

Location: \_\_\_\_\_

## General

## Admission (Required)

☒ **Admit to inpatient** Once, 1, Occurrences, Routine, Initiate transition/admission protocol

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

@CERMSGREFRESHOPT(674511:21703,,,1)@

☒ **Code Status**

DNR and Modified Code orders should be placed by the responsible physician.

☐ **Full code** Continuous, Routine

Code Status decision reached by:

☐ **DNR (Do Not Resuscitate)** (Required)☒ **DNR (Do Not Resuscitate)** Continuous, Routine

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?

Code Status decision reached by:

☐ **Consult to Palliative Care Service**☒ **Consult to Palliative Care Service** Once, Routine

Priority:

Reason for Consult?

Order?

Name of referring provider:

Enter call back number:

Reason for Consult?

Note: Please call Palliative care office 832-522-8391. Due to current resource constraints, consultation orders received after 2:00 pm M-F will be seen the following business day. Consults placed over weekend will be seen on Monday.

☐ **Consult to Social Work** Once, Routine

Reason for Consult:

Reason for Consult?

☐ **Modified Code** Continuous, Routine

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:

Code Status decision reached by:

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

☐ **Treatment Restrictions ((For use when a patient is NOT in a cardiopulmonary arrest))** Continuous - Treatment Restrictions, Routine

I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided.:

Treatment Restriction decision reached by:

Specify Treatment Restrictions:

Code Status decision reached by:

Treatment Restrictions is NOT a Code Status order. It is NOT a Modified Code order. It is strictly intended for Non Cardiopulmonary situations.

The Code Status and Treatment Restrictions are two SEPARATE sets of physician's orders. For further guidance, please click on the link below: [Guidance for Code Status & Treatment Restrictions](#)

Examples of Code Status are Full Code, DNR, or Modified Code. An example of a Treatment Restriction is avoidance of blood transfusion in a Jehovah's Witness patient.

If the Legal Surrogate is the Primary Physician, consider ordering a Biomedical Ethics Consult PRIOR to placing this order. A Concurring Physician is required to second sign the order when the Legal Surrogate is the Primary Physician.

### Isolation

- ☐ **Airborne isolation status**
- ☒ **Airborne isolation status** Continuous, Routine
- ☐ **Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.** Once, Routine
- ☐ **Contact isolation status** Continuous, Routine
- ☐ **Droplet isolation status** Continuous, Routine
- ☐ **Enteric isolation status** Continuous, Routine

### Precautions

- ☐ **Latex precautions** Continuous, Routine
- ☐ **Seizure precautions** Continuous, Routine
- Increased observation level needed:

### Nursing

#### Routine Vital Signs

- ☒ **Vital signs - T/P/R** Per unit protocol, Routine
- ☐ **Vital signs - T/P/R** Every 6 hours, Routine
- ☐ **Vital signs - T/P/R** Every 4 hours, Routine

#### Vital Signs With Heart Murmur

- ☒ **Measure blood pressure** Once, 1, Occurrences, Routine, If heart murmur is noted after 24 hours of life or if loud murmur is noted prior to 24 hours of life, perform pulse oximetry on right arm and one lower extremities and then four extremity blood pressure. Notify the physician during morning rounds.

### Assessments

- ☒ **Daily weights** Daily, Routine
- ☒ **Frontal occipital circumference** Once, Routine
- ☒ **Measure length** Once, Routine
- ☒ **Gestational assessment** Once, Routine
- ☒ **Neonatal BiliTool** Once, Routine, -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](http://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. -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](http://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.

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

- ☒ **Congenital Cyanotic Heart Disease screen** Until discontinued, Routine, -Screen after 24 hours of age. Conduct when infant is awake and calm. -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.

### **HYPOglycemia Management for Newborns**

☒ **HYPOglycemia Management for Newborns**

☐ **Implement Intravenous (IV) HYPOglycemia Management for Newborns** Until discontinued, Routine, Click the reference links for algorithms and orders

☒ **Implement ORAL HYPOglycemia Management for Newborns** Until discontinued, Routine, Click the reference links for algorithms and orders

☒ **Bedside glucose** Conditional Frequency, -1, Occurrences, Routine, Blood, As needed per HYPOglycemia Management for Newborns

☒ **Glucose level** Conditional Frequency, 4, Weeks, Routine, Blood, 3, As needed per HYPOglycemia Management for Newborns

☒ **Notify MD/NNP immediately for any of the following for Infant less than 4 hours of age:** Until discontinued, Routine, 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.

☒ **Notify MD/NNP immediately for any of the following for Infant 4 to 24 hours of age:** Until discontinued, Routine, 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.

☒ **Notify Physician Neo/Pedi team per HYPOglycemia Management for Newborns** Until discontinued, Routine, 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.

☐ **Insert peripheral IV - As needed per HYPOglycemia Management for Newborns** Once, Routine, As needed per HYPOglycemia Management for Newborns

☐ **dextrose 10% (D10W) IV bolus 2 mL/kg** 2 mL/kg, intravenous, PRN, per HYPOglycemia Management for Newborns

☒ **dextrose (SWEET CHEEKS) gel 40% (neo)** 200 mg/kg, buccal, PRN, asymptomatic hypoglycemia  
Do not use beyond 24 hours of age.

### **Interventions**

☒ **Move to open crib** Until discontinued, Routine, Move when vital signs criteria met (infant is able to maintain stable vital signs with axillary temperature 97.7-99 degrees F, pulse 100-160 BPM, RR 30-60 breaths per minute)

☒ **Cord care** Per unit protocol, Routine  
Care:

☒ **Bathe baby** Once, 1, Occurrences, Routine, Bathe once or as needed. If mother HIV positive then bathe immediately after birth. Bathe if vital signs are stable and axillary temperature 97.7-99 degrees F, pulse 100-160 BPM, RR 30-60 breaths per minute. Monitor temperature after bath to ensure axillary temperature remains at or above 97.7 degrees.

☒ **Radiant warmer** Conditional Frequency, Routine, For axillary temperature less than 97.7F. Place infant on radiant warmer, obtain capillary serum glucose and notify MD is still low after one hour.  
Servo Control: 36.5

☒ **Hearing screen prior to discharge** Once, Routine, With parental consent; If Infant has not passed hearing screen prior to discharge, swab infant for CMV testing

☒ **Car seat challenge** Once, Routine, Prior to discharge if less than 37 weeks or less than 2500 grams. Notify physician if challenge fails.

### **Conditional**

☒ **Pulse oximetry** Conditional Frequency, Routine, If signs and symptoms of respiratory distress.  
Current FIO2 or Room Air:

☒ **Cardio respiratory monitoring** Conditional Frequency, Routine, Place on cardio-respiratory monitor IF signs and symptoms of respiratory distress.

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

### **Diet**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

☒ **Bottle or breast feed** Until discontinued, Routine

Route: ☐ PO

Infant nutrition # 1: ☐ Breastfeeding

Breast feed frequency: ☐ Ad lib, on demand

Infant nutrition # 2:

Infant nutrition # 3:

Bottle feed frequency:

Fortifier # 1:

Fortifier # 2:

Special instructions:

Total calories/oz:

Volume minimum (mLs):

Volume maximum (mLs):

Volume per feed (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:

☒ **Breast Milk Labels - DO NOT DISCONTINUE** 1, PRN

This order is used to provide patient-specific labels for expressed breast milk. Do not discontinue this order.

#### Notify

☒ **Notify Physician for prolonged ruptured membranes over 18 hours** Until discontinued, Routine, prolonged ruptured membranes over 18 hours

☒ **Notify Physician infant cord blood pH less than 7.0 or HCO<sub>3</sub> less than 10.0, or base deficit greater than 15.0** Until discontinued, Routine, infant cord blood pH less than 7.0 or HCO<sub>3</sub> less than 10.0, or base deficit greater than 15.0

☒ **Notify Physician or Nurse Practitioner immediately IF initial Phototherapy threshold minus TcB/TsB is less than 2 mg/dL OR at or above threshold at any age** Until discontinued, Routine, immediately IF initial Phototherapy threshold minus TcB/TsB is less than 2 mg/dL OR at or above threshold at any age

☒ **Notify Physician or Nurse Practitioner at the nearest hour of testing between 7 a.m.-10 p.m. for any Phototherapy threshold minus TcB/TsB of 2-3.4 mg/dL** Until discontinued, Routine, at the nearest hour of testing between 7 a.m.-10 p.m. for any Phototherapy threshold minus TcB/TsB of 2-3.4 mg/dL

#### Medications

##### Medications

☒ **phytonadione (AQUA-Mephyton) pediatric injection** 1 mg, intramuscular, once, 1, Occurrences

☒ **erythromycin 0.5% (ILOTYCIN) ophthalmic ointment** 5 mg/gram, Both Eyes, once, 1, Occurrences, STAT

☒ **HM IP MED - HEPATITIS B IMMUNIZATION NEONATES**

☐ **HBsAg-Negative Mothers (for infants with birthweight greater than 2000 grams)**

☒ **hepatitis B (ENGRIX-B) 10 mcg/0.5 mL vaccine** 10 mcg, intramuscular, once, 1, Occurrences

Administer within 24 hours of birth.\*\* REQUIRES CONSENT TO BE OBTAINED PRIOR TO ADMINISTRATION \*\*

☐ **HBsAg-Positive Mothers (for term or preterm infants)**

☒ **hepatitis B (ENGRIX-B) 10 mcg/0.5 mL vaccine** 10 mcg, intramuscular, once, 1, Occurrences

Administer within 12 hours of birth.\*\* REQUIRES CONSENT TO BE OBTAINED PRIOR TO ADMINISTRATION \*\*

☒ **hepatitis B immune globulin (HYPERHEP B NEONATAL) injection** 0.5 mL, intramuscular, once, 1, Occurrences

Give concurrently with hepatitis B (ENGRIX-B) vaccine, but at a different injection site.

RN: Please document the following on the MAR- Lot number, manufacturer and expiration date per health department requirement. VIS is not required for this medication.

☐ **HBsAg-Unknown Mothers (for infants with birth weight greater than 2000 grams)**

☒ **hepatitis B (ENGRIX-B) 10 mcg/0.5 mL vaccine** 10 mcg, intramuscular, once, 1, Occurrences

Administer within 12 hours of birth.\*\* REQUIRES CONSENT TO BE OBTAINED PRIOR TO ADMINISTRATION \*\*

☐ **hepatitis B immune globulin (HYPERHEP B NEONATAL) injection** 0.5 mL, intramuscular, once PRN

Administer as soon as mother is found to be positive or within 7 days of birth.

RN: Please document the following on the MAR- Lot number, manufacturer and expiration date per health department requirement. VIS is not required for this medication.

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

- ☐ **hepatitis B immune globulin (HYPERHEP B NEONATAL) injection** 0.5 mL, once, 1, Occurrences, Mother with positive surface Hepatitis B antigen  
Immunization for infants of mothers with positive Hepatitis B surface antigen. Give immediately after vaccine, within 12 hours after birth.  
RN: Please document the following on the MAR- Lot number, manufacturer and expiration date per health department requirement. VIS is not required for this medication.

**Medications PRN (NOT HMSJ, HMTW)**

- ☒ **vitamin A & D ointment** 1 Application, Topical, PRN, with diaper changes
- ☒ **Sucrose 24 % (Toot-Sweet)**
- ☐ **sucrose 24 % oral solution (for infants under 1000g, under 28 weeks gestational age, or NPO without NEC evidence)** 0.1 mL, oral, PRN, Procedures  
Do not use more than 3 doses during a single procedure. Do not exceed 9 doses in 24 hours.  
After sucrose is administered, a pacifier should be offered as a secondary source of analgesia/pacification.
- ☐ **sucrose 24 % oral solution** 0.2 mL, oral, PRN, Procedures  
Do not use more than 3 doses during a single procedure. Do not exceed 9 doses in 24 hours.  
After sucrose is administered, a pacifier should be offered as a secondary source of analgesia/pacification.
- ☐ **zinc oxide-cod liver oil (DESITIN) 40 % paste** 1 Application, Topical, PRN, diaper changes (for diaper rash)  
Specify Site: \*\*\*
- ☒ **sodium chloride 0.9 % nasal solution** 2 drop, nasal, 4 times daily PRN, congestion

**Medications - PRN - HMSJ Only**

- ☒ **vitamin A & D ointment** 1 Application, Topical, PRN
- ☒ **Sucrose 24 % (Toot-Sweet)**
- ☐ **sucrose 24 % oral solution (for infants under 1000g, under 28 weeks gestational age, or NPO without NEC evidence)** 0.1 mL, oral, PRN, Procedures  
Do not use more than 3 doses during a single procedure. Do not exceed 9 doses in 24 hours.  
After sucrose is administered, a pacifier should be offered as a secondary source of analgesia/pacification.
- ☐ **sucrose 24 % oral solution** 0.2 mL, oral, PRN, Procedures  
Do not use more than 3 doses during a single procedure. Do not exceed 9 doses in 24 hours.  
After sucrose is administered, a pacifier should be offered as a secondary source of analgesia/pacification.
- ☐ **zinc oxide-cod liver oil (DESITIN) 40 % paste** 1 Application, Topical, PRN, diaper changes (for diaper rash)  
Specify Site: \*\*\*
- ☒ **sodium chloride (OCEAN) 0.65 % nasal spray** 2 spray, Each Naris, 4 times daily PRN, congestion

**Medications PRN (HMTW Only)**

- ☒ **vitamin A and D ointment** 1 Application, Topical, PRN
- ☒ **Sucrose 24 % (Toot-Sweet)**
- ☐ **sucrose 24 % oral solution (for infants under 1000g, under 28 weeks gestational age, or NPO without NEC evidence)** 0.1 mL, oral, PRN, Procedures  
Do not use more than 3 doses during a single procedure. Do not exceed 9 doses in 24 hours.  
After sucrose is administered, a pacifier should be offered as a secondary source of analgesia/pacification.
- ☐ **sucrose 24 % oral solution** 0.2 mL, oral, PRN, Procedures  
Do not use more than 3 doses during a single procedure. Do not exceed 9 doses in 24 hours.  
After sucrose is administered, a pacifier should be offered as a secondary source of analgesia/pacification.
- ☐ **zinc oxide-cod liver oil (DESITIN) 40 % paste** 1 Application, Topical, PRN, diaper changes (for diaper rash)  
Specify Site: \*\*\*
- ☒ **sodium chloride 0.9 % nasal solution** 2 drop, nasal, 4 times daily PRN, congestion

**Labs****Early Onset Sepsis (EOS) Risk Calculator**

**Houston Methodist EOS Sequence Algorithm** (\\epic-nas.et0922.epichosted.com\static\OrderSets\Houston Methodist EOS Sequence Algorithm.pdf)

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

- ☒ **Early onset sepsis (EOS) risk calculator** Conditional Frequency, Routine, 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.

**Laboratory**

- ☒ **Newborn metabolic screen** Once, Routine, Blood, 3, On day of discharge/transfer to another hospital or between 24 to 48 hours of life  
This order is a send-out test and will have a long turnaround time, perhaps days. For information about this specific test, please call 713-441-1866 Monday-Friday, 8 am-6 pm.
- ☒ **Neonatal bilirubin** Once, Routine, Blood, 3, With first newborn screen.
- ☒ **Neonatal bilirubin** Once, Routine, Blood, 3, Neonatal Bilirubin under the following conditions: 1. If infant is noted to be moderately jaundiced even at less than 24 hrs of age (First NBS should NOT be done at less than 24 hrs of life). 2. For vaginal birth babies, at 5am after the infant is at least 24 hr of age, OR if mother baby is being discharged at 24 hrs. 3. For C-section babies, at 5am the first morning after the infant is at least 36 hrs of age, OR if mother/baby being discharged at less than 48 hrs.
- ☐ **Congenital syphilis test (RPR+TP-PA)** Once, Routine, Blood, 3  
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
- ☐ **Miscellaneous referral test** Once, Routine, 3, HSV viral culture TCH  
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):  
Enter Miscellaneous Test Name in the Comments section.

**Conditional Labs**

- ☒ **Miscellaneous referral test** Conditional Frequency, 1, Weeks, Routine, 3, CMVPCR Saliva Swab to ARUP If Infant has not passed hearing screen prior to discharge, swab infant for CMV testing  
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):  
Enter Miscellaneous Test Name in the Comments section.
- ☒ **Urine drugs of abuse screen** Conditional Frequency, 1, Occurrences, S, S+62, Routine, Urine, One activation for infants of mothers with unknown prenatal care if mother's toxicology results are unknown or positive. Obtain 5 milliliters urine for toxicology screen.
- ☒ **Drug of abuse, meconium** Conditional Frequency, 1, Occurrences, S, S+7, Routine, Meconium, 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.  
This order is a send-out test and will have a long turnaround time, perhaps days. For information about this specific test, please call 713-441-1866 Monday-Friday, 8 am-6 pm.

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

- ☒ **Cord blood evaluation** Once, Routine, Blood, Order Direct Coombs' if mother's blood type is O or she is Rh negative, unknown or atypical maternal antibody. Perform on cord blood. Test includes ABO and Rh type, Direct Coombs.

**Positive Cord blood Coombs**

- ☒ **Neonatal bilirubin** Conditional Frequency, 1, Occurrences, S, S+7, Routine, Blood, 3, If positive Coombs, notify physician
- ☒ **Reticulocyte count** Conditional Frequency, 1, Occurrences, S, S+7, Routine, Blood, 3, If positive Coombs, notify physician
- ☒ **Hemoglobin & hematocrit** Conditional Frequency, 1, Occurrences, S, S+7, Routine, Blood, 3, If positive Coombs, notify physician

**Consults**

For Physician Consult orders use sidebar

**Ancillary Consults**

- ☐ **Consult to Lactation Consultant** Once, Routine  
Reason for Lactation Consult:  
Reason for Consult?
- ☐ **Consult to Case Management** Once, Routine  
Consult Reason:  
Reason for Consult?
- ☐ **Consult to Social Work** Once, Routine  
Reason for Consult:  
Reason for Consult?

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_