

## NORMAL NEWBORN PATHWAY

<b>Date &amp; Time Initiated:</b>	<b>TRANSITION PERIOD (0-4 hours):</b>	<b>4 HOURS TO DISCHARGE (to 48 hrs):</b>																										
<b>VITAL SIGNS</b>	Initial TPR; then TPR q1 hr x 2 and prn until stable. BP after bath	TPR q shift, or q2 x 12 then q4 hr if on high risk protocol.																										
<b>ASSESSMENTS</b>	Review Prenatal and L & D records. Physical assessment with 1 hour of birth Gestational Age assessment If Breastfeeding, breastfeeding assessment. APGAR scoring. Assess hypoglycemia risk; place on dex protocol if high risk. Access maternal risk factors. Please on high-risk protocol if applicable.	Physical assessment Q shift.  Bonding assessment with each interaction.  If Breastfeeding, breastfeeding assessment with each feed.																										
<b>BONDING</b>	Infant stays with mom.	Rooming-in																										
<b>DIET</b>	<b>FIRST FEEDING WITHIN 1 HOUR</b> <input type="checkbox"/> Breastfeed on demand. No supplementation without mom's permission or MO order. <input type="checkbox"/> Formula feed at least q 4 hours.	<input type="checkbox"/> Breastfeed on demand. No supplemental without mom's permission or MO order. <input type="checkbox"/> Formula feed at least q4 hours.																										
<b>TEST/PROCEDURES</b>	Cord Blood for HCT. If Maternal Rh(-) or (0): Cord Blood for Type, Rh, Coombs, and HCT, NMO for direct Coombs(+). Band/footprint Dextrosticks q 1x3 for infants who meet high risk. Dex protocol, if < 35 notify MO, draw serum & feed.	If Jaundiced < 24 hrs draw neonatal bilirubin and notify MO. If Jaundiced> 24 hrs draw neonatal bilirubin and notify MO if > 13 mg/dl. Newborn Screen. Destosticks AC x 3 for infants who meet high risk Dex protocol, if < 35 notify MO, draw serum and feed.																										
<b>MEDICATIONS/ IMMUNIZATIONS</b>	Ilotycin ointment to each eye, within 1 hour of birth Vitamin K, IM x 1: 1 mg if > 1500 grams 0.5 mg if < 1500 grams If Maternal HbsAg (+), e Antigen (+), or status Unknown, give after bath: Recombivax, 5 mcg(0.5ml) IM x 1 1 & Hblg 0.5ml IM x 1 opposite legs.																											
<b>CORD CARD</b>	Alcohol to cord on admission	Alcohol to cord with each diaper change. Remove cord clamp before D/C.																										
<b>BATH</b>	If maternal HbsAg(+) or HIV (+); give bath prior to IM meds. After 2 hours when T> 98.0 ax.	PRN																										
<b>WEIGHT/LENGTH HEAD CIRC.</b>	All on admission	Weight daily at 0500. Head circumference at 0500 on day of discharge.																										
<b>INTAKE &amp; OUTPUT</b>	Intake: Breastfeeding: nursing time on each breast. Formula Feeding: ccs. Output: Checks for voids and stools.	Intake: Breastfeeding: nursing time on each breast. Formula Feeding: ccs. Output: Checks for void and stools.																										
<b>CIRCUMCISION</b>		Discussion/consent. NPO for ___ hrs prior to procedure																										
<b>TEACHING</b>	See Transition Record	See Discharge Instruction Sheet																										
<b>CARE TEAM MEMBERS</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">SIGNATURE INITIALING</td> <td style="width: 15%;">Review:</td> <td style="width: 10%;">Date/TM</td> <td style="width: 10%;">Date/TM</td> </tr> <tr> <td>MO</td> <td>RN</td> <td></td> <td></td> </tr> <tr> <td>RN</td> <td>LPN/HM</td> <td></td> <td></td> </tr> <tr> <td>LPN/HM</td> <td>Other:</td> <td></td> <td></td> </tr> </table>	SIGNATURE INITIALING	Review:	Date/TM	Date/TM	MO	RN			RN	LPN/HM			LPN/HM	Other:			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Date/TM</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Date/TM	Date/TM	Date/TM	Date/TM	Date/TM					
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\*\*\*This clinical pathway is a collaborative plan of care and is not intended to be as a standard of medical care. Rather, it serves as a guideline to promote coordination and collaboration of patient care, and may be modified to meet individual care needs.

ADDRESSOGRAPH

INITIALS

SIGNATURE/TITLE

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