

STP-910 ADMISSION OF A NEWBORN

STP 910 - Admission of a Newborn

NURSING

STP 910 Clinical Instructions:

- Place infant skin to skin with mother or father or designated support person. Initiate initial steps of Neonatal Resuscitation Program (NRP).
- Apply 4-part band to mother or father or designated support person.
- Obtain vital signs: Every 30 minutes x 4 after delivery, then every 6 hours
- Do a primary physical assessment within the first hour of life. Report any abnormal findings to the physician. Assessment to include:
 - a) Limited neurological (excluding reflexes)
 - b) Cardiac
 - c) Respiratory
- Initiate breast-feeding or bottle feeding (refer to mother's decision for formula type) per mother's request and based upon infant hunger cues.
- Weigh and measure infant to include head circumference and length
- Complete bath within first 12 hours of life and when vital signs are stable. If infant is 35 – 37 weeks, may require delay in bath for several hours.
- Blood glucose screening as indicated
- Complete physical assessment by 4-6 hours of age, report any abnormal findings to the physician. -
Secondary assessment to include:
 - a) Reflexes
 - b) Gastrointestinal
 - c) Genital/Urinary
 - d) Musculoskeletal
 - e) Integumentary
- Initial Newborn Screen after 12 hours of age
- Newborn hearing screen after 12 hours of age
- Check maternal Hepatitis B and VDRL results and report any unknown or positive results to pediatrician.
- Give parent (s) information on Hepatitis B vaccine and obtain consent for vaccine administration. If vaccine refused, have parent(s) sign refusal section.
- Obtain a total serum bilirubin for any infant who is visibly jaundiced before 24 hours of age.
- Perform a Transcutaneous Bilirubin (TcB) at 24 hours and document results on nomogram. Per admission orders, draw a serum total bilirubin for any TcB results greater than or equal to 6mg/dL. Notify physician if Total Serum Bilirubin (TcB) greater than 8 mg/dL.
- If there is a reasonable suspicion of illicit drug use by the mother or the mother is positive for illicit drugs, obtain a urine drug screen.
- Post-procedure assess the following:
 - a) Eyes for discharge
 - b) Bleeding from any site
- Notify the MD of newborn's admission, to include:
 - a) Time of birth
 - b) Sex of the newborn
- If any abnormal finding on the assessment of maternal history or labs, page physician to report results.

RESPIRATORY

- Continuous Pulse Ox: If infant cyanotic, retracting, flaring, grunting or has a murmur.
- Apply O2 with defined parameters: If oxygen saturations less than 95%, start free flow oxygen by blow-by at 5 liters per minutes or 1 liter per minute via nasal cannula. Call physician for further orders.

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MEDITECH NAME: STP-910 ADMISSION OF NEWBORN

MEDITECH MNEMONIC: STP.910

Zynx=none

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V:\SJO Ordersets\Order Sets\STANDARDIZED PROCEDURES

NUTRITION

- Breast milk as tolerated: Initiate breastfeeding within 1 Hr, then breastfeeding on demand (minimum of 8-12 feedings in 24 Hrs). No supplementation unless medically indicated or mother's request after education given.
- Formula fed as tolerated: Initiate bottle-feeding (refer to mother's decision for formula type) per mother's request and based upon infant hunger cue.

MEDICATIONS

Vitamin K orders

****For patients > or = 1,500 Gm, use 1 mg order**

- Vitamin K (Phytonadione) 1 mg (0.5 mL) IM x 1 dose in **Left** anterior thigh per protocol (STP 910 – ADMISSION OF NEWBORN). Give within 1st Hr of life. Swab Infant's injection site with alcohol prior to administering.

****For patients < 1,500 Gm, use 0.5 mg order**

- Vitamin K (Phytonadione) 0.5 mg (0.25 mL) IM x 1 dose in **Left** anterior thigh per protocol (STP 910 – ADMISSION OF NEWBORN). Give within 1st Hr of life. Swab Infant's injection site with alcohol prior to administering.

Ophthalmic Medication orders

- ERYthromycin ophthalmic ointment 0.5%. Apply to both eyes per protocol (STP 910 - ADMISSION OF NEWBORN) x 1 dose. Apply the ointment to each eye on the lower conjunctival sac, starting with the inner canthus and proceeding to the outer canthus. Do not rinse from eyes. Wipe excess from skin around eyes. Give within the first 2 hours of life or after the first breast-feeding if occurred within the first 2 hours of life. Provide explanation/information to mother and/or significant other of procedure and purpose.

When ERYthromycin is unavailable

- AZIthromycin 1% ophthalmic solution- Instill 1 drop in both eyes per protocol (STP 910 - ADMISSION OF NEWBORN) x 1 dose. Do not rinse from eyes. Wipe excess from skin around eyes. Give within the first 2 hours of life or after the first breast-feeding if occurred within the first 2 hours of life. Provide explanation/information to mother and/or significant other of procedure and purpose.

When BOTH ERYthromycin and AZIthromycin are unavailable

- Gentamicin ophthalmic ointment 0.3% Apply to both eyes per protocol (STP 910 - ADMISSION OF NEWBORN) x 1 dose. Apply the ointment to each eye on the lower conjunctival sac, starting with the inner canthus and proceeding to the outer canthus. Do not rinse from eyes. Wipe excess from skin around eyes. Give within the first 2 hours of life or after the first breast-feeding if occurred within the first 2 hours of life. Provide explanation/information to mother and/or significant other of procedure and purpose.

Hepatitis B Vaccine order

- Hepatitis B vaccine (Pediatric) 0.5 mL IM x 1 dose in **RIGHT** thigh within 12 Hrs of birth per protocol (Per STP 910 - ADMISSION OF NEWBORN).

LABORATORY – Chemistry

- Total Bilirubin

LABORATORY – Urine

- Drug screen rapid urine