

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.
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Code Status

<input type="checkbox"/> Full code	Code Status decision reached by:
<input type="checkbox"/> DNR (Selection Required)	
<input type="checkbox"/> DNR (Do Not Resuscitate)	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"/> Vital signs - T/P/R	Routine, Per unit protocol, Starting S
<input type="checkbox"/> Continuous Cardiac monitoring with Pulse Oximetry	Details
<input type="checkbox"/> Pulse oximetry	Routine, Continuous, Starting S Current FIO2 or Room Air: Goal 90-95%
<input type="checkbox"/> BP check on four limbs	Routine, Once For 1 Occurrences

Nursing

<input type="checkbox"/> Daily weights	Routine, Daily For Until specified
<input type="checkbox"/> Strict intake and output	Routine, Every hour For Until specified
<input type="checkbox"/> Skin care	Routine, As needed, Starting S
<input type="checkbox"/> Bathe patient	Routine, Per unit protocol For Until specified

<input type="checkbox"/> Keep Umbilical Cord Dry	Routine, Per unit protocol, Starting S For Until specified Care:
<input type="checkbox"/> Establish IV access	Details
<input type="checkbox"/> emollient combination no.92 (LUBRIDERM DAILY MOISTURE) lotion	Topical, PRN, dry skin

Activity

Thermal Environment Activity (Premature Infant < 1250 grams)

<input type="checkbox"/> Incubator Servo Control for infants<= 32 weeks and/or<= 1250 grams	Routine, Once, Starting S For Until specified Servo Control: 36.5
<input type="checkbox"/> Incubator Humidity	Routine, Once, Starting S For Until specified Servo Control: 36.5 Initiate humidity at 75-85% for the first 24 hrs of life. Wean humidity per Unit Protocol.
<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 Servo Control	Routine, Once, Starting S For Until specified Servo Control: 36.5 Temperature settings at 36.2-36.5 Celsius
<input type="checkbox"/> Incubator Manual Control	Routine, Once, Starting S For Until specified Servo Control: 36.5

Assessment

<input type="checkbox"/> Frontal occipital circumference	Routine, Weekly, Starting S For Until specified
<input type="checkbox"/> Measure length	Routine, Weekly
<input type="checkbox"/> Critical Congenital Heart Disease (CCHD) Screen	Routine, Until discontinued, Starting S For 1 Occurrences Initial CCHD screen between 24-48 hours of age. For NICU 2 and NICU 3, initial CCHD screen between 24-48 hours of age or on admission if greater than 48 hours of age. Obtain second CCHD at time of hearing screen or prior to discharge.

Tube Instructions

<input type="checkbox"/> Nasogastric tube to gravity drainage	Routine, Once, Starting S For Until specified Type:
<input type="checkbox"/> Orogastric/Nasogastric tube to low intermittent suction	Routine, Until discontinued, Starting S Tube Care Orders:
<input type="checkbox"/> Replogle tube to low intermittent suction	Routine, Until discontinued, Starting S For Until specified Tube Care Orders:

Diet

<input type="checkbox"/> Bottle or breast feed	Until discontinued, Starting S Route: Breast milk 20kcal/oz - Order #1: Breast milk 20kcal/oz - Order #2: Breast milk 20kcal/oz - Order #3: Donor milk - Order # 1: Donor milk - Order # 2: Donor milk - Order # 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 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 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

<input 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 (UVC) - HMWB Only

[] 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) - NOT HMTW, HMW, HMWB

[] 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
[] 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

Medications

Medications

[] 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.
() 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.
[] vitamin A (AQUASOL A) NEONATAL intraMUSCULAR Syringe (Order if birth weight LESS than 1000 grams)	5,000 Units, intramuscular, 3 times weekly, For 12 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 (Single Response)	
() HBsAg-Negative Mothers (for infants with birthweight greater than 2000 grams)	
[] hepatitis B (ENGERIX-B) 10 mcg/0.5 mL vaccine	10 mcg, intramuscular, once, For 1 Doses Administer within 24 hours of birth
() HBsAg-Positive Mothers (for term or preterm infants) "And" Linked Panel	
[] hepatitis B (ENGERIX-B) 10 mcg/0.5 mL vaccine	10 mcg, intramuscular, once, For 1 Doses Administer within 12 hours of birth.
[] hepatitis B immune globulin (HYPERHEP B NEONATAL) injection	0.5 mL, intramuscular, once, For 1 Doses Give concurrently with hepatitis B (ENGERIX-B) vaccine, but at a different injection site.
() HBsAg-Unknown Mothers (for infants with birthweight greater than 2000 grams)	
[] hepatitis B (ENGERIX-B) 10 mcg/0.5 mL vaccine	10 mcg, intramuscular, once, For 1 Doses Administer within 12 hours of birth.
[] hepatitis B immune globulin (HYPERHEP B NEONATAL) injection	0.5 mL, intramuscular, once PRN, immunization Administer as soon as mother is found to be positive or within 7 days of birth.
() HBsAg-Unknown Mothers (for preterm infants with birthweight 2000 grams or less)	
[] hepatitis B (ENGERIX-B) 10 mcg/0.5 mL vaccine	10 mcg, intramuscular, once, For 1 Doses Administer within 12 hours of birth.

<input type="checkbox"/> hepatitis B immune globulin (HYPERHEP B NEONATAL) injection	0.5 mL, intramuscular, once, For 1 Doses Administer as soon as mother is found to be positive or within 12 hours of birth.
<input type="checkbox"/> phytonadione (AQUA-Mephyton) pediatric injection	0.5 mg, intramuscular, once, For 1 Doses Give within 1 hour of birth.
<input type="checkbox"/> caffeine citrate injection	"Followed by" Linked Panel
<input type="checkbox"/> caffeine citrate (CAFCIT) in dextrose 5% 1 mL NEONATAL IV Syringe	20 mg/kg, intravenous, once, For 1 Doses Loading Dose
<input type="checkbox"/> caffeine citrate (CAFCIT) in dextrose 5% 1 mL NEONATAL IV Syringe	5 mg/kg/day, intravenous, daily, Starting S+1 Maintenance Doses
<input type="checkbox"/> poractant alfa (CUROSURF) 80 mg/mL intratracheal suspension wrapper	intratracheal, once, For 1 Doses
<input type="checkbox"/> lanolin alcohol-mo-w.pet-ceres (EUCERIN) topical cream	Topical, PRN, dry skin

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.

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 8 hours Refer to Baylor College of Medicine dosing nomograms for any dose adjustments. Reason for Therapy: Bacterial Infection Suspected Indication:
<input type="checkbox"/> gentamicin IV (Single Response)	
<input type="checkbox"/> Initial Gentamicin Dosing (Gestational Age less than 30 weeks) (Single Response)	
<input type="checkbox"/> Postnatal Age less than or equal to 14 days	5 mg/kg, intravenous, for 30 Minutes, every 48 hours [gentamicin (PF)]Reason for Therapy:
<input type="checkbox"/> Postnatal age greater than 14 days	5 mg/kg, intravenous, for 30 Minutes, every 36 hours [gentamicin (PF)]Reason for Therapy:
<input type="checkbox"/> Initial Gentamicin Dosing (Gestational Age 30 to 34 weeks) (Single Response)	
<input type="checkbox"/> Postnatal Age less than or equal to 14 days	5 mg/kg, intravenous, for 30 Minutes, every 36 hours [gentamicin (PF)]Reason for Therapy:
<input type="checkbox"/> Postnatal age greater than 14 days	5 mg/kg, intravenous, for 30 Minutes, every 24 hours [gentamicin (PF)]Reason for Therapy:
<input type="checkbox"/> Initial Gentamicin Dosing (Gestational Age 35 to 43 weeks) (Single Response)	
<input type="checkbox"/> Postnatal age less than or equal 7 days	4 mg/kg, intravenous, for 30 Minutes, every 24 hours [gentamicin (PF)]Reason for Therapy:
<input type="checkbox"/> Postnatal age greater than 7 days	5 mg/kg, intravenous, for 30 Minutes, every 24 hours [gentamicin (PF)]Reason for Therapy:
<input type="checkbox"/> Initial Gentamicin Dosing (Gestational Age greater than or equal to 44 weeks) (Single Response)	
<input type="checkbox"/> Postnatal age (ALL)	2.5 mg/kg, intravenous, for 30 Minutes, every 8 hours [gentamicin (PF)]Reason for Therapy:
<input type="checkbox"/> amikacin IV (Single Response)	
<input type="checkbox"/> 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 Reason for Therapy:
() Postnatal age greater than 14 days	15 mg/kg, intravenous, for 30 Minutes, every 24 hours Reason for Therapy:
() Initial amikacin dosing (Gestational age 30-34 weeks, Postnatal age less than or equal to 60 days)	15 mg/kg, intravenous, for 30 Minutes, every 24 hours Reason for Therapy:
() Initial amikacin dosing (Gestational age greater than or equal to 35 weeks) (Single Response)	
() Postnatal age less than or equal to 7 days	15 mg/kg, intravenous, for 30 Minutes, every 24 hours Reason for Therapy:
() Postnatal age greater than 14 days	17.5 mg/kg, intravenous, for 30 Minutes, every 24 hours Reason for Therapy:

Labs

Laboratory

<input type="checkbox"/> CBC with platelet and differential	Once For 1 Occurrences
<input type="checkbox"/> Bedside glucose	Routine, Once For 1 Occurrences
<input type="checkbox"/> Neonatal Profile	
<input type="checkbox"/> Type and screen	
<input type="checkbox"/> Type and screen	Once For 1 Occurrences, Blood Bank
<input type="checkbox"/> ABO and Rh confirmation	Once, Blood Bank Confirmation
<input type="checkbox"/> DAT (newborn)	Once For 1 Occurrences
<input type="checkbox"/> Neonatal bilirubin	Once For 1 Occurrences
<input type="checkbox"/> Basic metabolic panel	Every 12 hours
<input type="checkbox"/> Capillary blood gas	Once For 1 Occurrences
<input type="checkbox"/> Ionized calcium	Once For 1 Occurrences

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
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<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

Rh negative or type O or antibody positive screen mother

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

<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

Imaging

Diagnostic X-Ray

<input type="checkbox"/> Chest And Abdomen Infant	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> Chest 1 Vw Portable	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> XR Abdomen 1 Vw Portable	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> US Brain Neonatal	Routine, 1 time imaging, Starting S at 1:00 AM For 1

Respiratory

Oxygen Therapy / Ventillation

<input type="checkbox"/> Oxygen therapy	Routine, Continuous Device: Device 2: Device 3: Titrate to keep O2 Sat Above: 90% Indications for O2 therapy: keep O2 saturation (or low limit) greater than equal to (%): 90
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[] CPAP	STAT, Continuous Device Interface: CPAP: Mode: Resp Rate (breaths/min): EPAP (cm H2O): O2 Bleed In (L/min): % FiO2: FiO2:
[] Neonatal mechanical vent - Pressure	Routine Mechanical Ventilation: Invasive Type of Ventilation: Pressure Targeted Mode of ventilation:
[] Neonatal mechanical vent - Volume	Routine Mechanical Ventilation: Invasive Type of Ventilation: Volume Targeted Mode of ventilation:
[] 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.