



END OF LIFE CARE FOR NEWBORNS
Women's & Newborn Health
HIGH ALERT

K07002307 Jun/7/2002 M
 SCA,TEST Visit
 ER0000145/12 HCN: 22222222
 Van den Hof, TEST / TEST, Maureen
 Dec/8/2012

Patient: _____

Alert Record Reviewed No Allergies Known

Allergies–Adverse Reactions–Cautions: _____

Age _____ Patient's Weight _____ kg Date of Patient's Weight _____

DIAGNOSIS: _____

Items preceded by a **bullet (•)** are active orders. Items preceded by a **checkbox (☐)** are only actioned if checked (✓)
Medication orders will be written by the physician/resident in charge of the mother or baby. This may include, but is not restricted to, neonatal and obstetric attending staff, residents or the pediatric advanced care team.

- Continue with non-pharmacologic approaches including: skin-to-skin, sucrose drops, mouth care, etc. Refer to *End of Life Care for Newborns Policy #4.45*. Many newborns do not manifest signs of physical distress and remain comfortable with routine comfort measures
- **Call most responsible care provider for reassessment if inadequate relief, if symptoms worsen, or after 3 doses of any of the following medications**

Morphine for apparent pain or breathlessness

Dosing below applies to opiate naïve newborns. Newborns receiving regular opioids may require higher or more frequent doses

If weight known:

morphine (0.1 mg/kg/dose) _____ mg q30 min PRN for apparent pain and/or breathlessness

If weight unknown, estimated:

less than 0.5 kg: **morphine** 0.05 mg q30 min PRN

greater than 0.5 kg: **morphine** 0.1 mg q30 min PRN

Select route of administration: Buccal Rectal (using 1 mg/mL oral syrup)
 IV (if access already established e.g. NICU)

Midazolam for irritability and/or seizures

If weight known:

Select route of administration: Buccal Intranasal* (using 5 mg/mL injection)

midazolam (0.3 mg/kg/dose) _____ mg q2h PRN for irritability q5min PRN for seizures

IV (if access already established e.g. NICU)

midazolam (0.15 mg/kg/dose) _____ mg q2h PRN for irritability q5min PRN for seizures

If weight unknown, estimated:

Buccal Intranasal* (using 5 mg/mL injection)

less than 0.5 kg: **midazolam** 0.15 mg q2h PRN for irritability q5min PRN for seizures

greater than 0.5 kg: **midazolam** 0.3 mg q2h PRN for irritability q5min PRN for seizures

*For intranasal route use a Mucosal Atomization Device (MAD) Nasal – see Medication Management Policy 20.11
 Note: MAD device may not be appropriate for use in premature neonates due to size of atomizer, consider alternate routes of medication administration.

Atropine for reducing secretions**

atropine 1 drop sublingually q2h PRN (using 1% ophthalmic solution)

**There is very limited support for the efficacy of medications to control secretions at end of life. Infants in distress should be treated with medications such as morphine and midazolam; infant respiratory noises without distress should be treated by parental reassurance of the infants comfort.

DATE (yyyy/MON/dd) Time (24hour/hh:mm) Prescriber Signature Printed Surname/Registration#

DATE (yyyy/MON/dd) Time (24hour/hh:mm) Verified By (Signature) Printed Surname

