

✓	DATE	TIME	← DATE AND TIME MUST BE ENTERED	NEONATAL COMFORT CARE ORDERS	ROOM NO.
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ALLERGIES: _____ Weight: _____ kg

Check (✓) all that apply and fill in the blank if applicable

1. **Medical Diagnosis:** _____
2. **Code Status:** Full Code See DNAR Form
3. **Vital Signs:** every 4 hours and Prn
4. **Diet:** Breast milk or Formula _____ as tolerated by breast, bottle, gavage, or syringe
 If needed place a Corpak for home care size _____ unweighted
5. **Offer Non-pharmacologic Comfort Measures Prn:** Swaddling, Holding, and Pacifier
6. **Offer Oral Sucrose per policy for mild to moderate pain Neonatal Infant Pain Scale (NIPS) less than 4**
7. **Pain Control:**
 - A. **Short-acting or Breakthrough Pain Medications**
Opioids need not be held for respiratory depression in actively dying patients.
 - Morphine _____mg (0.2 – 0.5 mg/kg/dose) Po q _____ HRS Prn severe pain NIPS score greater than 4
 - Acetaminophen _____mg (10 –15 mg/kg/dose) Po or PR q _____HRS Prn mild pain
 Note: Max dose = 90 mg/kg/day if greater than 36 weeks; 60 mg/kg/day if 32 – 36 weeks
 - B. **Long-acting Pain Medications**
Opioids need not be held for respiratory depression in actively dying patients.
 - Methadone _____mg (0.05 – 0.1 mg/kg/dose) Po q _____HRS
 - C. **Gastric Pain**
 - Famotidine suspension (8 mg/mL) _____mg (0.5 mg/kg/dose) Po q 12 hours, **or**
 - Other: _____
8. **Dyspnea: Order opioids here if patient not already receiving opioids for pain.**
 - Morphine _____mg (0.2 – 0.5 mg /kg/dose) Po q _____HRS Prn dyspnea
or
 - Lorazepam _____mg (0.1 mg /kg/dose) Po q _____HRS Prn dyspnea
 - _____ % Oxygen _____ liters/min. by nasal cannula (indicated for hypoxemia; may be helpful in other cases)
9. **Anxiety/Agitation**
 - Lorazepam _____mg (0.1 mg /kg/dose) Po q _____HRS Prn agitation.
or
 - Diphenhydramine _____mg (1 mg /kg/dose) Po q _____HRS Prn agitation
10. **Secretions**
 Control with medications is preferred as suctioning can be uncomfortable for the patient.
 Note: Minimizing fluids will help decrease symptoms
 - Reposition q 2-4 HRS as tolerated
 - Glycopyrrolate _____mCg (40 – 100 mCg /kg/dose) Po q _____HRS Prn secretions
11. **Fever**
 May consider additional non-pharmacologic measures such as bathing.
 - Acetaminophen _____mg (10 –15 mg /kg/dose) Po or PR q _____HRS Prn Temp greater than _____°C
 Note: Max dose = 90 mg/kg/day if greater than 36 weeks; 60 mg/kg/day if 32 – 36 weeks
12. **Diarrhea**
 - Loperamide _____ mg (0.08 – 0.24 mg /kg/DAY in divided doses) Po q _____ HRS Prn diarrhea (Do not exceed 2 mg/dose), **or**
 - Other: _____

12-hour Chart Check _____ RN DATE: _____ / _____ / _____ TIME: _____

T.O. _____ Taken by: _____ Title: _____

TRANSCRIBED BY: _____ / _____ / _____, TIME: _____ NOTED BY: _____ / _____ / _____, TIME: _____

PHYSICIAN SIGNATURE: _____ DATE: _____ TIME: _____

PRINTED NAME/ID.: _____ (FOR MEDICATION/BIOLOGICALS T.O. ORDERS ONLY, COUNTER-SIGN ABOVE WITHIN 48 HOURS, AND INCLUDE THE DATE/TIME AUTHENTICATED)



NEONATAL COMFORT CARE ORDERS

PATIENT ID