



attach patient label here

Physician Orders Newborn Nursery Admit Protocol Plan

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
Admission/Transfer/Discharge		
<input checked="" type="checkbox"/>	Patient Status Initial Inpatient	
	Bed Type: <input type="checkbox"/> Med Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Obstetrics <input checked="" type="checkbox"/> Other specify in Comment; Specific Unit Location: Newborn Nursery	
	NOTE to MD:	
	<u>Initial status – inpatient</u> --- For a condition/dx with severity of illness or co-morbid conditions indicating a hospital stay greater than 24 hours is required.	
	<u>Initial Status Outpatient – Ambulatory surgery</u> – Outpatient surgery/procedure with discharge anticipated after a routine or, in some cases, extended recovery. <ul style="list-style-type: none"> • Routine recovery after outpatient surgery is estimated at 6-8 hours. • “Extended” routine recovery may be required for a patient to stay longer (could be overnight) to recover from anticipated sequela of surgery including effects of anesthesia, nausea, pain. • For unanticipated sequela of surgery or a complicated post operative course, the patient may require a status change to inpatient. Please consult with a case manager before making this choice of “status change”. • Examples: Initial status outpatient is generally selected for patients undergoing PCI, diagnostic caths, EP studies, ablations, pacemaker implantations, other routine surgeries. 	
	<u>Initial status Outpatient -Observation Services</u> – Short term treatment, assessment and reassessment - estimate discharge within 24 hours <ul style="list-style-type: none"> • In some cases (for Medicare patients), this can be extended to 48 hours. • Observation Services can also be utilized when it is unclear (without additional assessment) whether the patient will require an inpatient stay. 	
<input checked="" type="checkbox"/>	Notify physician once	T;N, Who:Pediatrician, For: of room number on arrival to unit
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
Vital Signs		
<input type="checkbox"/>	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
<input type="checkbox"/>	Vital Signs	T;N, Monitor and Record BP in 1 upper and 1 lower extremity between 12 -24 hours after admission
Activity		
<input type="checkbox"/>	Bath	T;N, May bathe after vital signs and temp stable for 2hrs, then bathe infant PRN after weaned to open crib
Food/Nutrition		
	NOTE: Place order below to begin feeding method per mother's choice and physician's preference as soon as infant clinically stable:	
<input type="checkbox"/>	Breastfeed	T;N, ad lib, encourage q3 hrs
<input type="checkbox"/>	Good Start Gentle Plus	T;N, _____ mL, q3h, Cals/oz: 20, if breastmilk unavailable
<input type="checkbox"/>	Similac Advance	T;N, _____ mL, q3h, Cals/oz: 20, if breastmilk unavailable
<input type="checkbox"/>	Isomil Sensitive Soy	T;N, _____ mL, q3h, Cals/oz: 20, if breastmilk unavailable
<input type="checkbox"/>	Neosure Expert Care	T;N, _____ mL, q3h, Cals/oz: 22, if breastmilk unavailable
<input type="checkbox"/>	Enfamil Premium Newborn	T;N, _____ mL, q3h, Cals/oz: 20, if breastmilk unavailable
<input type="checkbox"/>	Enfamil Premium Infant	T;N, _____ mL, q3h, Cals/oz: 20, if breastmilk unavailable
<input type="checkbox"/>	Prosobee Lipil	T;N, _____ mL, q3h, Cals/oz: 20, if breastmilk unavailable



Newborn Nursery Admit Protocol Plan

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Patient Care		
[]	Pediatric Bed Type NSG	T;N, Type:Radiant warmer, Servo controlled open warmer 36 to 36.5 degrees Celsius. Wean to open crib after bath when temp stable for 30min
[]	Weight	T;N, on admission, record in grams
[]	Length Infant	T;N, on admission, record in centimeters
[]	Measure Circumference	T;N, Head, Chest, on admission, record in centimeters
[]	Daily Weights	T;N, Routine, qEve
[]	O2 Sat Monitoring NSG	T;N, once, between 12 -24 hours after admission
[]	Intake and Output	T;N, q-shift
[]	Glucose and Anemia/Polycythemia 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, for 7 days in lab
[]	Low Birth Weight Screening	T;N, per clinical policy for all infants under 2500 grams birth weight
[]	Newborn Screen	T;N, at greater than 24 hours of age and prior to discharge
[]	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, needlestick or blood draw procedure.
[]	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.
Medications		
[]	erythromycin ophthalmic (erythromycin ophthalmic 0.5% ointment)	1 application,Ophthalmic Oint,Both Eyes,once,Routine,T;N, Comment: apply 1 cm ribbon to each eye
[]	phytonadione	1 mg,Injection,IM,once,Routine,T;N
NOTE: Place order below if infant has had ISE applied.		
[]	bacitracin/neomycin/polymyxin B topical (Triple Antibiotic)	1 application,Ointment,TOP,prn,PRN Other, specify in Comment,Routine,T;N, Comment: PRN for ISE site after infant bath
NOTE: If mother is HbsAg positive, order the infant hepatitis B immune globulin and hepatitis B vaccine.		
[]	hepatitis B immune globulin IM	0.5 mL,Injection,IM,once,Routine,T;N, Comment: immediately after bath and within 12 hours af age
[]	hepatitis B Vaccine	0.5 mL,Injection,IM,once,Routine,T;N, Comment: immediately after bath and within 12 hours af age
NOTE: If mother's HbsAg status is unknown or cannot be obtained within 12 hours, order hepatitis B vaccine:		
[]	hepatitis B Vaccine	0.5 mL,Injection,IM,once,Routine,T;N, Comment: immediately after bath
NOTE: If mother's HbsAg status is negative, hepatitis B vaccine is indicated in the first 2 weeks of life. If mother's HbsAg status is negative, place order below:		
[]	Nursing Communication	T;N, Hepatitis B vaccine is indicated in the first 2 weeks of life. If mother's HbsAg status is negative, call MD to receive order for: hepatitis B Vaccine, 0.5 mL,Injection,IM,once,Routine,T;N, Comment: give before discharge
NOTE: If mother is HIV positive, order zidovudine below:		
[]	zidovudine	2 mg/kg,Syrup,PO,qid, Stat, T;N, Comment: first dose within 6 hours of birth

Newborn Nursery Admit Protocol Plan

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Medications (continued)	
	NOTE: If male infant is to be circumcised place order below:
[]	Consent Signed For T;N, Procedure: Circumcision
	NOTE: If male infant to be circumcised by Mogan or Gomco technique place order below:
[]	bacitracin/neomycin/polymyxin B 1 application,Ointment,TOP,prn,PRN diaper change, Routine,T;N, topical (Triple Antibiotic)
Laboratory	
	NOTE: If mother is Rh negative place order for Newborn Workup on cord blood.
[]	Newborn Workup T;N, STAT, blood, Nurse Collect, Collection Comment: cord blood
Consults/Notifications	
[]	Notify Physician-Once T;N, Who: Pediatrician, For: within 2 hours of birth if mother treated for suspected chorioamnionitis
[]	Notify Physician-Once T;N, Who: Pediatrician, For: If no voids or stools by 24hrs
[]	Hearing Screen Consult T;N, Reason: Newborn Hearing Screen, prior to discharge

Date

Time

Nurse's Signature

Date

Time

(Optional) Physician's Signature

MD Number