

PHYSICIAN ORDER - NEONATE COMFORT CARE
Neonatal Comfort Care Orders

Room No. _____

ALLERGIES (list reactions):

HT _____(Cm) WT _____(Kg)

A Indicates a selected order. If a defaulted order is not appropriate or there is a change to an order, draw a line through the order and initial.

ADMIT

- Admit as Inpatient. Expected length of stay Past 1 midnight
 Past 2 midnights
 Past 3 midnights or more

Rationale for Inpatient Admission: _____

Preferred unit: Mother Baby Unit

CODE STATUS

REMINDER: For DNAR status complete separate DNAR Physician Orders Set

NURSING

- Vital signs other than routine: Q 4 Hrs and Prn
 Neonatal comfort measures Prn: swaddling, holding, and pacifier. Offer oral sucrose per policy PC-289 for mild to moderate pain
 Suction Oral Secretions:
NOTE: Control with medications is preferred as suctioning can be uncomfortable for the patient.
Minimizing fluids will help decrease symptoms.
NOTE: Suction only for severe throat secretions

RESPIRATORY

- Apply O2 with defined Parameters: 0.5 – 1 L/min per nasal cannula. Titrate for patient comfort.

NUTRITION

- Breast milk as tolerated by breast, bottle, gavage, or syringe
 Formula feed as tolerated by bottle, gavage, or syringe


MEDICATIONS

Analgesic medications: Short-acting or Breakthrough

- Morphine 10 mg/5 mL oral solution, 0.2 mg/Kg/dose = _____ mg Po Q _____ Hrs Prn severe pain NIPS > 4. Opioids need not be held for respiratory depression.
 Acetaminophen (Tylenol) oral solution, 10 – 15 mg/Kg/dose = _____ mg Po Q _____ Hrs Prn mild pain NIPS < or = 4. **Max dose = 90 mg/Kg/day if > 36 wks; 60 mg/Kg/day if 32 – 36 wks**
 Acetaminophen (Tylenol) Supp, 10 – 15 mg/Kg/dose = _____ mg PR Q _____ Hrs Prn mild pain NIPS < or = 4 if patient unable to take Po (if ordered).
Max dose = 90 mg/Kg/day if > 36 wks; 60 mg/Kg/day if 32 – 36 wks

Analgesic medications: Long-Acting

- Methadone oral solution, 0.05 - 0.1 mg/Kg/dose = _____ mg Po Q _____ Hrs (max dose = 10 mg/dose)
Opioids need not be held for respiratory depression.

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MEDITECH NAME: NEONATE COMFORT CARE
MEDITECH MNEUMONIC: OB.NNCC1



PHYORDER

CNS medications: Anxiolytics/Dyspnea

- LORazepam oral solution, 0.05 - 0.1 mg/Kg/dose = ____mg Po Q ____ Hrs Prn for agitation or dyspnea
- Diphenhydramine (Benadryl) oral solution, 1 mg/Kg/dose = ____mg Po Q ____ Hrs Prn agitation
- Morphine oral solution, 0.2 mg/Kg/dose = ____ mg Po Q ____Hrs Prn dyspnea

GI medications: Stress Ulcer Prophylaxis/Antacids

- Famotidine (Pepcid) suspension (8 mg/mL), 0.5 mg/Kg/dose = ____mg Po Q 12 Hrs

Other Medications

- Loperamide oral solution, 0.03 – 0.08 mg/Kg/dose = ____mg Po Q ____ Hrs Prn diarrhea.
Do not exceed 2 mg/dose.
- Glycopyrrolate injection, 40 – 100 mCg/Kg/dose ____ mCg Po Q ____ Hrs Prn secretions
Note: control with medications is preferred as suctioning can be uncomfortable for the patient.
Minimizing fluids will help decrease symptoms.
- Acetaminophen (Tylenol) oral solution, 10 – 15 mg/Kg/dose = ____ mg Po Q ____ Hrs Prn Temp >__°C
Note: Max dose = 90 mg/Kg/day if > 36 wks; 60 mg/Kg/day if 32 – 36 wks
- Acetaminophen (Tylenol) supp, 10 – 15 mg/Kg/dose = ____ mg PR Q ____ Hrs Prn Temp > ____°C
if patient unable to take Po (if ordered).
Note: Max dose = 90 mg/Kg/day if > 36 wks; 60 mg/Kg/day if 32 – 36 wks

Other medications: _____

REQUEST FOR SERVICE

- Consult for Social Services

12-hour Chart Check _____ RN DATE: ____ / ____ / ____ TIME: _____

T.O. _____ Taken by: _____ / ____ / ____, TIME: _____


CPOE Entry By: _____ / ____ / ____, TIME: _____ NOTED BY: _____ / ____ / ____, TIME: _____

Sent to Pharmacy _____ (INITIALS) DATE: _____ TIME: _____

PHYSICIAN SIGNATURE: _____ DATE: _____ TIME: _____

PRINTED NAME/ID#: _____

(COUNTER-SIGN ALL T.O. ORDERS WITHIN 48 HOURS, AND INCLUDE THE DATE/TIME AUTHENTICATED)

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