

Newborn – Initial Orders

1. Admit to 4th floor Diagnosis: newborn Condition: stable

2. Vital Signs:

- Temperature, heart rate and respiratory rate upon admission, then hourly until normal for two hours, then every 8 hours routinely or every 4 hours if GBS positive or unknown.
- Vital sign ranges:
 - Respiratory rate (30 to 60), if less than 30 respirations per minute then notify provider
 - Heart rate (100 to 160)
 - Temperature (36.5°C to see below)
 - If axillary temperature is 37.5°C or above, obtain an immediate rectal temperature.
 - Notify provider promptly for rectal temperature 38.0°C or above.

3. Nursing:

- Perform "Newborn Admission Assessment" and "Newborn Transitional Care Checks."
- During transition, warm infant PRN with goal temperature of 36.8°C to 37.4°C. See "Hypothermia in Newborn" guidelines if temperature below 36.8°C during the first 2 hours of life.
- Symptomatic or high-risk for hypoglycemia, then see "Blood Glucose Screening for Hypoglycemia" guidelines.
- Bathe, cleanse and dry infant to remove meconium and maternal blood when condition is stable.
- Keep cord clean and dry.
- Document feeds, stools, voids and daily weight.
- "Head-to-Toe Assessments" every 8 hours.
- Inform provider promptly if any of the following conditions are known/suspected upon admission:
 - chorioamnionitis or maternal antibiotics for fever
 - GBS positive or unknown, and no antibiotics 4 hours or more prior to delivery, and
 - preterm (less than 37 weeks), or
 - rupture of membranes 18 hours or longer
 - maternal HBsAg or HIV positive

4. Erythromycin ophthalmic ointment 5 mg/gm to each eye.

5. Vitamin K 1 mg IM.

6. Hepatitis B immunization 0.5ml within 12 hours of birth after signed informed consent completed.

7. Sweetease 0.2 ml po PRN per protocol for lab draws, IV starts or other painful procedures.

8. Feedings: PRN per department policy.

9. Laboratory: Obtain and hold cord blood in laboratory until discharge. If maternal blood type O or Rh negative, then perform cord blood work-up. "Newborn Screen" before discharge, and at 7 to 14 days of life.

10. Hyperbilirubinemia Screening:

- Obtain a transcutaneous bilirubin (TcB) every morning on infants over 12 hours of age.
- If TcB is in the high intermediate or high risk zone, then order a total and direct bilirubin from laboratory, notify provider routinely, and discontinue further TcB measurements.
- If not previously done, obtain a TcB prior to discharge and notify provider of results.

11. Routine Newborn Hearing Screening prior to discharge.

12. Copy most current Prenatal Records, Labor and Delivery Summary, and H and P into infant's chart.

13. For infants from 35 to 36 6/7 weeks or below 2.250 kg, see "Late Preterm Infant Orders" for additions.

Initiate above protocol per Dr. _____.

Nurse: _____ Date/Time: _____ Physician: _____ Date/Time: _____

ADM:

ATN:



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