



**PHYSICIAN ORDERS FOR  
CRITICALLY ILL NEONATE**

*For infants 0-28 days.*

*At birth, refer to NRP guidelines.*

*Not intended for preterm infants.*

**in the EMERGENCY DEPARTMENT**

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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<sub>2</sub> (Right hand).
- Suction nares and ensure patency. Apply O<sub>2</sub> as needed to keep sats  $\geq$ 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  $\leq$ 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 (*for treatment of bronchiolitis*)

**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. Prepare to provide definitive airway support for potential apnea.*

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PHYSICIAN SIGNATURE

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PRINT NAME OF PHYSICIAN

\_\_\_\_\_  
DATE & TIME

\_\_\_\_\_  
NURSE SIGNATURE

\_\_\_\_\_  
PRINT NAME OF NURSE

\_\_\_\_\_  
DATE & TIME