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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 (Lubrifax 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.
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Ordering Provider _____ Date _____ Time _____

1/11/16, slh