

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 GENERAL STABILIZATION ORDERS

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:  NKDA Allergic to \_\_\_\_\_

General:

- NPO
- Gastric tube to
  - Gravity drainage
  - Low continuous suction
- Obtain point of care glucose per General Stabilization Protocol (38055)
- No PIV indicated

#### Infusions

Continue current lines and infusions, including medication drips at the rates ordered by the referring hospital. List the intravenous solutions and medication drips on the NICU Patient Transport Team Record (39650) indicating that they were started at the referring hospital.

Record all infusions (solution and infusion rate):

\_\_\_\_\_

Total Parenteral Nutrition: D \_\_\_\_\_ W at \_\_\_\_\_ mL per hour Intralipids 20% at \_\_\_\_\_ mL per hour

Start new IV fluid infusion site

Lines:  Peripheral intravenous line  
 Umbilical venous catheter after discussion with MCP  
 Umbilical arterial catheter after discussion with MCP

Fluids if not ordered by the referring hospital

For arterial lines:  
 For infants less than 1.5 kg start NaCl 0.9% to run at 0.5 mL/hour.  
 For infants greater than or equal to 1.5 kg start NaCl 0.9% to run at 1 mL/hour

Total fluid rate if not ordered by the referring hospital. Start D10W at the below rate.

For infant less than 48 hours old:  For greater than or equal to 1.5 kg start fluids at 60 mL/kg/day (2.5 mL/kg/hour)

For less than 1.5 kg start fluids at 80 mL/kg/day (3.3 mL/kg/hour)

For infant 2-5 day old:  Start fluids at 100 mL/kg/day (4.2 mL/kg/hour)

For infant greater than 5 days old:  Start fluids at 140 mL/kg/day (5.8 mL/kg/hour)

Other total fluids \_\_\_\_\_ mL/kg/day as ordered by MCP

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 \_\_\_\_\_



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 GENERAL STABILIZATION ORDERS (06/12) PAGE 1 OF 2

Patient Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

DO NOT WRITE OUTSIDE OF BORDER AREA

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1PO

**NICU TRANSPORT TEAM GENERAL STABILIZATION ORDERS**

- Hypoglycemia:** (glucose less than 45 mg/dl)  
 If not receiving glucose IV infusion
  - D10W 2ml/kg IV slow push = \_\_\_\_ ml followed by D10W 80ml/kg/day (3.3ml/kg/hr) = \_\_\_\_ ml/hr
 If D10W infusing
  - Increase IV glucose intake by 20ml/kg/day (0.8ml/kg/hr)
 If infant remains hypoglycemic after one of the above is initiated
  - D10W 2ml/kg IV slow push = \_\_\_\_ ml followed by increase in IV glucose intake by 20ml/kg/day (0.8ml/kg/hr)

Suspected sepsis:

- Bacterial blood culture
- Ampicillin (100 mg/kg per dose) \_\_\_\_ mg IV once
- Gentamicin (4 mg/kg per dose) \_\_\_\_ mg IV once

Respiratory:

- Continue current respiratory support as ordered at referral hospital if meets parameters below
  - Nasal cannula oxygen: flow \_\_\_\_\_
  - Conventional ventilation: Rate: \_\_\_\_\_ PIP: \_\_\_\_\_ PEEP: \_\_\_\_\_ cm H<sub>2</sub>O
- Goal O<sub>2</sub> saturation level:** 88-95% or \_\_\_\_\_
- Goal pCO<sub>2</sub>** 45-65 mm Hg (when ventilated) on blood gas obtained PTA or \_\_\_\_\_
- Goal lung inflation:** 8-9 rib expansion (when ventilated) obtained PTA

Call MCP to initiate the NICU Transport Team Urgent/Emergent and Respiratory Management Orders (39559) if there is a need to make adjustments in respiratory support.

Other Orders:

- Blood gas
- \_\_\_\_\_
- \_\_\_\_\_

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



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