Physician Orders PEDIATRIC: Newborn Nursery Admit Protocol Plan

Newborn Nursery Standing Orders Phase
Non Categorized
Criteria: Initiate at birth, when patient meets the following:
Infants not requiring further stabilization in the NICU
Birth weight greater than or equal to 2000 grams
Gestational age greater than or equal to 35 weeks
Apgar’s greater than or equal to 7 at 5 minutes of age (NOTE)*

Admission/Transfer/Discharge
☑ Patient Status Initial Inpatient
T:N, Bed Type: Other - see Special Instructions, Unit: Newborn Nursery Care Team, 2 midnights or more

Vital Signs
☑ Vital Signs
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
once, Monitor and Record BP in 1 upper and 1 lower extremity between 12 -24 hours after admission

Activity
☑ Bath
May bathe after vital signs and temp stable for 2hrs, then bathe infant PRN after weaned to open crib
☑ Skin to Skin
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 Pro-Advance
mL, q3h, Cals/oz: 20, if breastmilk unavailable

Patient Care
☑ Pediatric Bed Type NSG
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
on admission record in grams
☑ Daily Weights
Routine, qEve
☑ Length Infant
on admission record in centimeters
☑ Measure Circumference
T:N, Of: Head | Chest, On admission, record in centimeters
☑ O2 Sat Monitoring NSG
once, 12 -24 hours after admission
☑ Intake and Output
q-shift
☑ Glucose Screening Per Policy
☑ Nursing Communication
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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
  - Routine, at birth, for 7 days in lab

- Thermoregulation Policy Measures Per Unit Guidelines

- Nursing Communication
  - If mother is HbsAg positive or unknown or HIV positive, bathe infant prior to any injection, needlestick or blood draw procedure.

- Newborn Screen
  - at greater than 24 hours of age and prior to discharge

- Transcutaneous Bilirubin Level (POC)
  - T+1:N, Perform prior to Discharge

- Newborn Cardiac Screening for CHD
  - When more than 24 hours of age or as late as possible if going home prior to age 24 hours.

- Nursing Communication
  - 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

Medications

- +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

Laboratory

- 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
  - Routine, T:N, once, Type: Saliva-Swab, Nurse Collect

Consults/Notifications/Referrals

- Notify Physician-Once
  - Notify: Pediatrician, Notify For: within 2 hours of birth if mother treated for suspected infection

- Notify Physician-Once
  - Notify: Pediatrician, Notify For: If no voids or stools by 24hrs

- Notify Physician-Once
  - Notify: Pediatrician, Notify For: of room number on arrival to unit

- Hearing Screen Consult
  - Newborn hearing screen, prior to discharge
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<table>
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<tr>
<th>Date</th>
<th>Time</th>
<th>Physician’s Signature</th>
<th>MD Number</th>
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*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