

Newborn Nursery Standing Orders Phase

Physician Orders PEDIATRIC: Newborn Nursery Admit Standing Orders Plan

Non Categorized		
Criteria: Initi	ate at birth, when patient meets the following:	Infants not requiring further
stabilization	in the NICU Birth weight greater than or equal to 200	00 grams Gestational age greater than or
equal to 35	weeks Apgars greater than or equal to 7 at 5 minutes	s of age(NOTE)*
Admission/Transfe	er/Discharge	
Patient Stat	us Initial Inpatient	
T;I	N, Bed Type: Other - see Special Instructions, Unit: N	lewborn Nursery Care Team, 2 midnights or
moi	re ·	
Vital Signs		

Vital Signs

T;N, Monitor and Record T (axillary),P,R,BP on admission, then T (axillary),P,R q30min until stable for 2 hours, then q8 hrs

☑ Vital Signs

T;N, once, Monitor and Record BP in 1 upper and 1 lower extremity between 12 -24 hours after admission

Activity

☑ Bath

T;N, May bathe after vital signs and temp stable for 2hrs, then bathe infant PRN after weaned to open crib

Skin to Skin

T;N, May skin to skin if vital signs stable. Skin to skin is a warming mechanism

Food/Nutrition

Begin feeding method(s) per mother's choice and Breastfeeding policy guidelines as soon as infant clinically stable:(NOTE)*

☑ Breastfeed

T;N, prn(adlib), encourage q3hrs

☑ Similac Advance

T;N, mL, q3h, Cals/oz: 20, if breastmilk unavailable

Patient Care

Pediatric Bed Type NSG

T;N, Bed Type: Radiant Warmer, Open Crib, Servo controlled open warmer 36 to 36.5 degrees Celsius. Wean to open crib after bath when temp stable for 30min

Infants weighing <2500 grams are considered low birth weight.(NOTE)*

☑ Weight

T;N, on admission record in grams

Daily Weights

T;N, Routine, qEve

Length Infant

T;N, on admission record in centimeters

☑ Measure Circumference

T;N, Of: Head | Chest, On admission, record in centimeters

O2 Sat Monitoring NSG

T;N, once, 12 -24 hours after admission





Physician Orders PEDIATRIC: Newborn Nursery Admit Standing Orders Plan

$\overline{\mathbf{A}}$	Intake and Output
$\overline{\mathbf{Q}}$	T;N, q-shift Glucose Screening Per Policy
	T;N
☑	Nursing Communication T;N, Obtain mother's results (HBsAG, RPR, GBS, Rubella, HIV, maternal blood type, ABO, Rh Coombs) upon admission, place on infant's chart
☑	Hold Cord Blood T;N, Routine, at birth, for 7 days in lab
	Thermoregulation Policy Measures Per Unit Guidelines T;N
☑	Nursing Communication T;N, If mother is HbsAg positive or unknown or HIV positive, bathe infant prior to any injection, needle stick or blood draw procedure.
\Box	Newborn Screen T;N, at greater than 24 hours of age and prior to discharge
abla	Transcutaneous Bilirubin Level (POC) T+1;N, Perform prior to Discharge
☑	Newborn Cardiac Screening for CHD T;N, When more than 24 hours of age or as late as possible if going home prior to age 24 hours.
☑	Nursing Communication T;N, If Coombs positive, place orders for Bilirubin, HCT, and Reticulocyte Count at 6hrs of age. Notify Mother's nurse of results. Place order below for infants less than 37 weeks gestational age at birth, less than 2500 grams, or any infant
	with other medical conditions which place the infant at high risk for apnea or oxygen desaturation.(NOTE)* Car Seat Challenge T;N, per Car Seat Safety Challenge Policy
Medica	
☑	+1 Hours erythromycin 0.5% ophthalmic ointment 1 application, Ophthalmic Oint, Both Eyes, once, Routine Comments: Apply 1 cm ribbon to each eye.
	+1 Hours phytonadione 1 mg, Injection, IM, once, Routine NOTE: If male infant to be circumcised place order(s) below:(NOTE)* * No Ointment for Plastibell procedure(NOTE)*
	+1 Hours bacitracin/neomycin/polymyxin B 400 units-3.5 mg-5000 units/g topical ointment 1 application, Ointment, TOP, prn, PRN Diaper Change, Routine
Labora	atory
	If mother is Rh negative place order for newborn workup on cord blood.(NOTE)*
	Newborn Workup STAT, T;N, Type: Blood, Collection Comment: cord blood
☑	Cytomegalovirus by PCR Newborn Screen
Consu	Routine, T;N, once, Type: Saliva-Swab, Nurse Collect Its/Notifications/Referrals





Physician Orders PEDIATRIC: Newborn Nursery Admit Standing Orders Plan

$\overline{\mathbf{A}}$	Notify Physician-Once	n 2 hours of birth if mother treated for suspected infe	oction		
☑	Notify Physician-Once T;N, Notify: Pediatrician, If no	·	CHOTT		
☑	Notify Physician-Once T;N, Notify: Pediatrician, of roo	om number on arrival to unit			
☑	Hearing Screen Consult T;N, Newborn hearing screen, prior to discharge				
Date	Time	Physician's Signature	MD Number		

*Report Legend:

DEF - This order sentence is the default for the selected order

GOAL - This component is a goal

IND - This component is an indicator

INT - This component is an intervention

IVS - This component is an IV Set

NOTE - This component is a note

Rx - This component is a prescription

SUB - This component is a sub phase, see separate sheet

R-Required order

