



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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Date	Time	Physician's Signature	MD Number
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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

