PHYSICIAN ORDERS FOR
CRITICALLY ILL NEONATE
0 TO 28 DAYS OF AGE
in the EMERGENCY DEPARTMENT

Patient Identification

Weight: _____ kg Length: _____ cm Allergies: _____

REFER TO PEDSPAC CRITICALLY ILL NEONATE ALGORITHM

INITIAL STABILIZATION AND MANAGEMENT:

- Place baby in warm environment. *Continuous temperature monitoring if rectal temp less than 36.5 °C or temperature instability.*
- Cardiorespiratory monitoring with SpO_2 (Right hand).
- Suction nares and ensure patency. Apply O_2 as needed to keep sats ≥92%. If RR <40 assist with CPAP
- Secure 2 peripheral IVs. Send labs (see investigations below).
- If HR <60 start PALS. IF HR >180 give NS bolus (see Medications below). If HR >220 consider SVT.
- POCT glucose. If glucose ≤2.6 mmol/L give D10W (see Medications below) and recheck glucose in 5 minutes.
- Treat for sepsis with antibiotics (see Medications below).

INVESTIGATIONS:

- Blood culture, CBC & Diff, glucose, venous blood gas, lactate, electrolytes, Ca, Mg, urea,creatinine, CRP, ALT, AST
- Bilirubin total and direct (if the infant is jaundiced)
- CXR

Initial on all lines applicable

HYDRATION:

_____ NS bolus _____ mL (10 mL/kg) IV over _____10-30 minutes

_____ D5NS at _____ mL/hr IV *(Use D10W as maintenance IV solution in neonates less than 3 days of age)*
_____ Other: _____ at _____ mL/hr IV

MEDICATIONS:

Hypoglycemia
_____ **D10W** _____ mL (5 mL/kg/dose) IV, followed by
_____ **D10WNS infusion** _____ mL/hr (4 mL/kg/hr) IV **OR** D10W infusion _____ mL/hr (4 mL/kg/hr) IV

Sepsis
_____ **Ampicillin** _____ mg (75 mg/kg/dose) IV

AND **Gentamicin** (or Tobramycin)_____ mg (4 mg/kg/dose if 0-7 days old); (5 mg/kg/dose if 8-28 days old) IV

If suspected Meningitis add _____ **Cefotaxime** _____ mg (75 mg/kg/dose) IV

Respiratory
_____ **EPINEPHrine by inhalation** 1 mg/mL (injectable formulation): 3 mL

Seizures
_____ **LORazepam** _____ mg (0.1 mg/kg/dose) IV

Metabolic
_____ **Hydrocortisone** 25 mg IV push (*For Congenital Adrenal Hyperplasia)*

_____ **D10W Infusion** _____ mL/hr (6 mL/kg/hr) IV (*For Inborn Error of Metabolism)*

Duct-Dependent Cardiac Lesion
_____ **Alprostadil (prostaglandin E1) Infusion** _____0.05 mcg/kg/min IV. *Consult pediatric referral center for further dose guidance.*

_____	_____	_____
PHYSICIAN SIGNATURE	PRINT NAME OF PHYSICIAN	DATE & TIME
_____	_____	_____
NURSE SIGNATURE	PRINT NAME OF NURSE	DATE & TIME

□ Original Copy – Chart □ Copy to Pharmacy

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