

Location: _____

General

Common Present on Admission - Newborn

- ABO HDN** Frequency: Once Priority: Routine
- Acute Respiratory Insufficiency** Frequency: Once Priority: Routine
- Acute Respiratory Failure** Frequency: Once Priority: Routine
- Amniotic Fluid Aspiration with Pneumonia** Frequency: Once Priority: Routine
- Alloimmune thrombocytopenia** Frequency: Once Priority: Routine
- Bacterial sepsis of newborn** Frequency: Once Priority: Routine
- Birth injury, unspecified** Frequency: Once Priority: Routine
- Bilious vomiting of newborn** Frequency: Once Priority: Routine
- Cephalhematoma** Frequency: Once Priority: Routine
- Choanal atresia** Frequency: Once Priority: Routine
- Congenital Syphilis** Frequency: Once Priority: Routine
- Cardiac murmur, unsepcified** Frequency: Once Priority: Routine
- Cephalhematoma due to birth injury** Frequency: Once Priority: Routine
- Meningoencephalitis due to HSV Newborn** Frequency: Once Priority: Routine
- Down's Syndrome** Frequency: Once Priority: Routine
- Erb's Palsy** Frequency: Once Priority: Routine
- Subgaleal hemorrhage** Frequency: Once Priority: Routine
- Transient Neonatal Thrombocytopenia** Frequency: Once Priority: Routine
- Infant of diabetic mother** Frequency: Once Priority: Routine
- Fracture of clavicle due to birth injury** Frequency: Once Priority: Routine
- Hypermagnesemia** Frequency: Once Priority: Routine
- Hyperglycemia** Frequency: Once Priority: Routine
- Feeding problems** Frequency: Once Priority: Routine
- Metabolic acidosis** Frequency: Once Priority: Routine
- Meconium Aspiration Pneumonia** Frequency: Once Priority: Routine
- Prematurity** Frequency: Once Priority: Routine
- Transient tachypnea of newborn** Frequency: Once Priority: Routine
- Thrombocytopenia due to platelet alloimmunization** Frequency: Once Priority: Routine
- Rh isoimmunization in newborn** Frequency: Once Priority: Routine
- Other hemolytic diseases of newborn** Frequency: Once Priority: Routine
- HIE (hypoxic-ischemic encephalopathy), mild** Frequency: Once Priority: Routine
- HIE (hypoxic-ischemic encephalopathy), moderate** Frequency: Once Priority: Routine
- HIE (hypoxic-ischemic encephalopathy), severe** Frequency: Once Priority: Routine
- HIE (hypoxic-ischemic encephalopathy), severe** Frequency: Once Priority: Routine
- IUGR (intrauterine growth retardation) of newborn** Frequency: Once Priority: Routine
- Exceptionally large newborn baby** Frequency: Once Priority: Routine
- Other heavy for gestational age newborn** Frequency: Once Priority: Routine
- Post-term infant with 40-42 completed weeks of gestation** Frequency: Once Priority: Routine
- PPHN (persistent pulmonary hypertension)** Frequency: Once Priority: Routine
- Respiratory depression of newborn** Frequency: Once Priority: Routine

Sign: _____ Printed Name: _____

Date/Time: _____

- Sepsis Frequency:** Once **Priority:** Routine
- Stridor Frequency:** Once **Priority:** Routine
- Pneumothorax Frequency:** Once **Priority:** Routine
- Newborn suspected to be affected by chorioamnionitis Frequency:** Once **Priority:** Routine
- Syphilis, congenital Frequency:** Once **Priority:** Routine
- HSV infection Frequency:** Once **Priority:** Routine
- Respiratory Distress Syndrome Frequency:** Once **Priority:** Routine
- No prenatal care in current pregnancy, unspecified trimester Frequency:** Once **Priority:** Routine
- Neonatal abstinence syndrome Frequency:** Once **Priority:** Routine
- Vomiting of newborn-Other Frequency:** Once **Priority:** Routine

Admission Order (Required)

- Admit to inpatient Frequency:** Once **Priority:** Routine

Question(s):

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.

Admitting Physician:

Level of Care:

Patient Condition:

Bed request comments:

Code Status

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

- Code Status**

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

- Full code Frequency:** Continuous **Priority:** Routine

Question(s):

Code Status decision reached by:

- DNR (Do Not Resuscitate) (Required)**

- DNR (Do Not Resuscitate) Frequency:** Continuous **Priority:** Routine

Question(s):

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?

I acknowledge that I have communicated with the patient/surrogate/representative that the Code Status order is NOT Active until Signed by the Responsible Attending Physician.:

Code Status decision reached by:

- Consult to Palliative Care Service**

- Consult to Palliative Care Service Frequency:** Once **Priority:** Routine

Question(s):

Priority:

Reason for Consult?

Order?

Name of referring provider:

Enter call back number:

Reason for Consult?

Process Instructions:

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 Frequency:** Once **Priority:** Routine

Question(s):

Reason for Consult:

Reason for Consult?

Modified Code Frequency: Continuous **Priority:** Routine

Question(s):

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:

I acknowledge that I have communicated with the patient/surrogate/representative that the Code Status order is NOT Active until Signed by the Responsible Attending Physician.:

Code Status decision reached by:

Treatment Restrictions ((For use when a patient is NOT in a cardiopulmonary arrest)) Frequency: Continuous -
Treatment Restrictions **Priority:** Routine

Question(s):

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:

Process Instructions:

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 Frequency: Continuous **Priority:** Routine

Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.
Frequency: Once **Priority:** Routine

Contact isolation status Frequency: Continuous **Priority:** Routine

Droplet isolation status Frequency: Continuous **Priority:** Routine

Enteric isolation status Frequency: Continuous **Priority:** Routine

Precautions

Latex precautions Frequency: Continuous **Priority:** Routine

Seizure precautions Frequency: Continuous **Priority:** Routine

Question(s):

Increased observation level needed:

Nursing

Vital Signs

Cardio respiratory monitoring Frequency: Continuous **Frequency Limit:** -1 **Priority:** Routine **Comments:** If on respiratory support see respiratory order for specific oxygen saturation limits.

Question(s):

Low Heart Rate Alarm? 100

High Heart Rate Alarm? 200

Keep Oxygen Saturation (or low limit) Greater than Equal to (%)? 90

Respiratory rate less than: 14

Respiratory rate greater than: 100

Vital signs - T/P/R Frequency: Every 3 hours **Priority:** Routine

Pulse oximetry Frequency: Continuous **Priority:** Routine

Question(s):

Current FIO2 or Room Air:

BP check on four limbs Frequency: Once Priority: Routine

Question(s):

Specify location: Four limbs

Measure blood pressure Priority: Routine

Nursing - General

Gestational assessment Frequency: Once Priority: Routine **Comments:** To be completed during transition.

Cord care Frequency: Per unit protocol Priority: Routine

Question(s):

Care:

Notify Physician if maternal temperature is greater than 101.0 or ROM greater than 18 hours Frequency: Until discontinued Priority: Routine

Bedside glucose Frequency: As directed Priority: Routine **Specimen Type:** Blood **Comments:** 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) Frequency: Every hour Priority: Routine

Activity

Radiant warmer with Servo Control Frequency: Once Priority: Routine **Comments:** Temperature setting at 36.2 - 36.5 degrees Celsius

Question(s):

Servo Control: 36.5

Incubator Manual Control Frequency: Once Frequency Limit: -1 Occurrences **Start Date:** S Priority: Routine

Question(s):

Servo Control: 36.5

Incubator Servo Control Frequency: Once Frequency Limit: -1 Occurrences **Start Date:** S Priority: Routine **Comments:** Temperature settings at 36.2-36.5 Celsius

Question(s):

Servo Control: 36.5

Assessments

Click here for CCHD Algorithm ([\\epic-nas.et0922.epichosted.com\static\OrderSets\CCHD Algorithm 1.2026.pdf](http://epic-nas.et0922.epichosted.com/static/OrderSets/CCHD Algorithm 1.2026.pdf))

Daily weights Frequency: Daily Priority: Routine

Frontal occipital circumference Frequency: Weekly Priority: Routine

Measure length Frequency: Weekly Priority: Routine

Measure abdominal girth Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine **Comments:** If distended obtain measurements

Gestational assessment Frequency: Once Priority: Routine

Neonatal BiliTool Frequency: Once Priority: Routine **Comments:** -If baby is at least 35 weeks gestational age and at least 18 hours of life, enter bilirubin level on BiliTool and record risk level (Click reference link below, or go to www.bilitool.org). -If bilirubin level is in a high risk zone, follow recommended Hyperbilirubinemia Protocol for your site. Include immediate physician notification if baby is Coomb's positive. -If bilirubin level is in a high intermediate risk zone, notify physician/physician team during morning rounds.

Primary Ordering Comments:

-If baby is at least 35 weeks gestational age and at least 18 hours of life, enter bilirubin level on BiliTool and record risk level (Click reference link below, or go to www.bilitool.org).

-If bilirubin level is in a high risk zone, follow recommended Hyperbilirubinemia Protocol for your site. Include immediate physician notification if baby is Coomb's positive.

-If bilirubin level is in a high intermediate risk zone, notify physician/physician team during morning rounds.

Congenital Cyanotic Heart Disease screen Frequency: Until discontinued Priority: Routine **Comments:** -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 RH and/or foot OR GREATER than or EQUAL to 4% difference between RH and foot: REPEAT in 1 hr. If the newborn fails the second test, , then notify MD.

Neonatal Abstinence Scoring Frequency: Once **Priority:** Routine **Comments:** Inform physician or physician team for any score 12 or higher OR, total abstinence score is 8 or higher.

Primary Ordering Comments:

Inform physician or physician team for any score 12 or higher OR, total abstinence score is 8 or higher.

HYPOglycemia Management for Newborns

HYPOglycemia Management for Newborns

Implement Intravenous (IV) HYPOglycemia Management for Newborns Frequency: Until discontinued **Priority:** Routine **Comments:** Click the reference links for algorithms and orders

Implement ORAL HYPOglycemia Management for Newborns Frequency: Until discontinued **Priority:** Routine **Comments:** Click the reference links for algorithms and orders

Bedside glucose Frequency: Conditional Frequency **Frequency Limit:** -1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Comments:** As needed per HYPOglycemia Management for Newborns

Glucose level Frequency: Conditional Frequency **Frequency Limit:** 4 Weeks **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** As needed per HYPOglycemia Management for Newborns

Notify MD/NNP immediately for any of the following for Infant less than 4 hours of age: Frequency: Until discontinued **Priority:** Routine **Comments:** 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: Frequency: Until discontinued **Priority:** Routine **Comments:** 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 Frequency: Until discontinued **Priority:** Routine **Comments:** 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 Frequency: Once **Priority:** Routine **Comments:** As needed per HYPOglycemia Management for Newborns

dextrose 10% (D10W) IV bolus 2 mL/kg Dose: 2 mL/kg **Route:** intravenous **Frequency:** PRN **PRN Comment:** per HYPOglycemia Management for Newborns

dextrose (SWEET CHEEKS) gel 40% (neo) Dose: 200 mg/kg **Route:** buccal **Frequency:** PRN **PRN Reasons:** asymptomatic hypoglycemia

Admin Instructions:

Do not use beyond 24 hours of age.

Tube Care

Insert and Maintain Gastric tube Frequency: Until discontinued **Priority:** Routine

Question(s):

Tube Type:

Diet

Bottle or breast feed Frequency: Until discontinued **Priority:** Routine **Comments:** Feed when stable

Question(s):

Route:

Infant nutrition # 1:

Infant nutrition # 2:

Infant nutrition # 3:

Breast feed frequency:

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:

NPO Frequency: Diet effective now **Priority:** Routine

Question(s):

NPO:

Pre-Operative fasting options:

Process Instructions:

An NPO order without explicit exceptions means nothing can be given orally to the patient.

Breast Milk Labels - DO NOT DISCONTINUE Dose: 1 **Frequency:** PRN

Admin Instructions:

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

Donor Breast Milk Labels - DO NOT DISCONTINUE Dose: 1 Bottle **Frequency:** PRN **Start Date:** S

Admin Instructions:

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

Notify

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 Frequency: Until discontinued **Priority:** Routine **Comments:** 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 Frequency: Until discontinued **Priority:** Routine **Comments:** 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

Notify Physician for prolonged ruptured membranes over 18 hours Frequency: Until discontinued **Priority:** Routine **Comments:** prolonged ruptured membranes over 18 hours

Notify Physician infant cord blood pH less than 7.0 or HCO₃ less than 10.0, or BE greater than 15.0 Frequency: Until discontinued **Priority:** Routine **Comments:** infant cord blood pH less than 7.0 or HCO₃ less than 10.0, or BE greater than 15.0

Notify Physician for any abnormal CBC and differential and/or positive blood culture at 24 and 48 hours Frequency: Until discontinued **Frequency Limit:** 48 Hours **Priority:** Routine **Comments:** for any abnormal CBC and differential and/or positive blood culture at 24 and 48 hours

IV Fluids

Peripheral IV Access

Insert and maintain IV access

Insert peripheral IV Frequency: Once **Priority:** Routine

sodium chloride 0.9% flush Dose: 2 mL **Route:** intra-catheter **Frequency:** PRN PRN **Reasons:** line care

IV Fluids

dextrose 10% (D10W) 2 mL/kg IV bolus Dose: 2 mL/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences

dextrose 10 % infusion Dose: 10 **Route:** intravenous **Frequency:** continuous

dextrose 5% infusion Dose: 5 **Route:** intravenous **Frequency:** continuous **Frequency Limit:** 99999 Days

IV Fluids (UAC) - NOT HMSL, HMWB, HMTW, HMW, HMCY

HEParin, porcine (PF) 1 Units/mL in sodium chloride 0.9% 50 mL Route: intra-arterial **Frequency:** continuous **Priority:** STAT

Admin Instructions:

Administer via UAC

HEParin, porcine (PF) 1 Units/mL, sodium acetate 3.85 mEq in sterile water (PF) 50 mL Route: intra-arterial **Frequency:** continuous **Priority:** STAT

Admin Instructions:

Administer via UAC

IV Fluids (UAC) - HMSL, HMWB Only

HEParin (PF) 50 units/50 mL in 0.45% sodium chloride (neo/ped) Dose: 50 UNIT/50 ML **Route:** intra-arterial **Frequency:** continuous

Admin Instructions:

Administer via UAC

HEParin, porcine (PF) 1 Units/mL, sodium acetate 3.85 mEq in sterile water (PF) 50 mL Route: intra-arterial **Frequency:** continuous **Priority:** STAT

Admin Instructions:

Administer via UAC

IV Fluids (UAC) - HMTW Only

Sign: _____ Printed Name: _____ Date/Time: _____

HEParin(porcine) in 0.45% NaCl 100 unit/100 mL (1 unit/mL) parenteral solution Route: intra-arterial Frequency: continuous Priority: STAT
Admin Instructions:
Administer via UAC

HEParin, porcine (PF) 1 Units/mL, sodium acetate 3.85 mEq in sterile water (PF) 50 mL Route: intra-arterial Frequency: continuous Priority: STAT
Admin Instructions:
Administer via UAC

IV Fluids (UAC) - HMW Only

HEParin, porcine (PF) in 0.9% sodium chloride 1 unit/mL infusion Route: intra-arterial Frequency: continuous Priority: STAT
Admin Instructions:
Administer via UAC

HEParin, porcine (PF) 1 Units/mL, sodium acetate 3.85 mEq in sterile water (PF) 50 mL Route: intra-arterial Frequency: continuous Priority: STAT
Admin Instructions:
Administer via UAC

IV Fluids (UAC) - HMCY Only

HEParin, porcine (PF) in 0.9% sodium chloride 1 unit/mL infusion Route: intra-arterial Frequency: continuous Priority: STAT
Admin Instructions:
Administer via UAC

HEParin, porcine (PF) 1 Units/mL, sodium acetate 3.85 mEq in sterile water (PF) 50 mL Route: intra-arterial Frequency: continuous Priority: STAT
Admin Instructions:
Administer via UAC

IV Fluids (UVC) - NOT HMSL, HMWB, HMTW, HMW, HMCY

HEParin, porcine (PF) 1 Units/mL in sodium chloride 0.9% 50 mL Route: intravenous Frequency: continuous Priority: STAT
Admin Instructions:
Administer via UVC

HEParin, porcine (PF) 1 Units/mL, sodium acetate 3.85 mEq in sterile water (PF) 50 mL Route: intravenous Frequency: continuous Priority: STAT
Admin Instructions:
Administer via UVC

HEParin, porcine (PF) 1 Units/mL in dextrose 5% 250 mL Route: intravenous Frequency: continuous Priority: STAT
Admin Instructions:
Administer via UVC

HEParin, porcine (PF) 1 Units/mL in dextrose 10% 250 mL Route: intravenous Frequency: continuous Priority: STAT
Admin Instructions:
Administer via UVC

IV Fluids (UVC) - HMSL, HMWB Only

HEParin (PF) 50 units/50 mL in 0.45% sodium chloride (neo/ped) Dose: 50 UNIT/50 ML Route: intravenous Frequency: continuous
Admin Instructions:
Administer via UVC

HEParin, porcine (PF) 1 Units/mL, sodium acetate 3.85 mEq in sterile water (PF) 50 mL Route: intravenous Frequency: continuous Priority: STAT
Admin Instructions:
Administer via UVC

HEParin, porcine (PF) 1 Units/mL in dextrose 5% 250 mL Route: intravenous Frequency: continuous Priority: STAT
Admin Instructions:
Administer via UVC

HEParin, porcine (PF) 1 Units/mL in dextrose 10% 250 mL Route: intravenous Frequency: continuous Priority: STAT
Admin Instructions:
Administer via UVC

IV Fluids (UVC) - HMTW Only

HEParin(porcine) in 0.45% NaCl 100 unit/100 mL (1 unit/mL) parenteral solution Route: intravenous Frequency: continuous Priority: STAT
Admin Instructions:
Administer via UVC

HEParin, porcine (PF) 1 Units/mL, sodium acetate 3.85 mEq in sterile water (PF) 50 mL Route: intravenous Frequency: continuous Priority: STAT
Admin Instructions:
Administer via UVC

HEParin, porcine (PF) 1 Units/mL in dextrose 5% 250 mL Route: intravenous Frequency: continuous Priority: STAT
Admin Instructions:
Administer via UVC

HEParin, porcine (PF) 1 Units/mL in dextrose 10% 250 mL Route: intravenous Frequency: continuous Priority: STAT
Admin Instructions:
Administer via UVC

IV Fluids (UVC) - HMW Only

HEParin, porcine (PF) in 0.9% sodium chloride 1 unit/mL infusion Route: intravenous Frequency: continuous Priority: STAT
Admin Instructions:
Administer via UVC

HEParin, porcine (PF) 1 Units/mL, sodium acetate 3.85 mEq in sterile water (PF) 50 mL Route: intravenous Frequency: continuous Priority: STAT
Admin Instructions:
Administer via UVC

HEParin, porcine (PF) 1 Units/mL in dextrose 5% 250 mL Route: intravenous Frequency: continuous Priority: STAT
Admin Instructions:
Administer via UVC

HEParin, porcine (PF) 1 Units/mL in dextrose 10% 250 mL Route: intravenous Frequency: continuous Priority: STAT
Admin Instructions:
Administer via UVC

IV Fluids (UVC) - HMCY Only

HEParin, porcine (PF) in 0.9% sodium chloride 1 unit/mL infusion Route: intravenous Frequency: continuous Priority: STAT
Admin Instructions:
Administer via UVC

HEParin, porcine (PF) 1 Units/mL, sodium acetate 3.85 mEq in sterile water (PF) 50 mL Route: intravenous Frequency: continuous Priority: STAT
Admin Instructions:
Administer via UVC

HEParin, porcine (PF) 1 Units/mL in dextrose 5% 250 mL Route: intravenous Frequency: continuous Priority: STAT
Admin Instructions:
Administer via UVC

HEParin, porcine (PF) 1 Units/mL in dextrose 10% 250 mL Route: intravenous Frequency: continuous Priority: STAT
Admin Instructions:
Administer via UVC

Neonatal Standard Starter TPN (HMTW Only)

HM IP MEDICATIONS NEONATAL PERIPHERAL STANDARD STARTER TPN (HMW)
Standard Starter TPN - For immediate use. Contains no MTE, MVI, or cysteine. No changes made to Standard Starter

Neonatal Premix Starter TPN (AA3% D5W Calcium 0.75 mmol/100 mL Heparin 0.5 Unit/mL) infusion Dose: 3 %-5 %- Route: intravenous Frequency: continuous Frequency Limit: 24 Hours Priority: STAT
Question(s):
Indication:
Product Admin Instructions:
Use a 0.2 or 0.22 micron filter.

Neonatal Premix Starter TPN (AA3% D10W Calcium 0.75 mmol/100 mL Heparin 0.5 Unit/mL) infusion Dose: 3 %-10 %- Route: intravenous Frequency: continuous Frequency Limit: 24 Hours Priority: STAT
Question(s):
Indication:
Admin Instructions:
Each 250 mL bag contains Amino acids: 7.5 g, Dextrose: 25 g , Calcium gluconate: 3.75 meq, Heparin: 125 units
Product Admin Instructions:
Use a 0.2 or 0.22 micron filter.

Neonatal Standard Starter TPN (HMSL Only)

Neonatal Standard Starter TPN (AA 3% D10W No Additives) Dose: 3-10 Route: intravenous Frequency: continuous Priority: Routine
Question(s):
Indication:
Product Admin Instructions:
Use a 0.2 or 0.22 micron filter.

Neonatal Premix Starter TPN AA3% D10W Calcium gluconate 0.75 mmol/100 mL Heparin 0.5 Units/mL Dose: 3 %-10 %- Route: intravenous Frequency: continuous Priority: STAT
Question(s):
Indication:
Admin Instructions:
Each 250 mL bag contains Amino acids: 7.5 g, Dextrose: 25 g , Calcium gluconate: 3.75 meq, Heparin: 125 units
Product Admin Instructions:
Use a 0.2 or 0.22 micron filter.

Neonatal Standard Starter TPN (HMH, HMCCH Only)

Peripheral Standard Starter Standard Starter TPN - For immediate use. Contains no MTE, MVI, or cysteine. No changes made to Standard Starter

D5% Neonatal Standard Starter TPN Route: intravenous Frequency: continuous Priority: STAT
Question(s):
Indication:
Product Admin Instructions:
Use a 0.2 or 0.22 micron filter.

D10% Neonatal Standard Starter TPN Route: intravenous Frequency: continuous Priority: STAT
Question(s):
Indication:
Product Admin Instructions:
Use a 0.2 or 0.22 micron filter.

Neonatal Standard Starter TPN (HMB Only)

Peripheral Standard Starter Standard Starter TPN - For immediate use. Contains no MTE, MVI, or cysteine. No changes made to Standard Starter

D5% Neonatal Standard Starter TPN Route: intravenous Frequency: continuous Priority: STAT
Question(s):
Indication:
Product Admin Instructions:
Use a 0.2 or 0.22 micron filter.

D10% Neonatal Standard Starter TPN Route: intravenous Frequency: continuous Priority: STAT
Question(s):
Indication:
Product Admin Instructions:
Use a 0.2 or 0.22 micron filter.

Neonatal Standard Starter TPN (HMWB Only)

Peripheral TPN (HMWB Only) Standard Starter TPN - For immediate use. Contains no MTE, MVI, or cysteine. No changes made to Standard Starter

- D5% Neonatal Standard Starter TPN Dose: 3 %-5 Route: intravenous Frequency: continuous Priority: STAT**

Question(s):

Indication:

Admin Instructions:

Each 250 mL bag contains Amino acids: 7.5 g, Dextrose: 12.5 g, Calcium: 3 mmol, Heparin: 250 units

Product Admin Instructions:

Use a 0.2 or 0.22 micron filter.

- D10% Neonatal Standard Starter TPN Dose: 3 %-10 %- Route: intravenous Frequency: continuous Priority: STAT**

Question(s):

Indication:

Admin Instructions:

Each 250 mL bag contains Amino acids: 7.5 g, Dextrose: 25 g , Calcium gluconate: 3.75 meq, Heparin: 125 units

Product Admin Instructions:

Use a 0.2 or 0.22 micron filter.

Neonatal Standard Starter TPN (HMW Only)

- HM IP MEDICATIONS NEONATAL PERIPHERAL STANDARD STARTER TPN (HMW)**

Standard Starter TPN - For immediate use. Contains no MTE, MVI, or cysteine. No changes made to Standard Starter

- Neonatal Premix Starter TPN (AA3% D5W Calcium 0.75 mmol/100 mL Heparin 0.5 Unit/mL) infusion Dose: 3 %-5 %- Route: intravenous Frequency: continuous Frequency Limit: 24 Hours Priority: STAT**

Question(s):

Indication:

Product Admin Instructions:

Use a 0.2 or 0.22 micron filter.

- Neonatal Premix Starter TPN (AA3% D10W Calcium 0.75 mmol/100 mL Heparin 0.5 Unit/mL) infusion Dose: 3 %-10 %- Route: intravenous Frequency: continuous Frequency Limit: 24 Hours Priority: STAT**

Question(s):

Indication:

Admin Instructions:

Each 250 mL bag contains Amino acids: 7.5 g, Dextrose: 25 g , Calcium gluconate: 3.75 meq, Heparin: 125 units

Product Admin Instructions:

Use a 0.2 or 0.22 micron filter.

Neonatal Standard Starter TPN (HMCL Only)

- Neonatal Premix Starter TPN AA3% D10W Calcium 3mM Heparin 1 Units/mL Dose: 3 %-10 %- Route: intravenous Frequency: continuous Priority: STAT**

Question(s):

Indication:

Product Admin Instructions:

Use a 0.2 or 0.22 micron filter.

Neonatal Standard Starter TPN (HMCY)

- Neonatal Standard Starter TPN**

Standard Starter TPN - For immediate use. Contains no MTE, MVI, or cysteine. No changes made to Standard Starter

- Neonatal Premix Starter TPN AA3% D10W Calcium gluconate 0.75 mmol/100 mL Heparin 0.5 Units/mL infusion Dose: 3 %-10 %- Route: intravenous Frequency: continuous Frequency Limit: 24 Hours Priority: STAT**

Question(s):

Indication:

Admin Instructions:

Each 250 mL bag contains Amino acids: 7.5 g, Dextrose: 25 g , Calcium gluconate: 3.75 meq, Heparin: 125 units

Product Admin Instructions:

Use a 0.2 or 0.22 micron filter.

- Neonatal Premix Starter TPN AA3% D5W Calcium gluconate 0.75 mmol/100 mL Heparin 0.5 Unit/mL infusion Dose: 3 %-5 %- Route: intravenous Frequency: continuous Frequency Limit: 24 Hours Priority: STAT**

Question(s):

Indication:

Product Admin Instructions:

Use a 0.2 or 0.22 micron filter.

Lipids (HMH, HMCCH Only)

Sign: _____ Printed Name: _____ Date/Time: _____

neonatal fat emulsion 20% (INTRALIPID,LIPOSYN) infusion Dose: 20 Route: intravenous Frequency: Continuous TPN at 1500 Frequency Limit: 24 Hours Priority: STAT Minimum Infusion Duration: 24.000 Hours

Product Admin Instructions:

Use a 1.2 micron filter.

Lipids (HMSL, HMTW Only)

neonatal fat emulsion 20% (INTRALIPID,LIPOSYN) infusion Dose: 20 Route: intravenous Frequency: Continuous TPN at 2100 Frequency Limit: 24 Hours Priority: STAT Minimum Infusion Duration: 24.000 Hours

Product Admin Instructions:

Use a 1.2 micron filter.

Lipids (HMWB only)

neonatal fat emulsion 20% (INTRALIPID,LIPOSYN) infusion Dose: 20 Route: intravenous Frequency: Continuous TPN at 1500 Frequency Limit: 24 Hours Priority: STAT Minimum Infusion Duration: 24.000 Hours

Product Admin Instructions:

Use a 1.2 micron filter.

Lipids (HMB, HMCL, HMW ONLY)

neonatal fat emulsion 20% (INTRALIPID,LIPOSYN) infusion Dose: 20 Route: intravenous Frequency: Continuous TPN at 2000 Frequency Limit: 24 Hours Priority: STAT Minimum Infusion Duration: 24.000 Hours

Product Admin Instructions:

Use a 1.2 micron filter.

Lipids (HMCY)

neonatal fat emulsion 20% (INTRALIPID,LIPOSYN) infusion Dose: 20 Route: intravenous Frequency: Continuous TPN at 2100 Frequency Limit: 24 Hours Priority: STAT Minimum Infusion Duration: 24.000 Hours

Product Admin Instructions:

Use a 1.2 micron filter.

neonatal fat emulsion-MCT-olive-soy-fish (SMOFlipid) 20 % infusion syringe Route: intravenous Frequency: Continuous TPN at 2100 Frequency Limit: 24 Hours Priority: STAT Minimum Infusion Duration: 24.000 Hours

Product Admin Instructions:

Use a 1.2 micron filter.

Medications**Medications**

Caffeine citrate IV 20 mg/kg LOADING dose followed by 5 mg/kg MAINTENANCE dose

caffeine citrate (CAFCIT) IV syringe Dose: 20 mg/kg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Start Date: S Priority: STAT Minimum Infusion Duration: 30.000 Minutes

Admin Instructions:

Administer loading dose over 30 minutes.

caffeine citrate (CAFCIT) IV syringe Dose: 5 mg/kg Route: intravenous Frequency: daily Start Date: S+1 Minimum Infusion Duration: 10.000 Minutes

Admin Instructions:

Administer maintenance dose over 10 minutes.

vitamin A (AQUASOL A) NEONATAL intraMUSCULAR Syringe Dose: 5000 Units Route: intramuscular Frequency: 3 times weekly Frequency Limit: 12 Occurrences

Product Admin Instructions:

For intraMUSCULAR use ONLY. Do NOT administer intravenously due to the risk of anaphylactic shock and possibly death. Dispensed syringe contains 0.05 mL overfill.

Birth Weight GREATER than 1500 grams - phytonadione (AQUA-Mephyton) pediatric injection 1 mg Dose: 1 mg Route: intramuscular Frequency: once Frequency Limit: 1 Occurrences

Birth Weight LESS than 1500 grams - phytonadione (AQUA-Mephyton) pediatric injection 0.5 mg Dose: 0.5 mg Route: intramuscular Frequency: once Frequency Limit: 1 Occurrences

erythromycin 0.5% (ILOTYCIN) ophthalmic ointment Dose: 1 Application Route: Both Eyes Frequency: once Frequency Limit: 1 Occurrences Priority: STAT

HM IP MED - HEPATITIS B IMMUNIZATION NEONATES

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

hepatitis B (ENGERIX-B) 10 mcg/0.5 mL vaccine Dose: 10 mcg Route: intramuscular Frequency: once Frequency Limit: 1 Occurrences

Admin Instructions:

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

Sign: _____ Printed Name: _____ Date/Time: _____

HBsAg-Positive Mothers (for term or preterm infants)

hepatitis B (ENGERIX-B) 10 mcg/0.5 mL vaccine Dose: 10 mcg Route: intramuscular Frequency: once
Frequency Limit: 1 Occurrences

Admin Instructions:

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

hepatitis B immune globulin (HYPERHEP B NEONATAL) injection Dose: 0.5 mL Route: intramuscular
Frequency: once Frequency Limit: 1 Occurrences

Admin Instructions:

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

Product Admin Instructions:

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 (ENGERIX-B) 10 mcg/0.5 mL vaccine Dose: 10 mcg Route: intramuscular Frequency: once
Frequency Limit: 1 Occurrences

Admin Instructions:

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

hepatitis B immune globulin (HYPERHEP B NEONATAL) injection Dose: 0.5 mL Route: intramuscular
Frequency: once PRN

Admin Instructions:

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

Product Admin Instructions:

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.

poractant alfa (CUROSURF) injection Dose: 2.5 mL/kg Route: intratracheal Frequency: once Frequency Limit: 1
Occurrences Priority: STAT

zinc oxide-cod liver oil (DESITIN) 40 % paste Dose: 40 Route: Topical
Admin Instructions:
Specify Site: ***

Antibiotics

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

ampicillin IV Dose: 100 mg/kg Route: intravenous Frequency: every 8 hours Priority: STAT Minimum Infusion Duration:
15.000 Minutes

Question(s):

Indication: o Bloodstream

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Admin Instructions:

Refer to Baylor College of Medicine dosing nomograms for any dose adjustments.

Gentamicin

Initial Gentamicin Dosing (Gestational Age LESS than 30 weeks)

Postnatal Age LESS than or EQUAL to 14 days - gentamicin 5 mg/kg IV every 48 hours Dose: 5 mg/kg
Route: intravenous Frequency: every 48 hours Priority: STAT

Postnatal age GREATER than 14 days - gentamicin 5 mg/kg IV every 36 hours Dose: 5 mg/kg Route:
intravenous Frequency: every 36 hours Priority: STAT

Initial Gentamicin Dosing (Gestational Age 30 to 34 weeks)

Postnatal Age LESS than or EQUAL to 14 days - gentamicin 5 mg/kg IV every 36 hours Dose: 5 mg/kg
Route: intravenous Frequency: every 36 hours Priority: STAT

Postnatal Age GREATER than 14 days - gentamicin 5 mg/kg IV every 24 hours Dose: 5 mg/kg Route:
intravenous Frequency: every 24 hours Priority: STAT

Initial Gentamicin Dosing (Gestational Age 35 to 43 weeks)

Postnatal Age LESS than or EQUAL to 7 days - gentamicin 4 mg/kg IV every 24 hours Dose: 4 mg/kg Route:
intravenous Frequency: every 24 hours Priority: STAT

Postnatal Age GREATER than 7 days - gentamicin 5 mg/kg IV every 24 hours Dose: 5 mg/kg Route:
intravenous Frequency: every 24 hours Priority: STAT

Initial Gentamicin Dosing (Gestational Age GREATER than or EQUAL to 44 weeks)

Sign: _____ Printed Name: _____ Date/Time: _____

Postnatal Age (ALL) - gentamicin 2.5 mg/kg IV every 8 hours Dose: 2.5 mg/kg Route: intravenous
Frequency: every 8 hours Priority: STAT

amikacin IV

Initial Amikacin Dosing (Gestational Age LESS than 30 weeks)

Postnatal Age LESS than or EQUAL to 14 days - amikacin 15 mg/kg IV every 48 hours Dose: 15 mg/kg
Route: intravenous Frequency: every 48 hours Priority: STAT

Question(s):

Indication: Bloodstream

Postnatal Age GREATER than 14 days - amikacin 15 mg/kg IV every 24 hours Dose: 15 mg/kg Route:
intravenous Frequency: every 24 hours Priority: STAT

Question(s):

Indication: Bloodstream

Initial Amikacin Dosing (Gestational Age 30 to 34 weeks)

Postnatal Age LESS than or EQUAL to 60 days - amikacin 15 mg/kg IV every 24 hours Dose: 15 mg/kg
Route: intravenous Frequency: every 24 hours Priority: STAT

Question(s):

Indication: Bloodstream

Initial Amikacin Dosing (Gestational Age 35 to 43 weeks)

Postnatal Age LESS than or EQUAL to 7 days - amikacin 15 mg/kg IV every 24 hours Dose: 15 mg/kg Route:
intravenous Frequency: every 24 hours Priority: STAT

Question(s):

Indication: Bloodstream

Postnatal Age GREATER than 7 days - amikacin 17.5 mg/kg IV every 24 hours Dose: 17.5 mg/kg Route:
intravenous Frequency: every 24 hours Priority: STAT

Question(s):

Indication: Bloodstream

Initial Amikacin Dosing (Gestational Age greater than or equal to 44 weeks)

amikacin 5 mg/kg IV every 8 hours Dose: 5 mg/kg Route: intravenous Frequency: every 8 hours Priority:
STAT

Question(s):

Indication: Bloodstream

amikacin 7.5 mg/kg IV every 8 hours Dose: 7.5 mg/kg Route: intravenous Frequency: every 8 hours Priority:
STAT

Question(s):

Indication: Bloodstream

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)) injection Dose: 50 mg/kg Route: intravenous Frequency: every 12 hours Priority: STAT

HM RX NEONATAL VASOACTIVE INFUSIONS - NICU ADMISSION

DOBUtamine (DOBUTREX) Infusion

DOBUTamine (DOBUTREX) infusion in D5W Route: intravenous **Frequency:** continuous **Priority:** STAT

Question(s):

IV PUMP requires a rate of GREATER than or EQUAL to 0.1 ml/hr for a 50 mL syringe. Is the ordered rate GREATER than or EQUAL to 0.1 ml/hr?

DOBUTamine (DOBUTREX) infusion in NS Route: intravenous **Frequency:** continuous **Priority:** STAT

Question(s):

IV PUMP requires a rate of GREATER than or EQUAL to 0.1 ml/hr for a 50 mL syringe. Is the ordered rate GREATER than or EQUAL to 0.1 ml/hr?

DOPamine (INTROPIN) Infusion

DOPamine (INTROPIN) in D5W infusion (Neonatal) Route: intravenous **Frequency:** continuous **Priority:** STAT

Question(s):

IV PUMP requires a rate of GREATER than or EQUAL to 0.1 ml/hr for a 50 mL syringe. Is the ordered rate GREATER than or EQUAL to 0.1 ml/hr?

EPINEPHrine (ARDRENALIN) Infusions

epINEPHrine (ADRENALIN) infusion in D5W Route: intravenous **Frequency:** continuous **Priority:** STAT

Question(s):

IV PUMP requires a rate of GREATER than or EQUAL to 0.1 ml/hr for a 50 mL syringe. Is the ordered rate GREATER than or EQUAL to 0.1 ml/hr?

epINEPHrine (ADRENALIN) infusion in NS Route: intravenous **Frequency:** continuous **Priority:** STAT

Question(s):

IV PUMP requires a rate of GREATER than or EQUAL to 0.1 ml/hr for a 50 mL syringe. Is the ordered rate GREATER than or EQUAL to 0.1 ml/hr?

vasopressin (VASOSTRICT) Infusion

vasopressin (VASOSTRICT) infusion in D5W (Neonatal) Route: intravenous **Frequency:** continuous **Priority:** STAT

Question(s):

IV PUMP requires a rate of GREATER than or EQUAL to 0.1 ml/hr for a 50 mL syringe. Is the ordered rate GREATER than or EQUAL to 0.1 ml/hr?

Admin Instructions:

Titration per provider. Notify provider if MAP is less than *** or greater than *** mmHg. Suggested maximum dose of 0.04 Units/kg/hr.

vasopressin (VASOSTRICT) infusion in NS (Neonatal) Route: intravenous **Frequency:** continuous **Priority:** STAT

Question(s):

IV PUMP requires a rate of GREATER than or EQUAL to 0.1 ml/hr for a 50 mL syringe. Is the ordered rate GREATER than or EQUAL to 0.1 ml/hr?

Admin Instructions:

Titration per provider. Notify provider if MAP is less than *** or greater than *** mmHg. Suggested maximum dose of 0.04 Units/kg/hr.

Medications - PRN

vitamin A and D ointment Dose: 1 Application **Route:** Topical **Frequency:** PRN **PRN Comment:** 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) Dose: 0.1 mL **Route:** oral **Frequency:** PRN **PRN Comment:** Procedures

Admin Instructions:

Do not use more than 3 doses during a single procedure. Do not exceed 9 doses in 24 hours.

Product Admin Instructions:

After sucrose is administered, a pacifier should be offered as a secondary source of analgesia/pacification.

sucrose 24 % oral solution Dose: 0.2 mL **Route:** oral **Frequency:** PRN **PRN Comment:** Procedures

Admin Instructions:

Do not use more than 3 doses during a single procedure. Do not exceed 9 doses in 24 hours.

Product Admin Instructions:

After sucrose is administered, a pacifier should be offered as a secondary source of analgesia/pacification.

zinc oxide-cod liver oil (DESITIN) 40 % paste Dose: 1 Application **Route:** Topical **Frequency:** PRN **PRN Comment:** diaper changes (for diaper rash)

Admin Instructions:

Specify Site: ***

sodium chloride 0.9 % nasal solution Dose: 2 drop **Route:** nasal **Frequency:** 4 times daily PRN **PRN Reasons:** congestion

VTE

Sign: _____ Printed Name: _____ Date/Time: _____

Labs

Lab All Babies

NBS newborn screen Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Complete between 24 and 48 hours of life

Primary Ordering Comments:

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.

NBS newborn screen Frequency: Conditional Frequency Frequency Limit: 1 Occurrences Start Date: S End Date: S+15 Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: On day of life 10-14, or earlier if requested by physician

Primary Ordering Comments:

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.

Bilirubin, neonatal Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: With first newborn screen

Cord blood evaluation Frequency: Once Priority: Routine Specimen Type: Blood Comments: Test includes ABO and Rh type. Direct Coombs with anti-IgG reagent only.

Glucose Frequency: Conditional Frequency Frequency Limit: 4 Weeks Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: If bedside glucose is LESS than 40 milligrams per deciliter

CBC with differential Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

CBC with manual differential Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Blood culture, aerobic Frequency: Once Priority: Routine Specimen Type: Blood Comments: Confirm blood culture results after 24 hours

Blood gas, arterial Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Capillary blood gas Frequency: Conditional Frequency Frequency Limit: 1 Occurrences Start Date: S Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: If unable to obtain arterial blood gas

Blood gas, venous Frequency: Conditional Frequency Frequency Limit: 1 Occurrences Start Date: S Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: If unable to obtain arterial blood gas.

Magnesium Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Urine drugs of abuse screen Frequency: Once Priority: Routine Specimen Type: Urine

Drug of abuse, meconium Frequency: Conditional Frequency Frequency Limit: 1 Occurrences Start Date: S End Date: S+7 Priority: Routine Specimen Type: Meconium Comments: 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.

Primary Ordering Comments:

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.

Congenital syphilis test (RPR+TP-PA) Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Question(s):

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Miscellaneous referral test Frequency: Once Priority: Routine Maximum Quantity: 3 Comments: HSV viral culture TCH Question(s):

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Process Instructions:

Enter Miscellaneous Test Name in the Comments section.

Rh negative or type O or antibody positive screen mother

Direct antiglobulin test (DAT) with reflex to anti-complement and anti-IgG Frequency: Once Priority: Routine Specimen Type: Blood

Positive Coombs

Hemoglobin & hematocrit Frequency: Conditional Frequency Frequency Limit: 1 Occurrences Start Date: S End Date: S+7 Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: For positive Coombs

Reticulocyte count Frequency: Conditional Frequency Frequency Limit: 1 Occurrences Start Date: S End Date: S+7 Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: For positive Coombs

Bilirubin, neonatal Frequency: Conditional Frequency Frequency Limit: 1 Occurrences Start Date: S End Date: S+7 Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: For positive Coombs

Sign: _____ Printed Name: _____ Date/Time: _____

Early Onset Sepsis (EOS) Risk Calculator

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

Early onset sepsis (EOS) risk calculator **Frequency:** Conditional **Priority:** Routine **Comments:** 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.

Cardiology

Imaging

Diagnostic Study

Chest And Abdomen Child **Frequency:** 1 time imaging **Priority:** Routine

Question(s):

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Chest 1 Vw Portable **Frequency:** 1 time imaging **Priority:** Routine

Question(s):

Is the patient pregnant? No

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

XR Abdomen 1 Vw Portable **Frequency:** 1 time imaging **Priority:** Routine

Question(s):

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Other Studies

Respiratory

Oxygen Therapy / Ventillation

Oxygen therapy **Frequency:** Continuous **Priority:** Routine

Question(s):

Initial Device:

Device:

SpO2 Goal:

SpO2 Goal:

Titrate FiO2 to keep O2 saturations:

Notify Physician if:

Indications for O2 therapy:

Indications for O2 therapy:

Primary Ordering Comments:

@CERMSG(661071:25704)@

CPAP **Frequency:** Continuous **Priority:** STAT

Question(s):

Device:

Instructions for As Directed:

Bubble CPAP: Yes

Mode: Spontaneous

CPAP (cm H2O):

O2 Bleed In (L/min):

Flow in Lpm: 8

FiO2:

Titrate FiO2 to keep O2 saturations: 90-95%

Starting FiO2:

Titrate FiO2 to keep O2 Sat Above:

Indications for O2 therapy:

Primary Ordering Comments:

@CERMSG(661071:25704)@

Neonatal mechanical vent Frequency: Continuous Priority: Routine

Question(s):

Mechanical Ventilation:

Indications for O2 therapy:

Primary Ordering Comments:

@CERMSG(661071:25704)@

High frequency oscillatory ventilation Frequency: Continuous Priority: STAT

Question(s):

MAP:

Amplitude:

% Inspiratory Time:

Frequency (5 - 6 Hz):

Starting FiO2:

Titrate FiO2 to keep O2 saturations:

Indications for O2 therapy:

Primary Ordering Comments:

@CERMSG(661071:25704)@

Rehab

Consults

For Physician Consult orders use sidebar

Chorioamnionitis

Chorioamnionitis

Vital signs - T/P/R/BP Frequency: Every 4 hours Priority: Routine

Insert peripheral IV Frequency: Once Priority: Routine

Assess IV site Frequency: Every 4 hours Priority: Routine

Confirm blood culture results Frequency: Once Frequency Limit: 1 Occurrences Start Date: S+2 Priority: Routine

Comments: 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.

Notify Physician for vitals or signs and symptoms of sepsis: Frequency: Until discontinued Priority: Routine

Comments: Notify practitioner immediately if the patient displays signs and symptoms of sepsis.

Question(s):

Temperature greater than: 99.3 100.5

Temperature less than: 97.7

Systolic BP greater than: 70 160

Systolic BP less than: 50 90

Diastolic BP greater than: 45 100

Diastolic BP less than: 30 50

Heart rate greater than (BPM): 160 100

Heart rate less than (BPM): 100 60

Respiratory rate greater than: 60 25

Respiratory rate less than: 30 8

SpO2 less than: 90 92

MAP less than: 60.000

Aerobic culture Frequency: Once Priority: Routine

Ancillary Consults

Consult to PT eval and treat Frequency: Once Priority: Routine

Question(s):

Reasons for referral to Physical Therapy (mark all applicable):

Are there any restrictions for positioning or mobility?

Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal):

Weight Bearing Status:

Reason for PT?

Process Instructions:

If the patient is not medically/surgically stable for therapy, please obtain the necessary clearance prior to consulting physical therapy

If the patient currently has an order for bed rest, please consider revising the activity order to accommodate therapy

Consult to OT eval and treat Frequency: Once Priority: Routine

Question(s):

Reason for referral to Occupational Therapy (mark all that apply):

Are there any restrictions for positioning or mobility?

Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal):

Weight Bearing Status:

Reason for OT?

Process Instructions:

If the patient is not medically/surgically stable for therapy, please obtain the necessary clearance prior to consulting occupational therapy

If the patient currently has an order for bed rest, please consider revising the activity order to accommodate therapy.

Consult to Speech Language Pathology Frequency: Once Priority: Routine

Question(s):

Reason for consult:

Reason for SLP?

Consult to Social Work Frequency: Once Priority: Routine

Question(s):

Reason for Consult:

Reason for Consult?

Consult to Spiritual Care Frequency: Once Priority: Routine

Question(s):

Reason for consult?

Reason for Consult?

Process Instructions:

For requests after hours, call the house operator.