

WHEN DRUG FORMULA AND DOSAGE ARE IDENTICAL, THE PHARMACY MAY DISPENSE THE DRUG WHICH IS IN HOSPITAL STOCK REGARDLESS OF TRADE NAME UNLESS I SPECIFICALLY REQUEST "NO SUBSTITUTE." PHYSICIAN MUST DELETE ORDERS NOT DESIRED (DRAW A SINGLE LINE THROUGH THE ORDER). (IF BLANKS NOT FILLED IN, ORDERS CONSIDERED DELETED.)
Orders not to be initiated without physician signature and/or physician telephone authorization.



NICU TRANSPORT TEAM COMPLEX CARE ORDER SET

All orders below initiated per telephone communication by Medical Control Physician (MCP). Boxes that are checked signify which orders the transport team initiated per the corresponding protocol under the direction of the MCP.

Order set initiated at _____ (time) by Dr. _____

Dose Calculation Weight _____ kg

Allergies: No Yes - to _____ reaction _____

Treatment of Hypotension and Shock:

Definition = mean arterial pressure less than gestational age, associated with hypoxemia, poor perfusion and/or poor urine output. (Higher mean arterial pressures may be ordered.)

Treatment is initiated in the following order:

- Volume expansion: See NICU Transport Team Urgent/Emergent and Respiratory Management orders (#39559). NaCl 0.9% bolus (10 mL/kg) _____ mL IV over 10 minutes; may repeat once if continued low pressure. May only administer 2 boluses of 10mL/kg. **Call MCP to receive additional orders for NaCl 0.9% if needed.**
- DOPamine 1.6mg/ml concentration. **Start at 5 mcg/kg/min IV, and advance by 2 mcg/kg/min every 5 minutes to a maximum of 20 mcg/kg/min, to maintain mean arterial pressure above the defined low threshold. May use peripheral intravenous line (PIV) if no central venous access is available: report to MCP that PIV is being used.**
- DOBUTamine 2mg/ml concentration. Use to improve cardiac output when DOPamine is greater than 15 mcg/kg/min. **Start at 5 mcg/kg/min IV, and advance by 2 mcg/kg/min every 5 minutes to a maximum of 20 mcg/kg/min to maintain mean arterial pressure above the defined low threshold or to improve perfusion. May use PIV, if no central venous access is available; report to MCP that PIV is being used.**
- Hydrocortisone: Use with persistent hypotension (defined above) when on DOPamine at greater than 15 mcg/kg/min: Hydrocortisone 1 mg/kg = _____ mg, = _____ mL IV, once. (Hydrocortisone is not available in the transport bag and must be obtained from the referring hospital's pharmacy.)
- EPINEPHrine infusion 0.03 mg/ml final concentration. Use when on DOPamine at greater than 15 mcg/kg/min and DOBUTamine at greater than 10 mcg/kg/min: **Start at 0.05 mcg/kg/min, and advance every 10 minutes by 0.05 mcg/kg/min to a maximum of 1 mcg/kg/min to maintain mean arterial pressure above the defined low threshold. May use PIV if no central venous access is available; monitor IV site every 15 minutes closely. Report to MCP that PIV is being used.**

For Persistent Pulmonary Hypertension of the Newborn (PPHN)

- Goal respiratory parameters:
 - Goal O₂ saturation level: greater than 92%.
 - Goal pCO₂ (blood gas): 40-45 mm Hg.
- Monitor pre and post oxygen saturations.
- For infants greater than 36 weeks gestation, maintain mean blood pressure 45-55 mm Hg.

RN Printed Name	RN Signature	Date	Time
RCP Printed Name	RCP Signature	Date	Time
Medical Control Physician Printed Name	Medical Control Physician Signature	Date	Time

PROVIDENCE
 Regional Medical Center
 Everett

Colby Campus • 1321 Colby Ave.
 Pacific Campus • 916 Pacific Ave.
 Pavilion for Women and Children • 900 Pacific Ave.
 Providence Regional Cancer Partnership
 1717 13th Street • Everett, WA 98201

PLACE PATIENT LABEL HERE

NICU TRANSPORT TEAM COMPLEX CARE ORDER SET
(02/16) PAGE 1 OF 3

39578 (9/5/18)

Patient Name: _____
Birthdate: _____

DO NOT WRITE OUTSIDE OF BORDER AREA

WHEN DRUG FORMULA AND DOSAGE ARE IDENTICAL, THE PHARMACY MAY DISPENSE THE DRUG WHICH IS IN HOSPITAL STOCK REGARDLESS OF TRADE NAME UNLESS I SPECIFICALLY REQUEST "NO SUBSTITUTE." PHYSICIAN MUST DELETE ORDERS NOT DESIRED (DRAW A SINGLE LINE THROUGH THE ORDER). (IF BLANKS NOT FILLED IN, ORDERS CONSIDERED DELETED.)
Orders not to be initiated without physician signature and/or physician telephone authorization.



1PO

NICU TRANSPORT TEAM COMPLEX CARE ORDER SET

For infants with known or suspected congenital heart disease (CHD)

- Goal respiratory parameters:
 - Goal pCO₂: 40-45 mm Hg unless otherwise discussed with MCP. Adjust ventilator settings per NICU Transport Team Urgent /Emergent and Respiratory Management orders (#39559).
 - Goal O₂ saturations: discuss with MCP

For infants with diagnosed ductal-dependent CHD who are either:

- 1) started on Alprostadil (PGE 1) shortly after birth or
- 2) have echocardiographic documentation of a moderate or large patent ductus arteriosus:

- Alprostadil final concentration 10 mcg/ml (Alprostadil 500 mcg/1 mL mixed in 49 mL of D10W) to run at 0.03 mcg/kg/minute IV**

For unstable infants suspected of having ductal-dependent CHD or for infants diagnosed with ductal-dependent CHD with echocardiographic evidence of a small or closed ductus arteriosus:

- Alprostadil final concentration 10 mcg/ml (Alprostadil 500 mcg/1 mL mixed in 49 mL of D10W) to run at 0.05 mcg/kg/minute IV**
 - Increase Alprostadil drip to 0.1 mcg/kg/minute IV if no improvement in perfusion, oxygen saturation, or acidosis within 10 minutes. Higher doses of Alprostadil are associated with an increase in the incidence of serious apnea.

For possible sepsis: These antibiotics are **not** included in the NICU Transport Team General Stabilization Orders (39558).

- Draw blood cultures before starting antibiotics if not already done at the referral hospital.

Obtain from referring hospital pharmacy:

- Piperacillin/Tazobactam (Zosyn®), (100 mg/kg/dose) _____ mg = _____ mL IV over 30 minutes.
- Acyclovir (20 mg/kg) _____ mg = _____ mL IV over 60 minutes.

Transport Management of Seizures:

Laboratory evaluation if not already obtained at the referring hospital:

- Electrolytes, ionized calcium, magnesium, phosphorus, complete blood count, differential, platelet count, and blood culture.
- Point of care glucose.
- If arterial access available, arterial blood gas.
- If no arterial access, obtain capillary blood gas if perfusion adequate.
- Bag for urine toxicology screen.

Medications:

Treatment for seizures lasting longer than 2 minutes or compromising cardiorespiratory function. To be initiated in the following order.

- PHENobarbital (20 mg/kg) _____ mg = _____ mL IV over 10 minutes. Assess for respiratory depression or apnea.
- LORazepam (0.1 mg/kg) _____ mg = _____ mL IV given every 1 hour prn continued seizures.

RN Printed Name	RN Signature	Date	Time
RCP Printed Name	RCP Signature	Date	Time
Medical Control Physician Printed Name	Medical Control Physician Signature	Date	Time

PROVIDENCE
 Regional Medical Center
 Everett

Colby Campus • 1321 Colby Ave.
 Pacific Campus • 916 Pacific Ave.
 Pavilion for Women and Children • 900 Pacific Ave.
 Providence Regional Cancer Partnership
 1717 13th Street • Everett, WA 98201

PLACE PATIENT LABEL HERE

**NICU TRANSPORT TEAM COMPLEX CARE
 ORDER SET
 (02/16) PAGE 2 OF 3**

39578 (9/5/18)

Patient Name: _____
Birthdate: _____

DO NOT WRITE OUTSIDE OF BORDER AREA

WHEN DRUG FORMULA AND DOSAGE ARE IDENTICAL, THE PHARMACY MAY DISPENSE THE DRUG WHICH IS IN HOSPITAL STOCK REGARDLESS OF TRADE NAME UNLESS I SPECIFICALLY REQUEST "NO SUBSTITUTE." PHYSICIAN MUST DELETE ORDERS NOT DESIRED (DRAW A SINGLE LINE THROUGH THE ORDER). (IF BLANKS NOT FILLED IN, ORDERS CONSIDERED DELETED.)
Orders not to be initiated without physician signature and/or physician telephone authorization.



1PO

NICU TRANSPORT TEAM COMPLEX CARE ORDER SET

Hypoxic Ischemic Encephalopathy and Transport Therapeutic Hypothermia:

- Therapeutic passive cooling
 - Goal temperature is 33° to 34°C. Goal should be reached WITHIN 6-12 hours of age.
 - Place esophageal/rectal continuous temperature catheter.
 - Turn off all external heat sources (document the time).
 - If temperature is less than 33°C, restart heat sources at lowest settings.

Goal Respiratory parameters:

- Blood gas if not obtained in the last hour.
- Goal pCO₂: blood gas pCO₂ 36-55 mm Hg. Many patients spontaneously hyperventilate in response to acidosis, so this may not be achievable.
- Goal O₂ saturations: 92-98%.

Infant Transport Team Management of Congenital Diaphragmatic Hernia

- Gentle ventilation guidelines with pH > 7.15:
 - Goal in hour 1-2: **preductal saturation** greater than 70%
 - Goal in hour 3-4: **preductal saturation** greater than 80%
 - Goal after hour 4: **preductal saturation** greater than 85%;
 - After hour 4: blood gas **PCO₂** 45-65 mm Hg
 - **Goal lung inflation** no more than 8-9 rib expansion
 - Consult MCP for initial ventilator settings
- For transport: Prepare NaCl 0.9% 10 mL/kg _____ mL have readily available to be administered IV over 5-10 minutes for hypotension.
- For transport: Have supplies to perform a thoracentesis readily available in the ambulance.
- _____
- _____
- _____
- _____

RN Printed Name	RN Signature	Date	Time
RCP Printed Name	RCP Signature	Date	Time
Medical Control Physician Printed Name	Medical Control Physician Signature	Date	Time
NNP Printed Name	NNP Signature	Date	Time

PROVIDENCE
 Regional Medical Center
 Everett

Colby Campus • 1321 Colby Ave.
 Pacific Campus • 916 Pacific Ave.
 Pavilion for Women and Children • 900 Pacific Ave.
 Providence Regional Cancer Partnership
 1717 13th Street • Everett, WA 98201

PLACE PATIENT LABEL HERE

**NICU TRANSPORT TEAM COMPLEX CARE
 ORDER SET
 (02/16) PAGE 3 OF 3**

39578 (9/5/18)

Patient Name: _____
Birthdate: _____

DO NOT WRITE OUTSIDE OF BORDER AREA