

Admit to Neonatal Intensive Care

Diagnosis: _____

Gestational Age: _____ weeks

Birth Weight: _____ grams

NURSING CARE: (check box/ fill in to activate)

Apply CR monitor

Strict I & O for first 48 hours, or as long as receiving IV fluids

Weigh daily

Pulse oximetry with O₂ via Oxyhood PRN:

to maintain O₂ Sat at 85 – 92% - or - to maintain O₂ Sat at _____ %

Place oral gastric tube to gravity for abdominal distention

DIET: (check box/ fill in to activate)

NPO

If respiratory rate less than 80/ minute, initiate feeds within 4 hours of birth

For initiation of feeds, use breast milk if available or _____

CONSULTS: (check box to activate)

Nutrition

Social Services

Lactation

Occupational Therapy

IV THERAPY: (check box/ fill in to activate)

D₁₀W at _____ mL/ kg/ day to infuse at _____ mL/ hour

D₁₀W with 2.5% Trophamine at 80 mL/ kg/ day to infuse at _____ mL/ hour (for babies less than 2000 g)

Saline lock

LABORATORY/ DIAGNOSTICS: (check box to activate)

Blood Glucose (BG) screening at 30 minutes, 1 hour, 2 hours, 12 hours, 24 hours and with routine lab draws.

If BG result less than 50 mg/ dL, draw STAT blood glucose, notify NNP & repeat screening in 30 minutes

CBC with diff (CBCDIF)

C-reactive protein (CRP) at 24 and 48 hours of age

Blood Culture (CB)

Ionized Calcium (IONCA) for infants less than 1500 g at 12 and 24 hours of age

ABG

At 24 hours of age: Neonatal TPN (NTPN) {includes: Gluc,BUN,Na,K,Cl,CO₂,Calcium,Phos,Mag}, Creatinine (CRE), Total & Direct Bili (BILIN)

Obtain gentamicin trough (GENT) before 3rd dose

Chest X-Ray (AP and lateral) Include abdomen for line placement

Newborn screening on day 5, day 10 – 14, and before initiation of amino acids or blood transfusion.

If less than 1500 g, also obtain newborn screening on day 28

Blood Orders:

Type & direct Coombs on Cord blood

Infant Blood Protocol (Type and screen, Coombs on cord blood) on ALL babies less than 1250 g

Sign

Date

Time

MEDICATIONS: (check box/ fill in to activate)

Phytonadione (Vitamin K) 1 mg IM X 1 (birth weight 1501 g or more) - OR - 0.5 mg IM X 1 (birth weight 1500 g or less)	Routine Prophylaxis
Erythromycin 0.5% Ophthalmic Ointment apply to each eye within 1 hour after birth	
<i><u>If maternal HBsAg POSITIVE:</u></i> Hepatitis B Vaccine* IM X 1, with parent consent, within 12 hours of birth Hepatitis B Immune Globulin (HBIG) 0.5 mL IM X 1 Notify Perinatal Hepatitis B Prevention Program of baby's birth	Routine Vaccination/ Treatment
<i><u>If maternal HBsAg UNKNOWN:</u></i> Hepatitis B Vaccine* IM X 1, with parent consent, within 12 hours of birth Await maternal lab results for determination of HBIG	Routine Vaccination
<i><u>If maternal HBsAg NEGATIVE:</u></i> Hepatitis B Vaccine* IM X 1, with parent consent, prior to discharge	Routine Vaccination
<input type="checkbox"/> Ampicillin _____ mg IV STAT, then every 12 hours (100 mg/ kg/ dose) <input type="checkbox"/> Gentamicin _____ mg IV STAT, then every _____ hours less than or equal to 29 weeks (5 mg/ kg every 48 hours) 30 – 34 weeks (4.5 mg/ kg every 36 hours) greater than or equal to 35 weeks (4 mg/ kg every 24 hours) If urine output less than 1 mL/ kg/ hour, hold dose and notify NNP	Antibiotic Treatment
Questran in Aquaphor apply to diaper area with diaper changes every 3 hours PRN redness or skin breakdown	Skin Care
<input type="checkbox"/> Sweet-ease 1 mL PO every 3 hours PRN N-PASS score greater than 4	Mild Pain Relief

*For Hepatitis B Vaccine, may administer either Engerix-B 10 mcg or Recombivax HB 5 mcg based on product availability

DISCHARGE PLANNING:

- Car Seat Challenge 1 - 3 days prior to discharge, for babies who received O₂, were less than 37 weeks gestation, or less than 2500 g at birth
- Screen Families for RSV risk factors prior to discharge
- In preparation for discharge, assist parents in making newborn appointments

Licensed Independent Practitioner Signature

Print Name

Date

Time

