

Hanover and District Hospital

PATIENT ID

INCLUSION CRITERIA

All full term newborns.

HOW TO USE THE CLINICAL PATHWAY

- This is a proactive tool to avoid delays in treatment and discharge.
 These are not orders, only a guide to usual orders.
 If already charting elsewhere, refer to the Unit specific Flow Records.
- 2. Place the Clinical Pathway in the nurses clinical area of the chart. All health care professionals should fill in the master signature sheet at the front of the Pathway. Addressograph/sticker each page of the Pathway.
- 3. PHYSICIANS: Add or delete tasks according to individual patient complexity, and initial all changes.
- 4. HEALTH CARE PROFESSIONALS: Initial tasks as completed. Place N/A and initial any box where the task is not applicable to the patient. Additional tasks due to patient individuality can be added to the pathway in "OTHER" boxes and/or Progress Notes.
- 5. TRANSFER PATIENTS: If patient is transferred to another hospital in Grey-Bruce, send the following:
- o Discharge Criteria original to stay on patient chart
- MAR Sheet
 original to stay on patient chart
- 6. Record on Pathway Progress Notes -- actions implemented and follow up assessments.

PROGRESS NOTES:

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PROCESS	NEWBORN		DATE			
11100200		(FIRST 24 HOURS)				
PERFORMANCE INDICATORS	1 IMMEDIATE SKIN-TO-SKIN MOTHER-NEWBORN CONTACT		□ Not Met □ N/A	INITIAL Met □ N/A		
		LACTIC MEDICATIONS GIVEN WITHIN 6 HOURS RTH (AFTER PARENTS HAVE HELD INFANT)				
		BABY VITAL SIGNS:				
		Temperature				
	Q 1HR x3	Pulse				
ASSESSMENT	then Q SHIFT & PRN	Respirations				
(OBSERVATIONS/ MEASUREMENTS/ ELIMINATION)		ВР				
		INITIAL				
	BABY'S WEIGHT (g)					
	JAUNDICE - IF NOTED, NOTIFY PHYSICIAN					
	BOWELS: Mec - meconium Y - yellow G - green B - brown					
	BLADDER: V- voided					
CONSULTS	PAEDIATRICIA	N PRN				
	CORD BLOOD pH / GASES					
DIAGNOSTICS/	CBC, BLOOD GLUCOSE, BLOOD GROUP IF ORDERED					
LABORATORY	BILIRUBIN PRN					
	OTHER:					
	EYE OINTMENT WITHIN 2 HOURS POSTPARTUM					
MEDICATIONS	VITAMIN K WITHIN 6 HOURS POSTPARTUM					
	OTHER:					
TREATMENTS/ INTERVENTIONS	CORD CARE:					
PROGRESS NOTES:						

PROCESS	NEWBORN (FIRST 24 HOURS)		DATE			
	(FIRST 24 HOURS)					
	EFFECTIVE ATTEMPTS AT NUTRITIVE SUCK/SWALLOW					
	ASSIST WITH FEEDING CHOICE:					
	☐ BREAST FEEDING-INITIATE FEEDING WITHIN 1/2 HOUR POSTPARTUM					
NUTRITION	☐ FORMULA — INITIATE FEEDING WITHIN 4 HOURS (Formula Feeding requires parental consent and documentation)					
	BREAST FEEDING: G - good F - fair P - poor					
	FORMULA: Type:					
	POSITION ON BACK TO SLEEP					
MOBILITY/ACTIVITY	BABY ALERT AND ACTIVE WHILE AWAKE					
	ACTIVITY: S - slept well I - irritable					
PSYCHOSOCIAL SUPPORT/ EDUCATION	CIRCUMCISION OPTION DISCUSSED WITH PARENTS IF APPLICABLE					
DISCHARGE PLANNING	CHECK DISCHARGE CRITERIA DAILY					
PROGRESS NOTES:						



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PROCESS	PROCESS NEWBORN (24-48 HOURS)			DATE		DATE	
			INITIAL				
PERFORMANCE INDICATORS	3 BREAST	FEEDING ASSESSED USING LATCH ASSESSMENT					
	CIRCUMCISIO	N CARE IF APPLICABLE					
		BABY VITAL SIGNS: Temperature					
		Pulse					
ASSESSMENT (OBSERVATIONS/	Q SHIFT	Respirations					
MEASUREMENTS/ ELIMINATION)		ВР					
			INITIAL				
	BABY'S WEIGHT (g)						
	BOWELS: Mec - meconium Y - yellow G - green B - brown						
	BLADDER: V- voided						
CONSULTS							
	ONTARIO NEV	VBORN SCREENING BLOOD WORK ON BABY					
DIAGNOSTICS/	HEARING SCREEN COMPLETED						
LABORATORY	BILIRUBIN PRN						
	OTHER:						
MEDICATIONS	OTHER:						
TREATMENTS/	CORD CLAMP	REMOVED					
INTERVENTIONS	CIRCUMCISION IF APPLICABLE						
	CORD CARE						
	ASSIST WITH	FEEDING CHOICE					
NUTRITION	BREAST FEEDING: G - good F - fair P - poor						
	FORMULA: Type:						
		BACK TO SLEEP					
MOBILITY/ACTIVITY	BABY ALERT AND ACTIVE WHILE AWAKE						
	ACTIVITY: S -	slept well I - irritable					

PROCESS	NEWBORN (24-48 HOURS)	DATE		DATE	
PSYCHOSOCIAL SUPPORT/ EDUCATION	BATH AND GENERAL BABY CARE DEMONSTRATION WITH FAMILY PARTICIPATION, INCLUDING: NEWBORN ASSESSMENT, CORD & SKIN CARE, STOOL/DIAPERING, JAUNDICE, TEMPERATURE, CLOTHING, POSITIONING/SLEEPING PATTERNS				
	FORESKIN/CIRCUMCISION CARE				
	HEARING SCREEN PAMPHLET REVIEWED				
DISCHARGE PLANNING	LATCH SCORE RECORD COMPLETED Q SHIFT				
	CHECK DISCHARGE CRITERIA DAILY				

PROGRESS NOTES:

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PROCESS	DISCHARGE C	DATE MET	INITIAL	
PATIENT OUTCOME INDICATORS	4 ALL DISCHARGE CRITERIA MET	If all Discharge Criteria met, patient can be discharged home.		
	PASSED MECONIUM			
	VOIDED			
ASSESSMENT	WEIGHT LOSS WITHIN 10% OF BIRTH V	VEIGHT		
(OBSERVATIONS/	NORMAL VITAL SIGNS			
MEASUREMENTS/	NORMAL COLOUR, NO SIGNS OF JAUN			
ELIMINATION)	<u>or</u> IF SIGNS OF JAUNDICE, PHYSICIAN	HAS BEEN NOTIFIED		
	NO EVIDENCE OF SEPSIS			
	CIRCUMCISION - NO EVIDENCE OF BLE			
CONSULTS				
DIAGNOSTICS/	NORMAL LAB VALUES			
LABORATORY	ONTARIO NEWBORN SCREENING BLOOD WORK DONE AND LETTER GIVEN TO PARENTS PRN			
MEDICATIONS				
TREATMENTS/ INTERVENTIONS				
NUTRITION	NO APPARENT FEEDING PROBLEMS - A FEEDINGS	AT LEAST 2 SUCCESSFUL		
MOBILITY/ACTIVITY	CAR SEAT CHECKLIST COMPLETED			
PSYCHOSOCIAL SUPPORT/ EDUCATION				
	CHECK BABY/MOTHER ID BANDS BEFO	DRE DISCHARGE		
DISCHARGE PLANNING	NOTIFY PHYSICIAN FOR ALC ORDER IF CRITERIA BUT MOTHER DOES NOT	BABY MEETS DISCHARGE		
	DISCHARGE TIME	_		_