

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 URGENT / EMERGENT AND RESPIRATORY MANAGEMENT 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 \_\_\_\_\_

**Respiratory/Intubation/Ventilation:**

- Provide intermittent manual ventilation with a manual bag as necessary to provide respiratory support until definitive respiratory support is provided by high flow nasal cannula, positive pressure and/or mechanical ventilation as described below.

**Intubation: For respiratory failure needing urgent intubation. For all other intubations call MCP**

- Before giving medications, make sure that the patient can be successfully manually mask ventilated. Except for patients with known or suspected cyanotic congenital heart disease, pre-oxygenate to saturations greater than 92% with bag and mask manual ventilation.
- If an infant is compromised (obtunded, gasping, not moving or bradycardia) without adequate respiratory drive, intubate immediately without medications.
- For other intubations, administer the following medications as indicated:
  - Atropine (0.02 mg/kg) \_\_\_\_\_ mg = \_\_\_\_\_ mL IV rapid push, followed by
  - Fentanyl (1 mcg/kg) \_\_\_\_\_ mcg = \_\_\_\_\_ mL slow IV push over 3-5 minutes. Followed by NaCl 0.9% flush to be given over 3-5 minutes, consider using a medication pump.
  - Have Vecuronium (0.1 mg/kg) \_\_\_\_\_ mg = \_\_\_\_\_ mL for IV rapid push ready for administration. Give only by order of the MCP OR if chest wall rigidity occurs after Fentanyl is administered. Intubate when spontaneous respirations cease.

Goal O<sub>2</sub> saturation level: **88 – 95%** (for diagnosis of persistent pulmonary hypertension goal is greater than 92%).

Goal pCO<sub>2</sub>: **45 – 65**

Goal rib expansion: **8 – 9**

**For initiation and adjustment of respiratory support:**

**CPAP**

- <30 weeks consider CPAP before HFNC. Start at 5-6 cm.

**High flow nasal cannula**

- Start at 4-6 LPM and increase the flow to manage a high pCO<sub>2</sub> or persistent apnea. This may be increased up to 6 LPM.

**Initial pressure limited assist control ventilator settings:**

- Rate 40** Increase to capture infant with asynchrony interfering with mechanical ventilation (**max 60**)
- PIP 20** OR Value used during PPV (**min 16, max 27**)
- PEEP 5** OR Value used during PPV (**max 8**)

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 URGENT / EMERGENT AND RESPIRATORY MANAGEMENT ORDERS**  
 (08/16) PAGE 1 OF 3

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

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

DO NOT WRITE OUTSIDE OF BORDER AREA



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**Respiratory Medication:**

- Give Curosurf® (2.5mL/kg) \_\_\_\_\_ mL per endotracheal tube following the procedure for surfactant administration.

**Sedation for intubated infant with NPASS (Neonatal Pain, Agitation and Sedation Scale) score GREATER than 3 or agitation compromising respiratory function:**

- Morphine (0.05 mg/kg) \_\_\_\_\_ mg = \_\_\_\_\_ mL slow IV push over 3-5 minutes. **Contact MCP for further orders.**

**Evaluation and treatment of a tension pneumothorax causing respiratory failure:**

- AP chest x-ray and a lateral decubitus of the chest if concern for a pneumothorax; with possible affected side up (unequal breath sounds, difficulty ventilating or oxygenating after checking ET tube placement and equipment), if time allows.
- Morphine (0.05 mg/kg) \_\_\_\_\_ mg = \_\_\_\_\_ mL slow IV push over 3-5 minutes, if time allows.
- Evacuate pneumothorax with a butterfly or Angiocath per Neonatal Needle Thoracentesis Placement.
- AP chest x-ray to evaluate lung inflation, ET tube position, and lung fields.

**Treatment of Hypotension:**

Mean arterial pressure less than gestational age in weeks associated with poor perfusion and/or poor urine output.

- NaCl 0.9% bolus (10 mL/kg) \_\_\_\_\_ mL IV over 10 minutes. If still hypotensive may repeat NaCl 0.9% bolus (10 ml/kg) \_\_\_\_\_ mL IV over 10 minutes. May only administer 2 boluses of 10mL/kg without calling MCP.

**For severe anemia (Hct less than 21), acute bleeding, or hypotension associated with acute blood loss:**

- O negative, un-crossmatched PRBC from referring hospital (15 mL/kg) \_\_\_\_\_ mL IV over 30-60 minutes

**Code or cardiac arrest:**

- In the event of a cardiac arrest or bradycardia with a heart rate less than 60 beats/min, follow the Neonatal Resuscitation Program (NRP) guidelines (ventilation to compression ratio) and using the PRMCE Code Medication Sheet for doses of medications.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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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**NICU TRANSPORT TEAM URGENT / EMERGENT AND RESPIRATORY MANAGEMENT ORDERS (08/16) PAGE 3 OF 3**

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

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