

PHYSICIAN ORDERS
FOR
CRITICALLY ILL NEONATE in the
EMERGENCY DEPARTMENT
Page 1 of 2

Patient Identification

Weight: _____ kg Height: _____ cm Allergies: _____

Use in infants 0-28 days. At birth, refer to NRP guidelines. Not intended for preterm infants < 37 weeks.

Refer to [TREKK's Critically Ill Neonate Algorithm](#)

To activate an order, initial on blank line preceding order

INITIAL STABILIZATION AND MANAGEMENT:

- Warm environment. Continuous temperature monitoring if rectal temp < 36.5 °C or temperature instability.
- Cardiorespiratory monitoring with SpO₂ (Right hand).
- Suction nares and ensure patency. Apply O₂ as needed to keep sats ≥92%. If RR <40 and/or O₂ sats <92%, assist with CPAP at 5 cm H₂O.
- Secure 2 peripheral IVs. Send bloodwork (see Investigations below).
- If HR <60 follow PALS bradycardia algorithm. If HR >180 give NS bolus (see Hydration below). If HR >220 consider/assess for SVT.
- POCT glucose. If glucose <2.6 mmol/L give D10W bolus IV followed by D10W infusion (see Medications below) and recheck POCT glucose within 15-30 minutes.
- Treat for sepsis/meningitis with antibiotics (see Medications below). Consider adding Acyclovir for HSV.

INVESTIGATIONS:

- Priority bloodwork: CBC, blood culture, glucose, blood gas, lactate
- Additional bloodwork: electrolytes, Ca, Mg, urea, creatinine, CRP, ALT, AST, ammonia, bilirubin
- Consider urine r&m and c&s
- CXR (portable)

Initial on all lines applicable

HYDRATION:

_____ NS bolus _____ mL (10 mL/kg) IV over 10 minutes (for resuscitation, repeat PRN)

_____ D10W at _____ mL/hr (4 mL/kg/hr) IV (for maintenance) OR

_____ D5NS at _____ mL/hr (4 mL/kg/hr) IV (for maintenance) OR

_____ Other: _____ at _____ mL/hr (4 mL/kg/hr) IV (for maintenance)

***** Continued on Page 2. Ensure nurse is aware of Page 2 at the time of completion. *****

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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***Continued from Page 1.

MEDICATIONS:

Hypoglycemia

_____ **D10W** _____ mL (2 mL/kg/dose) IV bolus, followed by

_____ **D10W infusion** _____ mL/hr (4 mL/kg/hr) IV

Sepsis/Meningitis

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

_____ **Cefotaxime** _____ mg (75 mg/kg/dose) IV

If suspected HSV encephalitis add:

_____ **Acyclovir** _____ mg (20 mg/kg/dose) IV

Severe Bronchiolitis

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

Seizures

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

Refer to [TREKK's Status Epilepticus Algorithm](#) for further treatment.

Inborn Error of Metabolism

_____ **D10W Infusion (high rate)** _____ mL/hr (6 mL/kg/hr) IV

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

Duct-Dependent Cardiac Lesion

_____ **Prostaglandin E1 (PGE1, alprostadil) infusion** _____ mcg/kg/min (0.05 mcg/kg/min) IV.

Consult Pediatric Referral Center for further dosing guidance. Prepare to provide definitive airway support for potential apnea.

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