

Allergies: \_\_\_\_\_

**A. NURSING CARE:**

**Admit to Normal Newborn status:**

- ☞ Vital signs within 30 minutes of birth. Axillary temp, pulse, respiration every 30 minutes until 2 hours of age. If stable, then routine. For axillary temp between 97° and 97.6° place skin to skin for 1 hour. After 1 hour if temperature below 97.7 ° place under warmer
- ☞ If no documented ABO or Rh (D) results are available on birth mother, have Baby Studies run on cord blood.
- ☞ Offer initial feeding within 1 hour of birth, breast feeding or formula per mother's preference.

**Newborn at Risk:**

- ☞ For suspected maternal chorioamnionitis notify primary MD, NNP and admit to SCN.
- ☞ Blood glucose screening with BCM and management as defined in Neonatal Hypoglycemia Policy.
- ☞ For maternal HBsAg positive, give Hepatitis B vaccine and Hepatitis B Immune Globulin (see Medication Therapy). Notify Perinatal Hepatitis B Prevention Program of baby's birth. For maternal HBsAg unknown, administer Hepatitis B Vaccine within 12 hours of birth (await maternal lab results for determination of HBIG needs).
- ☞ For maternal GBS (if inadequately treated prior to birth / less than 4 hours of antibiotics in labor):
  - Obtain CBC with diff and Blood Culture
  - Routine vital signs every 4 hours until discharge
- ☞ Infants less than 38 weeks gestation or 2500 grams, routine vital signs every 4 hours until discharge.
- ☞ For cyanosis, administer blow by oxygen at 5 – 8 liters. If oxygen needed more than 15 minutes or other significant respiratory distress notify PMD, NNP and move to SCN.

**Ongoing Newborn Care:**

- ☞ Daily weight
- ☞ Routine vital signs, axillary temp, pulse, respiration every 4 hours x 24 hours then every 8 hours.
- ☞ Cord clamp off at 24 hours if cord dry
- ☞ Formula-fed newborns: Feed every 3 – 4 hours and on demand; quantity as tolerated.
- ☞ Breast-fed newborns: Feed every 2 – 3 hours and on demand; Supplement only per Supplementation Policy
- ☞ Infant may have circumcision procedure if consent signed by mother. Local anesthesia administered by physician performing circumcision. May offer 2 mL of sucrose solution to infant for procedural comforting 1 – 2 minutes prior to or during procedure. For excessive bleeding, notify Care Provider who performed circumcision.
- ☞ For newborn pain management concerns, contact PMD
- ☞ Car seat checks on infants less than 37 weeks gestation or less than 2500 grams at discharge
- ☞ Perform transcutaneous bilimeter (TcB) prior to discharge. TcB for any visible jaundice. Draw serum Bilirubin for any TcB reading in the high risk zone; or for jaundice on infants less than 24 hours of age. At this time, also send ABO Rh DAT studies for known babies of Blood Group O positive mothers. Notify attending physician of results
- ☞ Newborn Screening prior to discharge

**B. MEDICATION THERAPY:**

Phytonadione ( <b>Vitamin K</b> ) 1 mg IM x 1	Deficiency
Erythromycin Ophthalmic Ointment 0.5% to each eye within 1 hour after birth	Antibiotic
Hepatitis B Vaccine IM with parent consent Energix B 10 mcg or Recombivax HB 5 mcg [Pharmacy substitution based product availability]	Hepatitis Vaccine
Hepatitis B Immune Globulin ( <b>HBIG</b> ) 0.5 mL IM x 1 - If maternal HBsAg positive	Immune Globulin

Newborn Care Protocol activated by \_\_\_\_\_ RN Signature  
Newborn Standard of Care  
Approved by Pediatrics Section and Pharmacy and Therapeutics Committee

\_\_\_\_\_ Date

\_\_\_\_\_ Time

\_\_\_\_\_ Physician Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Time

