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**DRUG AND TREATMENT ORDERS**
**PED Newborn Nursery Orders**

**Condition/Status**
- [ ] Admit to Inpatient (Newborn)
  
  **Patient Status: Inpatient**

**Vital Signs**
- [ ] Vital Signs
  
  Q1H Int, 3, times, then every 8 hours. If axillary temperature is LESS than 97.1 degrees F or GREATER than 100.4F, obtain a rectal temp

**Diet**
- [ ] Communication Order
  
  Breastfeeding. A breastfed infant may nurse as soon as stable and mother wishes. First feeding should be offered by 4 hours of age. Mother should be encouraged to nurse 8-12 times per day

- [ ] Communication Order
  
  Baby formula, every 3 Hours and PRN, per mother’s preference

- [ ] Supplement Human Milk Feedings

**Nursing Orders**
- [ ] Notify Provider Vital Signs/Urine Output
  
  Temperature > 100.4, Temperature < 96.5, HR > 180, HR < 80, SBP > 90, SBP < 45, RR > 65, RR < 25

- [ ] Notify Provider
  
  For maternal chorioamnionitis, ROM greater than 18 hours, with maternal history of Group B Strep, unknown GBS without antibiotic treatment 4 hrs prior to delivery, no prenatal care

- [ ] Weigh Patient
  
  DAILY

- [ ] Height/Length
  
  ONCE, On admission

- [ ] Head Circumference
  
  ONCE, On admission

- [ ] Chest Circumference Measurement
  
  ONCE, On Admission

- [ ] Output
  
  Q8H, Notify physician if no stool or void within 24 hours of birth

- [ ] Circumcision Care
  
  Dry gauze with gentle firm pressure to circumcision for bleeding. Apply Vaseline gauze with each diaper change.

- [ ] PED Infant Glucose Monitoring and Treatment (SUB)*

  ***Reminder: Order PED Infant Glucose Monitoring and Treatment (SUB) on a separate form***

- [ ] PED Newborn Jaundice Assessment (SUB)*

  **Nursing Orders**
  
  - [ ] OB Jaundice Assessment Nomogram
    
    Initiate Phototherapy if Transcutaneous Bili or T Bili meets threshold criteria for phototherapy per the phototherapy nomogram (Reference Text)

  **PHYSICIAN SIGNATURE ___________________________ DATE __________ TIME ________**

  **DRUG ALLERGIES ___________________________ WT: ___ KG**

  **LABEL ___________________________ PERMANENT COPY**

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**DRUG AND TREATMENT ORDERS**

**PED Newborn Nursery Orders**

**Newborn Jaundice Assessment**

- Q12H (DEF)*
- Q8H

Reference Text for Newborn Jaundice Assessment

**Laboratory**

- **+25 Hours** Transcutaneous Bilirubin (TcB)  
  *ONCE*
  
  Comments: Collect on second day of life.

- Bilirubin Baby  
  *BLOOD*

- DAT (Direct Coombs)  
  *Routine, BLOOD*
  
  Comments: If Direct Coombs positive, place order for Reticulocyte Count, Hematocrit, and Bilirubin at 12 hours of life.

- **Hearing Screen, Universal**

- **CCHD Screening Pulse Ox**  
  *ONCE, Use Lower extremity; perform after 24 hours of life; GREATER than or EQUAL to 95% passes screen; 90%-94% and asymptomatic recheck pulse oximetry within 30 minutes and follow reference text; Below 90% notify provider*

**Medications**

- **PED Newborn Delivery Room Medications Protocol (SUB)***  
  *(Reminder: Order PED Newborn Delivery Room Medications Protocol (SUB) on a separate form***

- **+1 Days** triple dye  
  1 swab **TOPICAL swab ONCE**

- Desitin  
  1 dose **TOPICAL oint PRN, PRN Rash**  
  Comments: Apply for dry cracking skin and diaper rash

- acetaminophen (Tylenol (pediatric))  
  10 mg/kg susp PO **ONCE, PRN Other (see comment)**  
  Comments: For circumcision pain

- **PED Newborn Hepatitis B Immunization (SUB)***  
  *(Reminder: Order PED Newborn Hepatitis B Immunization (SUB) on a separate form***

**Laboratory**

- **SUB OB Cord Blood Workup (SUB)***  
  *(Reminder: Order SUB OB Cord Blood Workup (SUB) on a separate form***

  *(NOTE)*** Order only if Cord Blood is not available

- **ABORh Newborn**  
  *Routine, BLOOD, ONCE*

- **RPR**  
  *Routine, BLOOD, ONCE*

**Physician Signature**

**Date**

**Time**

**Drug Allergies**

**WT:**

**KG**

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DRUG AND TREATMENT ORDERS
PED Newborn Nursery Orders

☐ DAT (Direct Coombs)
   Routine, BLOOD
   Comments: For infants of mothers who are type O and/or Rh negative. If Direct Coombs is positive, place orders for: Reticulocyte Count, Hematocrit and Bilirubin at 12 hours of life

☐ PKU (Infant Screening)
   Routine
   Comments: At least 24 hours after first feed. If test is done within 24 hours of first feed due to early discharge, the infant must have this screen performed as an outpatient between 48-120 hours of age.

Respiratory
☐ ABG/VBG Notification
   Stat

☐ Oxygen Therapy.
   Blow By. Nurse may administer O2 at 5 L/min as needed for dusiness. Call physician and respiratory therapy immediately. Initiate SpO2 monitoring if infant requires continuous oxygen

☐ Pulse Oximetry (Continuous)
   Special Instructions: PRN, or if infant requires continuous oxygen. If O2 sat is LESS than 90% administer O2 at 5L/min and notify physician and respiratory therapy immediately
   Comments: Q8H reposition pulse oximeter probe and assess skin that has been in contact with the sensor.

☐ Car Seat Evaluation
   For infants meeting the following criteria prior to discharge: See order comments.
   Comments: For infants meeting the following criteria prior to discharge:
   A) All infants with recurrent episodes of apnea and/or bradycardia
   B) Infants born less than 37 weeks gestation
   C) Infants whose birth weight was less than 2500 grams
   D) Any infant discharged on oxygen or has a tracheostomy
   E) Any infant at risk for respiratory compromise due to neuromuscular or orthopedic problems
   F) Infants being sent home on an apnea monitor
   Notify Physician if patient fails care seat evaluation

__________________________________________________________________________
PHYSICIAN SIGNATURE             DATE             TIME
__________________________________________________________________________

DRUG ALLERGIES

WT:     KG

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