Newborn Follow-up

Date:_____ Time:_____

Initial Assessment

Mom's blood type: _____ Infant's blood type: _____ Coombs: pos / neg

Birthweight: _____gms / _____lbs/ozs _____ wks SGA / LGA / AGA

Delivery complications: none / excessive bruising / cephalohematoma / premature / shoulder dystocia

Previous phototherapy: yes / no If yes, duration _____

Discharge date: _____ Discharge weight: _____gms / _____ lbs

Labs: T / D bili: _____ / _____ Hct (if done) _____ Retic (if done): _____

Follow-up in _____ days in MSW

Labs requested at follow-up: ___ T / D _____ ___ CBC _____ ___ Retic _____ Other_____

Comments: _____

_____ MO Signature / stamp

Date: _____ Time: _____ **Standing Orders for the Newborn Follow-up Clinic**

1. On arrival, complete the Newborn Follow-up Form.
2. If the child is abnormally jaundiced for age, or icteric, obtain a Neobili and Hct. (Guidelines: jaundiced with blanching in lower extremities, icteric sclera, icterometer value > 2.5).
3. Call MO if :
   a. Weight loss > 10% of birth weight.
   b. Weight loss is documented on two consecutive visits to the Newborn Follow-up Clinic.
   c. Total bilirubin > 15.0 or conjugated (direct) bilirubin > 1.0.
   d. History or presence of irritability, lethargy, vomiting, watery diarrhea, unusual rash or less than 4 voids per day.
4. Arrange for follow-up using the following guidelines:
   a. Gaining weight: Follow-up at 2 weeks of age with the patient's PHC Team.
   b. Losing weight: Follow-up at 2 days with the Newborn Follow-up Clinic.
   c. The nurse always has the option to schedule additional or more frequent visits than detailed above in order to adequately address all the issues of the individual child.
5. If stressful/high-risk family situation identified, ensure a New Parent Support referral is/was completed (phone: 7-6779).
6. Referrals to WIC will be made for eligible families if not previously completed (phone: 7-8049/50/51).

_____MO signature _____RN signature

Newborn Follow-up Questions

1. Is baby vomiting? _____ Amount _____ Frequency _____
2. Does the baby seem more yellow than in the hospital? _____
3. Is the base of the cord reddened or does it have a foul odor? _____
4. Is the baby very irritable, crying non-stop? _____
5. Have you made your 2-week well baby check up appointment? _____

6. BREASTS: If breastfeeding, are nipples sore, cracked, or bleeding? _____

7. Are breasts engorged, hot to the touch, painful? _____

8. Any other concerns or comments?_____

Daily Evaluation

Date: _____Time:_____ Weight: _____ gms / _____ lbs _____ % loss Age: _____

FEEDING HISTORY: breast / formula / both
Breast: _____ x per day for _____ / _____ min. Formula: _____ oz per feeding _____ x per day.

ELIMINATION HISTORY: _____stools per 24 hours _____ voids per 24 hours

LABS: TCB _____ ____ T / D bili _____ / _____ ___ Hct _____ ___Retic _____

Icterometer Value _____ Icteric Sclera Y / N Extent of jaundice on skin _____

MO Notified: _____@ _____ hrs by _____(MSW staff)

DISPOSITION:
Return in: 24 hours/ 48 hours / 72 hours / 1 week / 2 weeks Dismiss Admit to MSW

Advice given: _____sunlight _____ increase feedings _____supplement _____other

Labs requested at return: ___ TCB ___T & D bili _____Hct _____ other

_____ MSW staff signature / stamp

_____MO review / signature / stamp

Daily Evaluation

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Addressograph

_____ MSW staff signature / stamp

_____ MO review / signature / stamp