

✓	DATE	TIME	← DATE AND TIME MUST BE ENTERED	NEONATAL COMFORT CARE ORDERS – DISCHARGE	ROOM NO.
---	------	------	------------------------------------	---	----------

ALLERGIES: _____ Weight: _____ kg

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

1. May discharge to: Home Other _____
2. Medical Diagnosis: _____
3. Code Status: Full Code See DNAR Form
4. Diet: Breast milk or Formula _____ as tolerated by breast, bottle, feeding tube, or syringe
 Feeding tube type: Corpak Size _____ Unweighted
 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 with humidification via neonatal/infant nasal cannula (indicated for hypoxemia; may be helpful in other cases)
 _____ Portable E Tank
9. Anxiety/Agitation
 Lorazepam ____mg (0.1 mg /kg/dose) Po q ____HRS Prn agitation. May give IV if unable to tolerate Po
 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
 Portable suction equipment with suction catheters
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 – 0.24mg /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 – DISCHARGE**

PATIENT ID