Patient ID

NEONATE COMFORT CARE
9.27.13
Page 1 of 2

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

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.
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 ___ 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)