

**STANDARD ORDERS**

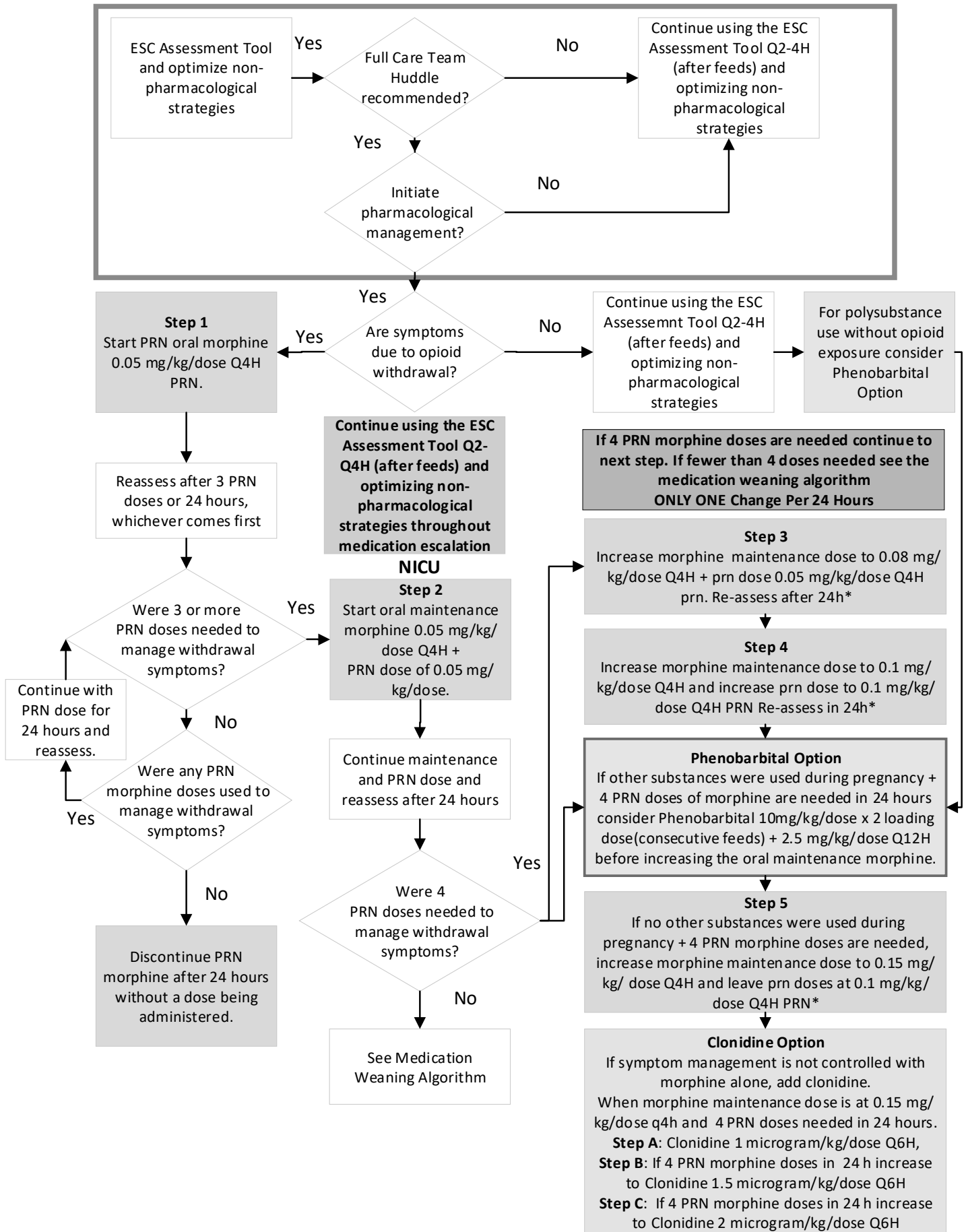
**Neonatal Intensive Care Unit (NICU)**

**EAT SLEEP CONSOLE (ESC)**

**STANDARD ESCALATION ORDERS for NICUs**

See Reverse for Escalation Medication Algorithm

<p><i>These orders are to be used as a guideline and do not replace sound clinical judgment and professional practice standards. Patient allergy and contraindications must be considered when completing these orders.</i></p> <p>■ Standard orders. If not in agreement with an order, cross out and initial.    □ Requires a check (✓) for activation.</p>			
<p>A Medication Order for pediatric patients who weigh 50 kg or less must include the dosage by weight in terms of 'milligrams per kilogram per day' or 'milligrams per kilogram per dose' OR by body surface area ('milligram per square meter per dose or day'). (WRHA Medication Order Writing Standard, March 2009)</p>			
<p>Drug Allergies    ►    <b>See Clinical Circumstances Sheet</b></p>	<p>ORDER TRANSCRIBED AND ACTIVATED</p>	<p>DATE _____</p> <p>TIME _____</p>	<p>Patient's Height _____</p> <p>Patient's Weight _____</p>
<p><b>R</b>                      <b>MEDICATION ORDERS</b> TO BE INITIATED OR DISCONTINUED</p>	<p>⬇                      TEST DONE</p>	<p><b>GENERAL ORDERS</b>                      <b>PAGE 1 OF 2</b></p>	
<p>DATE _____                      TIME _____</p> <hr/> <p><b>morphine</b></p> <p>Step 1</p> <p><input type="checkbox"/> morphine _____ mg (0.05mg/kg/dose) PO/NG Q4H PRN maximum 4 doses in 24 hours (for Neonatal Abstinence Syndrome (NAS) symptoms)</p> <p>Step 2</p> <p><input type="checkbox"/> morphine _____ mg (0.05 mg/kg/dose) PO/NG Q4H for 24 hours (maintenance)</p> <p><input type="checkbox"/> morphine _____ mg (0.05 mg/kg/dose) PO/NG Q4H PRN if needed 2 hours after maintenance dose. Maximum 4 doses with continued symptoms move to Step 3 (for NAS symptoms)</p> <p>Step 3</p> <p><input type="checkbox"/> morphine _____ mg (0.08 mg/kg/dose) PO/NG Q4H for 24 hours (maintenance)</p> <p><input type="checkbox"/> morphine _____ mg (0.05 mg/kg/dose) PO/NG Q4H PRN if needed 2 hours after maintenance dose. Maximum 4 doses with continued symptoms move to Step 4 (for NAS symptoms)</p> <p>Step 4</p> <p><input type="checkbox"/> morphine _____ mg (0.1 mg/kg/dose) PO/NG Q4H for 24 hours (maintenance)</p> <p><input type="checkbox"/> morphine _____ mg (0.1 mg/kg/dose) PO/ NG Q4H PRN if needed 2 hours after maintenance dose. Maximum 4 doses with continued symptoms move to Step 5 or add phenobarbital if exposed to polysubstances (for NAS symptoms)</p>	<p>■ Initiate non-pharmacological care as per Eat Sleep Console (ESC) Assessment Tool</p> <p>□ Monitor using ESC Assessment Tool (after a feed) for a minimum of 72 hours if exposed to non-opioid, polysubstance, or short acting opioids</p> <p>□ Monitor using ESC Assessment Tool (after a feed) for a minimum of 7 days if exposed to long acting opioid</p> <p>■ If the newborn has a large emesis within 5 – 10 mins of receiving a morphine dose, repeat the dose</p> <p>■ Establish continuous cardiac and respiratory monitoring (as per ESC guideline)</p> <p>■ Monitor BP prior to and 1 hour after clonidine administration for the first 2 doses, and then prior to and 1 hour after any dosage increments for 2 doses</p> <p>■ Notify most responsible care provider based on site BP protocols</p> <p><b>Consults</b></p> <p><input type="checkbox"/> Social Work</p> <p><input type="checkbox"/> Spiritual Care</p> <p><input type="checkbox"/> Indigenous Services</p> <p><input type="checkbox"/> Dietitian</p> <p><input type="checkbox"/> Occupational Therapy</p> <p><input type="checkbox"/> Lactation Consultant</p>		
<p>PHYSICIAN'S SIGNATURE _____ MD</p> <p>PRINTED NAME _____ MD</p> <p style="text-align: right; font-size: small;">GENERIC EQUIVALENT AUTHORIZED</p>	<p>TRANSCRIBED: _____                      REVIEWER: _____</p> <p><input type="checkbox"/> FAXED DATE: _____                      TIME: _____                      INITIALS: _____</p>		



\* IF NEEDED: Pharmacists can calculate a personalized dose of oral morphine maintenance: total mg given in the last 24h ( maintenance +PRN) divided by 6

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Standard orders. If not in agreement with an order, cross out and initial. 
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Drug Allergies   ▶ <b>See Clinical Circumstances Sheet</b>	ORDER TRANSCRIBED AND ACTIVATED	DATE  TIME	Patient's Height _____ Patient's Weight _____
<b>R</b> <b>MEDICATION ORDERS</b> TO BE INITIATED OR DISCONTINUED		TEST DONE	<b>GENERAL ORDERS</b>  <b>PAGE 2 OF 2</b>
DATE _____ TIME _____  <hr/> <b>Step 5</b> <input type="checkbox"/> morphine _____ mg (0.15 mg/kg/dose) PO/NG Q4H for 24 hours (maintenance) <input type="checkbox"/> morphine _____ mg (0.1 mg/kg/dose) PO/NG Q4H PRN if needed 2 hours after maintenance dose. Maximum 4 doses with continued symptoms consider additional pharmacological management in addition to morphine (for NAS symptoms)  <b>phenobarbital Option For Polysubstance Use</b> <b>(with or without opioid exposure)</b> <input type="checkbox"/> phenobarbital _____ mg (10 mg/kg/dose) x 2 PO/NG with 2 consecutive feeds (loading dose) <input type="checkbox"/> phenobarbital _____ mg (2.5 mg/kg/dose) PO/NG Q12H (maintenance) to be started 12 hours after the loading dose  <b>clonidine Escalation Option</b>  <b>Step A</b> <input type="checkbox"/> clonidine _____ mcg (1 mcg/kg/dose) PO/NG Q6H x 24 hours. Move to next step when morphine maintenance dose is at 0.15 mg/kg/dose Q4H and 4 PRN doses needed in 24 hours  <b>Step B</b> <input type="checkbox"/> clonidine _____ mcg (1.5 mcg/kg/dose) PO/NG Q6H x 24 hours after 24 hours. Move to next step when morphine maintenance dose is at 0.15 mg/kg/ dose Q4H and 4 PRN doses needed in 24 hours  <b>Step C</b> <input type="checkbox"/> clonidine _____ mcg (2 mcg/kg/dose) PO/NG Q6H x 24 hours			
PHYSICIAN'S SIGNATURE _____ MD			TRANSCRIBED: _____ REVIEWER: _____
PRINTED NAME _____ MD <small>GENERIC EQUIVALENT AUTHORIZED</small>			<input type="checkbox"/> FAXED DATE: _____ TIME: _____ INITIALS: _____