



# NICU NURSING CARE PLAN

## Body Cooling



Name: _____ DOB: _____ Birth Weight: _____ CGA: _____ Date: _____ Mom (cell): _____ (home): _____ Dad (cell): _____ (home): _____ NeoConnect: Y/N _____ Siblings: _____ Language: F <input type="checkbox"/> E <input type="checkbox"/> Other _____ Diagnosis: _____	<b>General Care/Measurements/Assessments</b>																					
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><b>VS-Start Cooling:</b> <b>Q15 mins x 4h</b></td> <td style="width: 30%;">Weight <b>Qday</b></td> <td style="width: 30%;">Length <b>Q_____</b></td> </tr> <tr> <td><b>VS-During Cooling:</b> <b>Q1h inc. NIRS</b></td> <td>HC <b>Q_____</b></td> <td></td> </tr> <tr> <td><b>VS-Rewarming:</b> <b>Q30 minutes</b></td> <td>Girth: <b>Q_____</b></td> <td></td> </tr> <tr> <td></td> <td colspan="2">Temp (set, water, BB): <b>Q1h</b></td> </tr> <tr> <td><b>Neuro VS &amp; aEEG</b></td> <td colspan="2"><b>Q 2h x 24 hrs then</b></td> </tr> <tr> <td><b>documentation:</b> <b>Q 4h until rewarming</b></td> <td>Pain/Sedation Scale:</td> <td></td> </tr> <tr> <td></td> <td>Assess</td> <td><b>Q_____</b></td> </tr> </table>	<b>VS-Start Cooling:</b> <b>Q15 mins x 4h</b>	Weight <b>Qday</b>	Length <b>Q_____</b>	<b>VS-During Cooling:</b> <b>Q1h inc. NIRS</b>	HC <b>Q_____</b>		<b>VS-Rewarming:</b> <b>Q30 minutes</b>	Girth: <b>Q_____</b>			Temp (set, water, BB): <b>Q1h</b>		<b>Neuro VS &amp; aEEG</b>	<b>Q 2h x 24 hrs then</b>		<b>documentation:</b> <b>Q 4h until rewarming</b>	Pain/Sedation Scale:			Assess	<b>Q_____</b>
<b>VS-Start Cooling:</b> <b>Q15 mins x 4h</b>	Weight <b>Qday</b>	Length <b>Q_____</b>																				
<b>VS-During Cooling:</b> <b>Q1h inc. NIRS</b>	HC <b>Q_____</b>																					
<b>VS-Rewarming:</b> <b>Q30 minutes</b>	Girth: <b>Q_____</b>																					
	Temp (set, water, BB): <b>Q1h</b>																					
<b>Neuro VS &amp; aEEG</b>	<b>Q 2h x 24 hrs then</b>																					
<b>documentation:</b> <b>Q 4h until rewarming</b>	Pain/Sedation Scale:																					
	Assess	<b>Q_____</b>																				
	<b>Bath</b>																					
	*Q 2 days + PRN* Last: _____ Next: _____ <b>*If central line, CHG wipes Daily*</b>																					
	<b>Blood Testing/Radiology/Consults</b>																					
	MRSA: Q Monday _____ <input type="checkbox"/> Done VRE: Q Month _____ <input type="checkbox"/> Done NB screening blood due: _____ <input type="checkbox"/> Done NB screening urine due: _____ Blood gas: <b>Q 4h-6h for first 24hrs, then _____</b> Blood work: _____																					
Treatments/Operations: <b>Cooling for 72 hrs OR Late cooling for 96 hrs (circle one)</b> <b>Body Cooling started at __: __ on _____ Started on transport:</b> <b>Rewarming to start at __: __ on _____ Y/N</b>																						
<b>Respiratory/Cardiovascular</b>																						
Ventilator/CPAP Parameters: Suctioning: <b>Min Q4h if on BCPAP+PRN, use Muko</b> Oxygen: iNO: _____ Chest Physio: _____ Head massage: _____ Saturation Targets: _____	Blood Transfusions:  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           Tests:  <b>aEEG started on:</b>  <b>EEG started on:</b>  <b>NIRS:</b>  <b>Head ultrasounds:</b>  <b>MRIs:</b> </td> <td style="width: 50%; vertical-align: top;">           Follow-ups &amp; Consults:            Neonatal Follow-up <input type="checkbox"/>            Neurology? <b>Y/N</b> </td> </tr> </table>	Tests: <b>aEEG started on:</b> <b>EEG started on:</b> <b>NIRS:</b> <b>Head ultrasounds:</b> <b>MRIs:</b>	Follow-ups & Consults: Neonatal Follow-up <input type="checkbox"/> Neurology? <b>Y/N</b>																			
Tests: <b>aEEG started on:</b> <b>EEG started on:</b> <b>NIRS:</b> <b>Head ultrasounds:</b> <b>MRIs:</b>	Follow-ups & Consults: Neonatal Follow-up <input type="checkbox"/> Neurology? <b>Y/N</b>																					
<b>Elimination</b>																						
Strict input/output? Y/N _____ Balance <b>Q4h</b> Foley → Inserted: _____ Removed: _____ Balloon inflated: ___ mL																						
<b>Feeding</b>	<b>Dressings/Skin Care</b>																					
Type: <b>NPO during cooling</b> NG/OG → Inserted: _____ Secured @ _____ Size: _____ Change due: _____ Replogle → Inserted: _____ Secured @ _____ To LWS <input type="checkbox"/> <b>Esophageal Probe: ___ cm</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; vertical-align: top;">           Chest Tubes            Inserted: _____            Removed: _____            Sutured @ _____            Dressing change: _____            **Dressing should be taken off 48hrs after removal of tube**         </td> <td style="width: 70%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• <b>Assess skin &amp; Turn &amp; Position Q2h</b></li> <li>• <b>Gentle massage of bony prominences</b></li> <li>• <b>Place rolls/positioning aids under cooling mattress</b></li> <li>• <b>Monitor closely for subcutaneous fat necrosis</b></li> </ul> </td> </tr> </table>	Chest Tubes Inserted: _____ Removed: _____ Sutured @ _____ Dressing change: _____ **Dressing should be taken off 48hrs after removal of tube**	<ul style="list-style-type: none"> <li>• <b>Assess skin &amp; Turn &amp; Position Q2h</b></li> <li>• <b>Gentle massage of bony prominences</b></li> <li>• <b>Place rolls/positioning aids under cooling mattress</b></li> <li>• <b>Monitor closely for subcutaneous fat necrosis</b></li> </ul>																			
Chest Tubes Inserted: _____ Removed: _____ Sutured @ _____ Dressing change: _____ **Dressing should be taken off 48hrs after removal of tube**	<ul style="list-style-type: none"> <li>• <b>Assess skin &amp; Turn &amp; Position Q2h</b></li> <li>• <b>Gentle massage of bony prominences</b></li> <li>• <b>Place rolls/positioning aids under cooling mattress</b></li> <li>• <b>Monitor closely for subcutaneous fat necrosis</b></li> </ul>																					
<b>Fluids</b>	<b>Special Concerns/Teaching with Parents</b>																					
TFI: _____ Weight: _____ Total ml/day: _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Hand hygiene</td> <td><input type="checkbox"/> <b>Modified Kangaroo Care</b></td> </tr> <tr> <td><input type="checkbox"/> Books for babies</td> <td><input type="checkbox"/> <b>Subcutaneous fat necrosis pamphlet given</b></td> </tr> <tr> <td><input type="checkbox"/> Language passport</td> <td></td> </tr> </table>	<input type="checkbox"/> Hand hygiene	<input type="checkbox"/> <b>Modified Kangaroo Care</b>	<input type="checkbox"/> Books for babies	<input type="checkbox"/> <b>Subcutaneous fat necrosis pamphlet given</b>	<input type="checkbox"/> Language passport																
<input type="checkbox"/> Hand hygiene	<input type="checkbox"/> <b>Modified Kangaroo Care</b>																					
<input type="checkbox"/> Books for babies	<input type="checkbox"/> <b>Subcutaneous fat necrosis pamphlet given</b>																					
<input type="checkbox"/> Language passport																						
	<b>Lines</b>																					
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>UAL</b> Sutured @ _____            Inserted: _____            Removed: _____         </td> <td style="width: 50%; vertical-align: top;"> <b>UVL</b> Sutured @ _____ Single/            Central/Peripheral Double            Inserted: _____            Removed: _____         </td> </tr> <tr> <td style="vertical-align: top;"> <b>PICC</b> External Portion: _____            Inserted: _____            Dressing due: _____ <b>Q 14 days + PRN</b> </td> <td style="vertical-align: top;">           Central/Peripheral Single/            Removed: _____ Double         </td> </tr> </table>	<b>UAL</b> Sutured @ _____ Inserted: _____ Removed: _____	<b>UVL</b> Sutured @ _____ Single/ Central/Peripheral Double Inserted: _____ Removed: _____	<b>PICC</b> External Portion: _____ Inserted: _____ Dressing due: _____ <b>Q 14 days + PRN</b>	Central/Peripheral Single/ Removed: _____ Double																	
<b>UAL</b> Sutured @ _____ Inserted: _____ Removed: _____	<b>UVL</b> Sutured @ _____ Single/ Central/Peripheral Double Inserted: _____ Removed: _____																					
<b>PICC</b> External Portion: _____ Inserted: _____ Dressing due: _____ <b>Q 14 days + PRN</b>	Central/Peripheral Single/ Removed: _____ Double																					
	<b>Special Notes</b>																					
Updated by: _____ Date: _____																						