Infant Comfort Care Order Set

This is a template adapted from Stormont-Vail HealthCare in Topeka, KS. As a basis for computerized order entry, it assumes that doses of various medications will be entered electronically; therefore, no suggestions are given on this template.

1. Admit to ____ NICU or ____ Newborn Nursery.
2. Code Status
   a. _____ full code
   b. _____ partial code, code limitations_____________________________________
   c. _____ do not resuscitate
3. Nursing
   a. Thermoregulation for infant comfort care
   b. _____ May be held by parents/staff
   c. _____ Open crib, swaddle, and hat
   d. _____ May be dressed per parent’s request
4. Respiratory
   a. _____ Provide O2 per nasal cannula for comfort per parent’s request
   b. _____ Oral suctioning PRN if needed, bulb syringe first then wall/machine suction if needed
   c. _____ Discontinue ventilator and extubate
5. Consults
   a. _____ Inpatient consult to Palliative Medicine Team
   b. _____ Inpatient consult to Child Life Specialist
   c. _____ Inpatient consult to Spiritual Care
6. Diet-Nutrition
   a. _____ NPO
   b. _____ May feed ad lib per nipple, feeding tube, or breast at parent’s request
   c. _____ DC IV fluids
   d. _____ Maintain IV access
   e. _____ Do not start IV fluids if no IV present
7. Nursing Monitoring
a. ____ Auscultate heart rate PRN
b. ____ Notify physician when heart rate is 0, for pronouncing time of death
c. ____ Chart time of death in record

8. Skin care for Comfort Care
a. ____ Turn and reposition PRN
b. ____ May use positioning devices PRN
c. ____ Bath PRN if parents desire
d. ____ Lotions PRN if parents desire
e. ____ Oral care to prevent dryness. Use breast milk or sterile water. (Routine, every 2 hrs)

9. Medications: Compassionate Extubation for Infant Comfort Care
a. ____ Morphine IV in dextrose 5% syringe, Administer at least 15 min. prior to extubation.
b. ____ Morphine SubQ in dextrose 5% syringe, Administer at least 15 min. prior to extubation.

10. Medications: Pain Management for Dyspnea for Infant Comfort Care
a. ____ Sucrose 24% oral solution, Mouth/throat, prn
b. ____ Morphine IV in dextrose 5% syringe, IV every 4 hrs.
c. ____ Morphine IV in dextrose 5% syringe, IV every 15 min PRN. If 3 consecutive prn doses are administered, notify the physician.
d. ____ Morphine SubQ in dextrose 5% syringe, Subcutaneous, every 4 hrs.
e. ____ Morphine SubQ in dextrose 5% syringe, Subcutaneous, every 15 min prn. If 3 consecutive prn doses are administered, notify the physician.
f. ____ Morphine oral solution, oral, every 4 hours.
g. ____ Morphine oral solution, oral, every 1 hr prn.
h. ____ Fentanyl (Sublimaze) IV in dextrose 5% syringe, IV, every 2 hrs prn. Start low and titrate to patient comfort.

11. Medications: Sedatives/Anticonvulsants for Infant Comfort Care
a. ____ Lorazepam (Ativan) IV in dextrose 5% syringe, IV, every 4 hrs. prn
b. ____ Lorazepam (Ativan) 2 mg/ml concentrated solution, oral every 4 hrs. prn. Dilute with equal volume of water or feeding prior to administration.
c. ____ Phenobarbital (Luminal) IV in dextrose 5% syringe, IV, once.
d. ____ Phenobarbital (Luminal) IV in dextrose 5% syringe, IV, every 24 hours.
e. ____ Phenobarbital 20 mg/5mL elixir (loading dose), oral, once.
f. ____ Phenobarbital 20 mg/5mL elixir, oral, every 24 hrs.

12. Oral Secretions for Infant Comfort Care
a. ____ Glycopyrrolate (Robinul) injection, IV, every 4 hrs. prn.
b. ____ Glycopyrrolate (Cuvposa) oral solution, tube, every 4 hrs. prn.

13. Miscellaneous Medications for Infant Comfort Care
a. ____ Ophthalmic ointment (Lubrifresh PM) ophth ointment, both eyes, every 2 hrs. prn.
b. _____ Mineral oil-hydrophilic petrolatum (Aquaphor) ointment, topical, every 2 hrs prn. Apply to lips to prevent dryness.

Ordering Provider _____________________________ Date ________ Time ______

1/11/16, slh