



## NEWBORN CLINICAL PATHWAY

Hanover and District Hospital

PATIENT ID

### INCLUSION CRITERIA

All full term newborns.

### HOW TO USE THE CLINICAL PATHWAY

1. 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:
  - 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.





# NEWBORN CLINICAL PATHWAY

**Hanover and District Hospital**

*PATIENT ID*

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

**PROGRESS NOTES:**

|  |
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|  |





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





## NEWBORN CLINICAL PATHWAY

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*PATIENT ID*

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