



- RUH SCH SPH
 OTHER: _____



Newborn Admission Order Set for Maternal and Newborn Care Unit

ACTION			
MAR	ICP	REQ	RN

Admit to: _____ Diagnosis: _____ Weight: _____ kg

Prevention of Ophthalmia Neonatorum

erythromycin ophthalmic ointment (5 mg/g) to each eye X 1 dose (give in Labour & Birth unit)

Prevention of Hemorrhagic Disease of the Newborn

vitamin K 1 mg IM X 1 dose (give in Labour & Birth unit)

Prevention of Maternal to Newborn Transmission of Hepatitis B

- If positive or unknown maternal Hepatitis B surface antigen (HBsAg), administer Hepatitis B vaccine 0.5 mL IM within 12 hours of birth per protocol (**either** Recombivax HB 5 micrograms/0.5 mL **OR** Engerix-B 10 micrograms/0.5 mL)
- If positive maternal HBsAg administer Hepatitis B Immune Globulin (HBIG) 0.5 mL IM as soon as possible after birth

Jaundice and Newborn Metabolic Screening

Abbreviations: Total Serum Bilirubin (TSB), Transcutaneous Bilirubin (TcB), Direct Antiglobulin Test (DAT)
 MRP to specify: Gestational Age: 35 – 36^{6/7} weeks** greater than / equal to 37 weeks
 **Must be discharged by physician order
 MRP to specify: Risk Factors: No Yes (e.g. isoimmune hemolytic disease, G6PD, asphyxia, respiratory distress, significant lethargy, temperature instability, sepsis, acidosis)

- Follow Maternal Newborn Unit Policy: Newborn Transcutaneous Bilirubin Screening #406-1
- If Newborn jaundiced prior to 24 hours of age, obtain TSB and DAT; notify MRP
- Obtain DAT when indicated below if DAT unknown
- TcB Screening: Do TcB prior to Metabolic Screen, once daily and within 4 hours of discharge. See gestation-specific TcB nomogram (Figure 4). Do TSB and DAT if indicated and notify MRP.
 - If phototherapy recommended based on TSB and DAT, gestational age and known risk factors (Figure 1 on reverse); notify MRP and initiate phototherapy
 - If TSB does not indicate phototherapy, repeat TcB in 24 hours
 - If TSB not indicated, use TcB Nomogram (Figure 4) to determine discharge follow-up advised
- TSB Screening: If TcB will delay care or unavailable, obtain TSB with Newborn Screen
 - If phototherapy recommended based on TSB, gestational age and known risk factors (Figure 1 on reverse); notify MRP, initiate phototherapy and obtain DAT with next blood work
 - If TSB does not indicate phototherapy, use TSB zone graph to determine need for further testing and discharge follow-up advised (Figure 2 and 3 on reverse)

Note: DAT advised if Newborn jaundiced and mom blood group O, TSB in high zone, TSB in low intermediate or high intermediate zone and infant is less than 38 weeks, if further treatment or testing advised (see Figure 1)

PRACTITIONER PRINTED NAME

PRACTITIONER SIGNATURE

DATE/TIME

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Algorithm for Total Serum Bilirubin (TSB) Results

Adapted from: Barrington K and Sankaran K. Paediatr Child Health 2007; (12)Suppl B):1B-12B

Step 1: Use TSB and Figure 1 below to determine need for phototherapy

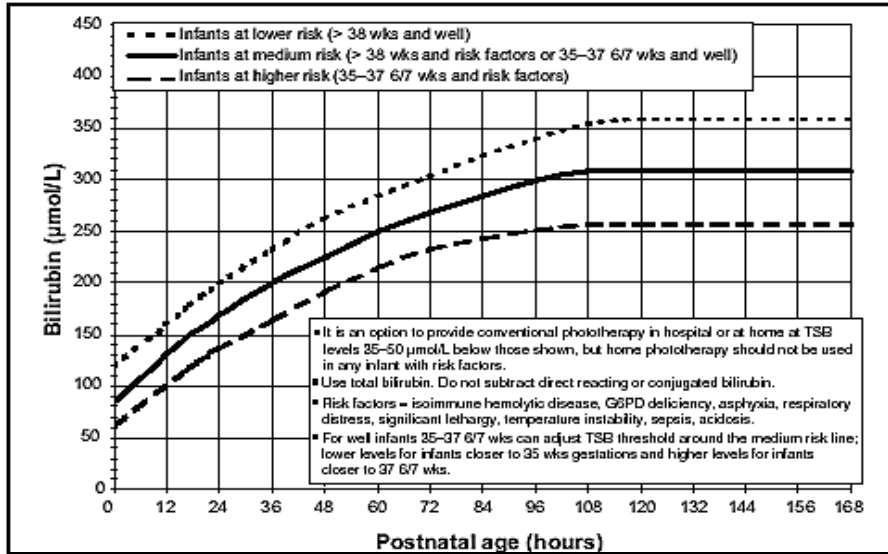


Figure 1: Intensive Phototherapy Guidelines for infants of 35 or more weeks' gestation

Step 2: Use TSB and Figure 2 below to determine bilirubin zone

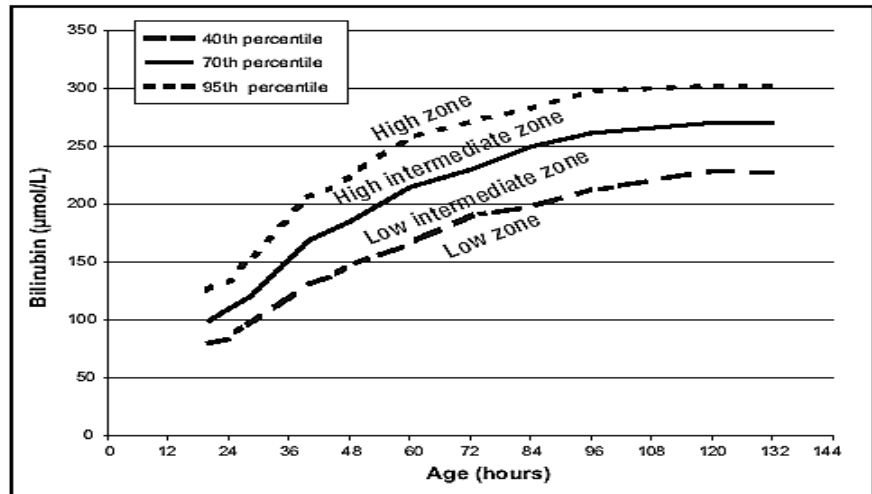


Figure 2: Nomogram for evaluation of screening TSB in term and late preterm infants, according to the TSB concentration obtained at a known postnatal age in hours.

Note: Charts above this line are *not for use with TcB*. TSB and TcB nomograms differ. Correct nomograms must be used.

Step 3: If treatment not required, use charts below to determine follow-up based on bilirubin zone and gestational age

Baby greater than / equal to 38 weeks gestation				Baby 35 – 37 ^{6/7} weeks gestation			
DAT Negative		DAT Positive or Unknown		DAT Negative		DAT Positive or Unknown	
Zone	Response to results	Zone	Response to results	Zone	Response to results	Zone	Response to results
Low	Routine Care	Low	Routine Care	Low	Routine Care	Low	Routine Care
Low Intermediate	Routine Care	Low Intermediate	Routine Care	Low Intermediate	Routine Care	Low Intermediate	Follow up within 24 hours. DAT advised.
High Intermediate	Routine Care	High Intermediate	Follow up within 24 hours	High Intermediate	Follow-up within 24-48 hours	High Intermediate	Follow up within 24 hours. DAT advised.
High	Follow up within 24 hours	High	Follow up within 24 hours. DAT advised.	High	Follow up within 24 hours	High	Phototherapy. DAT advised.

Figure 3: Charts to determine need or further testing and follow-up based on TSB zone



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Vital Signs

- Follow Maternal Newborn Unit Policy: Admission of Newborn #402

Pain Management

- When unable to initiate breastfeeding (e.g. breastfeeding mother absent, Neonate formula fed, Neonate NPO, procedural positioning precludes breastfeeding, etc.), administer sucrose 24% 5-10 drops PO 2 min prior to the minor invasive procedure as per SHR Nursing Policy #1102 Sucrose Solution for Infant and Pediatric Procedural Pain Management; repeat q3-5 min to a max of 3 doses/procedure

Assessment for Subgaleal Hematoma

- Follow Maternal Newborn Unit Policy: Assessment of Newborn for Subgaleal Hematoma #422

Assessment of Hypoglycemia

- Follow Maternal Newborn Unit Policy: Newborn Glucose Testing and Management (newborns greater than/equal to 35 weeks gestation) – Policy #408
- Refer to Algorithm for Screening and Initial Management of Newborns at Risk for Neonatal Hypoglycemia (greater than / equal to 35 weeks)
 - See reverse page for glucose 40 % oral gel dosing chart

Discharge

- Discharge home when criteria met and greater than 37 weeks. Advise parent to have clinical reassessment in 24 - 48 hours.
- Note: If less than 37 weeks, patient must be assessed by MD prior to discharge
- If discharged before 24 hours of age, ensure follow-up for Metabolic Screen and Bilirubin within 48 hours

Additional Orders

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Dosing chart for Glucose 40% Oral Gel: 0.5 mL/kg/dose	
Weight range (kg)	Volume to be administered
1.8-2.09	1 mL
2.1-2.19	1.1 mL
2.2-2.39	1.2 mL
2.4-2.59	1.3 mL
2.6-2.79	1.4 mL
2.8-2.99	1.5 mL
3-3.19	1.6 mL
3.2-3.39	1.7 mL
3.4-3.59	1.8 mL
3.6-3.79	1.9 mL
3.8-3.99	2 mL
4-4.19	2.1 mL
4.2-4.39	2.2 mL
4.4-4.59	2.3 mL
4.6-4.79	2.4 mL
4.8-4.99	2.5 mL
5-5.19	2.6 mL
5.2-5.39	2.7 mL
5.4-5.59	2.8 mL
5.6-5.79	2.9 mL
5.8 and higher	3 mL