

(place patient label here)

Patient Name: \_\_\_\_\_



**PROVIDER ORDERS**

**Order Set Directions:**

- > (✓)- Check orders to activate; Orders with pre-checked box  will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
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Diagnosis: \_\_\_\_\_

Allergies with reaction type: \_\_\_\_\_

**SO PED Newborn Admission**

**Version 6 7/23/2019**

**Nursing Orders**

- Vital signs per unit standard
- Intake and output per unit standard
- Daily Weight (in pounds and kilograms)
- Bathe when temperature is stable
- May order breast pump if needed
- Car Seat Screening, If less than 37 weeks gestation at birth, Less than 2500 grams birthweight, Discretion of Physician/NP

**Notify provider**

- IF maternal temperature greater than or equal to 100.4 degrees Fahrenheit
- IF newborn temperature greater than or equal to 100.4 degrees Fahrenheit
- IF maternal suspected/confirmed chorioamnionitis
- IF infant in distress (respiratory distress, cyanosis, jitteriness, lethargy, poor feeding)
- IF hepatitis B immune globulin (HBIG) is given or mother's Hep B status is unknown during next rounds
- IF baby discharged prior to 24 hours of life instruct parents that lab (newborn screen) to be completed at hospital when baby is at least 3 days of age
- Assess gestational age (Ballard) on babies with question of gestational dates, or sporadic prenatal Care
- Neonatal Sepsis Screening
- Initiate Newborn Hypoglycemia Protocol for infants 35 to 36 6/7 weeks of gestational age, small for gestational age (less than 2500 grams), large for gestational age (greater than 4000 grams) and infants of a diabetic mother
- Initiate Hyperbilirubinemia Protocol
- Obtain Umbilical Cord for Drug Screen PER SCREENING NEWBORNS FOR THE KNOWN OR SUSPECTED DRUG EXPOSED PREGNANCY VIA UMBILICAL CORD SAMPLING GUIDELINE
- Congenital Heart Disease Screening at 24-36 hours of age or prior to discharge if infant discharged prior to 24 hours of age
- Transient evoked otoacoustic emissions (EOAE) Hearing Screen before discharge. Please send results to provider who will follow up with infant

**Diet**

- Infant Feeding Newborn Breastmilk/ 20 Kcal/oz Formula of choice ad lib on demand

**Medications**

Initials \_\_\_\_\_

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**PROVIDER ORDERS**

**Admission medications and immunizations**

erythromycin 5 mg/gram (0.5%) eye ointment

- 1 application apply thin ribbon in each eye once now

phytonadione 2 mg/mL injection (VITAMIN K)

- 1 milligram intramuscularly once stat

hepatitis B virus vaccine recomb (preserv free) 10 mcg/0.5 mL IM susp (ENGERIX-B) or Formulary agent

- 10 microgram intramuscularly once now

hepatitis B immune globulin (HBIG)

- 0.5 milliliter intramuscularly once if mother is HepBsAg+ give within 12 hours of birth.

**Laboratory**

RH negative protocol/baby

- now IF mother is Rh negative

Newborn screen

- routine at 24 hours of age or prior to discharge

**Consult Department**

Consult Care Coordination

- Reason for consult: Public Health Nurse referral as needed for mother/infant support or follow-up

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_