### ( ) Initial amikacin dosing (Gestational age < 30 weeks) (Single Response)

- |   |  |
|---|--|
| ( ) Postnatal age less than or equal to 14 days | 15 mg/kg, intravenous, for 30 Minutes, every 48 hours<br>Reason for Therapy: |
| ( ) Postnatal age greater than 14 days          | 15 mg/kg, intravenous, for 30 Minutes, every 24 hours<br>Reason for Therapy: |

#### ( ) Initial amikacin dosing (Gestational age 30-34 weeks, Postnatal age less than or equal to 60 days)

- |   |  |
|---|--|
| ( ) Initial amikacin dosing (Gestational age greater than or equal to 35 weeks) (Single Response) | 15 mg/kg, intravenous, for 30 Minutes, every 24 hours<br>Reason for Therapy: |
|---|--|

<input type="checkbox"/> Postnatal age less than or equal to 7 days	15 mg/kg, intravenous, for 30 Minutes, every 24 hours Reason for Therapy:
<input type="checkbox"/> Postnatal age greater than 14 days	17.5 mg/kg, intravenous, for 30 Minutes, every 24 hours Reason for Therapy:

### Medications - PRN

<input type="checkbox"/> vitamin A and D ointment	1 application, Topical, PRN, dry skin, with diaper changes
<input 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 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 - HMH 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 HMH 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.

## VTE

## Labs

### Lab All Babies

<input 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 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 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 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+TP-PA)	Once
<input type="checkbox"/>	HSV viral culture TCH	Once
<b>Rh negative or type O or antibody positive screen mother</b>		
<input type="checkbox"/>	Direct Coombs' (DAT)	Once
<b>Positive Coombs</b>		
<input type="checkbox"/>	Hemoglobin & hematocrit	Conditional Frequency, Starting S For 1 Occurrences For positive Coombs
<input type="checkbox"/>	Reticulocyte count	Conditional Frequency, Starting S For 1 Occurrences For positive Coombs
<input type="checkbox"/>	Bilirubin, neonatal	Conditional Frequency, Starting S For 1 Occurrences For positive Coombs
<b>Early Onset Sepsis (EOS) Risk Calculator</b>		
		URL: "file:///appt1Methodist EOS Sequence Algorithm.pdf"
		URL: "file:///appt1Methodist Estimating EOS Risk.pdf"

Early onset sepsis (EOS) risk calculator

Routine, Conditional Frequency  
For any infant born at a gestational age 34 weeks or greater and less than 24 hours old with any one of these identified risk factors: chorioamnionitis, maternal fever, ruptured membranes > 18 hours, and maternal GBS status of positive or unknown, apply the EOS calculator with a CDC incidence of 0.5/1000 births. Perform a clinical assessment of the infant and classify the clinical appearance into well appearing, equivocal or clinical illness (See Reference Link). If the clinical presentation is equivocal or indicating clinical illness, or if a blood culture or antibiotic use is recommended, notify the physician/physician team immediately and provide results of the EOS calculator with corresponding recommendations based on clinical appearance. Follow vital signs monitoring based on EOS risk calculation.

Antibacterial Medications (Single Response)

Ampicillin

Ampicillin

Neonatal early onset sepsis: IM, IV:  
100 mg/kg every 8 hours

General dosing, susceptible infection, non-CNS involvement: IM, IV:  
Gestational age LESS than or EQUAL to 34 weeks:  
    Postnatal age LESS than or EQUAL to 7 days: 50 mg/kg every 12 hours  
    Postnatal age GREATER than 7 days: 75 mg/kg every 12 hours  
Gestational age 35 to 43 weeks:  
    All: 50 mg/kg every 8 hours  
Gestational age GREATER than or EQUAL to 44 weeks:  
    Mild/moderate infection: 12.5 – 50 mg/kg every 6 hours  
    Severe infection: 50 - 67 mg/kg every 4 hours

Meningitis including Group B streptococcal, empiric therapy or treatment: IV:  
    Postnatal age LESS than or EQUAL to 7 days: 100 mg/kg every 8 hours  
    Postnatal age GREATER than 7 days: 75 mg/kg every 6 hours

Prophylaxis for patients with asplenia: IV:  
50 mg/kg every 12 hours

UTI prophylaxis (hydronephrosis, vesicoureteral reflux): IV:  
25 mg/kg every 24 hours

ampicillin (OMNIPEN) in water for injection, 50 mg/kg, intravenous, for 15 Minutes, every 8 hours  
sterile (PF) 1 mL IV syringe [ampicillin]Reason for Therapy:

Gentamicin

Gentamicin  
 General dosing, susceptible infection: IV  
 Gestational age LESS than 30 weeks:  
 Postnatal age LESS than or EQUAL to 14 days: 5 mg/kg every 48 hours  
 Postnatal age GREATER than 14 days: 5 mg/kg every 36 hours  
 Gestational age 30 to 34 weeks:  
 Postnatal age LESS than or EQUAL to 14 days: 5 mg/kg every 36 hours  
 Postnatal age GREATER than 14 days: 5 mg/kg every 24 hours  
 Gestational age 35 to 43 weeks:  
 Postnatal age LESS than or EQUAL to 7 days: 4 mg/kg every 24 hours  
 Postnatal age GREATER than 7 days: 5 mg/kg every 24 hours  
 Gestational age GREATER than or EQUAL to 44 weeks:  
 All: 2.5 mg/kg every 8 hours

gentamicin (GARAMYCIN) IVPB intravenous, for 30 Minutes  
 Reason for Therapy: Bacterial Infection Suspected  
 Indication: Sepsis

Pharmacy consult to manage aminoglycoside STAT, Until discontinued, Starting S  
 Which aminoglycoside do you need help dosing? gentamicin  
 Indication: Early Onset Sepsis

**( ) Amikacin**

Amikacin  
 General dosing, susceptible infection: IV  
 Gestational age LESS than 30 weeks:  
 Postnatal age LESS than or EQUAL to 14 days: 15 mg/kg every 48 hours  
 Postnatal age GREATER than 14 days: 15 mg/kg every 24 hours  
 Gestational age 30 to 34 weeks:  
 Postnatal age LESS than or EQUAL to 60 days: 15 mg/kg every 24 hours  
 Gestational age 35 to 43 weeks:  
 Postnatal age LESS than or EQUAL to 7 days: 15 mg/kg every 24 hours  
 Postnatal age GREATER than 7 days: 17.5 mg/kg every 24 hours  
 Gestational age GREATER than or EQUAL to 44 weeks: 5 – 7.5 mg/kg every 8 hours

amikacin (AMIKIN) in sodium chloride 0.9% 1 mL IV syringe intravenous, for 30 Minutes

**( ) cefTAZidime**

Ceftazidime  
 General dosing, susceptible infection: IM, IV:  
 Body weight LESS than 1 kg:  
 Postnatal age LESS than or EQUAL to 14 days: 50 mg/kg every 12 hours  
 Postnatal age GREATER than 14 days: 50 mg/kg every 8 hours  
 Body weight 1 to 2 kg:  
 Postnatal age LESS than or EQUAL to 7 days: 50 mg/kg every 12 hours  
 Postnatal age GREATER than 7 days: 50 mg/kg every 8-12 hours  
 Body weight GREATER than 2 kg:  
 Postnatal age LESS than or EQUAL to 7 days: 50 mg/kg every 12 hours  
 Postnatal age 8 to 60 days: 50 mg/kg every 8 hours  
 Meningitis: IV  
 Postnatal LESS than or EQUAL to 7 days: 50 mg/kg every 8-12 hours  
 Postnatal GREATER than 7 days: 50 mg/kg every 8 hours

cefTAZidime (FORTAZ) in sodium chloride 0.9% 1 mL IV syringe 50 mg/kg/day, intravenous, for 30 Minutes, every 12 hours

**Cardiology**

**Imaging**

**Diagnostic Study**

Chest And Abdomen Child Routine, 1 time imaging, Starting S at 1:00 AM For 1  
 Chest 1 Vw Portable Routine, 1 time imaging, Starting S at 1:00 AM For 1  
 XR Abdomen 1 Vw Portable Routine, 1 time imaging, Starting S at 1:00 AM For 1

## Other Studies

## 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
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<input type="checkbox"/> High frequency oscillatory ventilation	STAT, Continuous Frequency (5 - 6 Hz): Amplitude: % Inspiratory Time: MAP: FiO2:
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## Rehab

## Consults

For Physician Consult orders use sidebar

## 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:
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