

## STANDARD ORDERS

## EAT SLEEP CONSOLE (ESC) STANDARD ORDERS ON POSTPARTUM UNITS

See Reverse for Postpartum Algorithm

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.			
$\blacksquare$ Standard orders. If not in agreement with an order, cross out and initial. $\square$ Requires a check ( $\checkmark$ ) for activation.			
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)			
Drug Allergies ► See Clinical Circumstances Sheet		DER	DATE TIME
	Α	CRIBED ND VATED	Patient's Height
	ACTI	VAIED	Patient's Weight
R MEDICATION ORDERS TO BE INITIATED OR DISCONTINUED	U	TEST DONE	GENERAL ORDERS PAGE 1 OF 1
DATE TIME			
Step 1  ☐ morphine mg (0.05 mg/kg/dose) PO Q4H PRN maximum 3 doses in 24 hours for Neonatal Abstinence Syndrome (NAS) symptoms  ☐ Discontinue morphine if no PRN doses given in 24 hours			■ Initiate non-pharmacological care as per Eat Sleep Console (ESC) Assessment Tool
			☐ Monitor using ESC Assessment Tool (after a feed) for a minimum of 72 hours if exposed to non-
			opioid, polysubstance, or short acting opioids
			<ul> <li>Monitor using ESC Assessment Tool (after a feed) for a minimum of 7 days if exposed to long acting opioid</li> </ul>
			■ If the newborn has a large emesis within 5 – 10 mins of receiving a morphine dose, repeat the dose
			■ Sp0₂ and Respiratory Rate to be assessed 30 minutes and 60 minutes post administration of morphine for the first two doses
			Notify the most responsible care provider following 3 consecutive doses of PRN morphine or 3 PRN doses in 24 hours (as per the ESC Guideline)
			<ul> <li>Once minimum time frame has elapsed and no morphine has been given in 24 hours, discharge can be considered.</li> </ul>
			Consults
			□ Neonatology
			□ Social Work
			□ Spiritual Care
			☐ Indigenous Services
			□ Dietitian
			□ Occupational Therapy
			☐ Lactation Consultant
PUNCIONALIO			
PHYSICIAN'S SIGNATURE MD			TRANSCRIBED: REVIEWER:
PRINTED NAME MD			, , , , , , , , , , , , , , , , , , ,
GENERIC EQUIVALENT AUTHORIZED			☐ FAXED DATE: TIME: INITIALS:

DATE: JANUARY 2025

