

General

Admission (Single Response) (Selection Required)

<input type="checkbox"/> Admit to inpatient	Normal newborn (single liveborn) Admitting Physician: Admitting Physician: Level of Care: Patient Condition: Bed request comments:
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Code Status

<input type="checkbox"/> Full code	Code Status decision reached by:
<input type="checkbox"/> DNR (Selection Required)	
<input type="checkbox"/> DNR (Do Not Resuscitate)	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity?
<input type="checkbox"/> Consult to Palliative Care Service	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:
<input type="checkbox"/> Consult to Social Work	Reason for Consult:
<input type="checkbox"/> Modified Code	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? Modified Code restrictions:
<input type="checkbox"/> Treatment Restrictions	Treatment Restriction decision reached by: Specify Treatment Restrictions:

Isolation

<input type="checkbox"/> Airborne isolation status	
<input type="checkbox"/> Airborne isolation status	Details
<input type="checkbox"/> Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	Once, Sputum
<input type="checkbox"/> Contact isolation status	Details
<input type="checkbox"/> Droplet isolation status	Details
<input type="checkbox"/> Enteric isolation status	Details

Precautions

<input type="checkbox"/> Latex precautions	Details
<input type="checkbox"/> Seizure precautions	Increased observation level needed:

Nursing

Routine Vital Signs

<input type="checkbox"/> Vital signs - T/P/R	Routine, Per unit protocol
<input type="checkbox"/> Vital signs - T/P/R	Routine, Every 6 hours
<input type="checkbox"/> Vital signs - T/P/R	Routine, Every 4 hours

Vital Signs With Heart Murmur

<input type="checkbox"/> Measure blood pressure	Routine, Once For 1 Occurrences If heart murmur is noted after 24 hours of life or if loud murmur is noted prior to 24 hours of life, perform pulse oximetry on right arm and one lower extremities and then four extremity blood pressure. Notify the physician during morning rounds.
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Assessments

<input type="checkbox"/> Daily weights	Routine, Daily
<input type="checkbox"/> Frontal occipital circumference	Routine, Once
<input type="checkbox"/> Measure length	Routine, Once
<input type="checkbox"/> Gestational assessment	Routine, Once
<input type="checkbox"/> Neonatal BiliTool	Routine, Once -If baby is at least 35 weeks gestational age and at least 18 hours of life, enter bilirubin level on BiliTool and record risk level (Click reference link below, or go to www.bilitool.org). -If bilirubin level is in a high risk zone, follow recommended Hyperbilirubinemia Protocol for your site. Include immediate physician notification if baby is Coomb's positive. -If bilirubin level is in a high intermediate risk zone, notify physician/physician team during morning rounds.
<input type="checkbox"/> Congenital Cyanotic Heart Disease screen	Routine, Until discontinued, Starting S -Screen after 24 hours of age. Conduct when infant is awake and calm. -Perform in right hand, RH (pre ductal) and one foot (post ductal), in parallel or one after the other. If GREATER than or EQUAL to 95% in RH or foot AND LESS than or EQUAL to 3% difference between RH and foot, PASSED screen. If LESS than 90% in RH or foot: FAILED screen, then notify MD. If 90 - 94% in both RH and foot OR GREATER than 3% difference between RH and foot: REPEAT in 1 hr up to 2 times, then notify MD.

HYPOglycemia Management for Newborns

<input type="checkbox"/> HYPOglycemia Management for Newborns	
<input type="checkbox"/> Implement Intravenous (IV) HYPOglycemia Management for Newborns	Routine, Until discontinued, Starting S Click the reference links for algorithms and orders
<input type="checkbox"/> Implement ORAL HYPOglycemia Management for Newborns	Routine, Until discontinued, Starting S Click the reference links for algorithms and orders
<input type="checkbox"/> Bedside glucose	Routine, Conditional Frequency For Until specified As needed per HYPOglycemia Management for Newborns
<input type="checkbox"/> Glucose level	Conditional Frequency For 4 Weeks As needed per HYPOglycemia Management for Newborns
<input type="checkbox"/> Notify MD/NNP immediately for any of the following for Infants less than 4 hours of age: (Single Response) (Selection Required)	
<input type="checkbox"/> Notify MD/NNP immediately for any of the following for Infant less than 4 hours of age:	Routine, Until discontinued, Starting S, Any glucose screen less than 25 mg/dl OR any glucose screen less than or equal to 40 mg/dl if infant has already received 2 doses of the dextrose gel since birth.
<input type="checkbox"/> Notify MD/NNP immediately for any of the following for Infant less than 4 hours of age	Routine, Until discontinued, Starting S, Any glucose screen less than 25 mg/dl OR any glucose screen less than or equal to 40 mg/dl, give dextrose gel first and then notify provider immediately.
<input type="checkbox"/> Notify MD/NNP immediately for any of the following for Infant 4 to 24 hours of age (Single Response) (Selection Required)	
<input type="checkbox"/> Notify MD/NNP immediately for any of the following for Infant 4 to 24 hours of age:	Routine, Until discontinued, Starting S, Any glucose screen less than 35 mg/dl OR any glucose screen less than or equal to 45 mg/d, if infant has already received 2 doses of glucose gel since birth.
<input type="checkbox"/> Notify MD/NNP immediately for any of the following for Infant 4 to 24 hours of age:	Routine, Until discontinued, Starting S, Any glucose screen less than 35mg/d, OR any glucose screen less than or equal to 45 mg/dl, give dextrose gel first and then notify the provider immediately.
<input type="checkbox"/> Notify Physician Neo/Pedi team per HYPOglycemia Management for Newborns	Routine, Until discontinued, Starting S, Signs of hypoglycemia are non-specific but may include: tachypnea, apnea, respiratory distress, jitteriness, tremors, seizures, temperature instability, irritability, feeding difficulty, lethargy, hypotonia, diaphoresis, cyanosis, etc.

<input type="checkbox"/>	Insert peripheral IV - As needed per HYPOglycemia Management for Newborns	Routine, Once As needed per HYPOglycemia Management for Newborns
<input type="checkbox"/>	dextrose 10% (D10W) IV bolus 2 mL/kg	2 mL/kg, intravenous, PRN, low blood sugar, per HYPOglycemia Management for Newborns
<input type="checkbox"/>	dextrose (SWEET CHEEKS) gel 40% (neo)	200 mg/kg, buccal, PRN, asymptomatic hypoglycemia, For 2 Doses Do not use beyond 24 hours of age.

Interventions

<input type="checkbox"/>	Move to open crib	Routine, Until discontinued, Starting S Move when vital signs criteria met (infant is able to maintain stable vital signs with axillary temperature 97.7-99 degrees F, pulse 100-160 BPM, RR 30-60 breaths per minute)
<input type="checkbox"/>	Cord care	Routine, Per unit protocol Care:
<input type="checkbox"/>	Bathe baby	Routine, Once For 1 Occurrences Bathe once or as needed. If mother HIV positive then bathe immediately after birth. Bathe if vital signs are stable and axillary temperature 97.7-99 degrees F, pulse 100-160 BPM, RR 30-60 breaths per minute. Monitor temperature after bath to ensure axillary temperature remains at or above 97.7 degrees.
<input type="checkbox"/>	Radiant warmer	Routine, Conditional Frequency Servo Control: 36.5 For axillary temperature less than 97.7F. Place infant on radiant warmer, obtain capillary serum glucose and notify MD is still low after one hour.
<input type="checkbox"/>	Hearing screen prior to discharge	Routine, Once With parental consent
<input type="checkbox"/>	Car seat challenge	Routine, Once Prior to discharge if less than 37 weeks or less than 2500 grams. Notify physician if challenge fails.

Conditional

<input type="checkbox"/>	Pulse oximetry	Routine, Conditional Frequency Current FIO2 or Room Air: If signs and symptoms of respiratory distress.
<input type="checkbox"/>	Cardio respiratory monitoring	Routine, Conditional Frequency Low Heart Rate Alarm? 100 High Heart Rate Alarm? 200 Keep Oxygen Saturation (or low limit) Greater than Equal to (%)? 90 High Heart Rate Alarm? 95 Place on cardio-respiratory monitor IF signs and symptoms of respiratory distress.

Diet

<input type="checkbox"/>	Bottle or breast feed	Until discontinued, Starting S Route: PO Infant nutrition # 1: Breastfeeding Infant nutrition # 2: Infant nutrition # 3: Breast feed frequency: Ad lib, on demand Bottle feed frequency: Fortifier: Special instructions: Volume minimum (mLs): Volume maximum (mLs): Ad lib minimum volume (mLs): Total enteral volume per day (mLs): Total volume per day (mLs): Gavage times per day: Oral times per day:
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Breast Milk Labels - DO NOT DISCONTINUE 1 Bottle, PRN

Notify

Notify Physician for prolonged ruptured membranes over 18 hours Routine, Until discontinued, Starting S, prolonged ruptured membranes over 18 hours

Notify Physician infant cord blood pH less than 7.0 or HCO₃ less than 10.0, or base deficit greater than 15.0 Routine, Until discontinued, Starting S, infant cord blood pH less than 7.0 or HCO₃ less than 10.0, or base deficit greater than 15.0

Medications

Medications

phytonadione (AQUA-Mephyton) pediatric injection 1 mg, intramuscular, once, For 1 Doses

erythromycin 0.5% (ILOTYCIN) ophthalmic ointment 1 application, Both Eyes, once, For 1 Doses

hepatitis B (ENGERIX-B) 10 mcg/0.5 mL vaccine 10 mcg, intramuscular, once, For 1 Doses
** REQUIRES CONSENT TO BE OBTAINED PRIOR TO ADMINISTRATION **
Give immediately after birth, once consent is obtained. Give no longer than 12 hours after birth.
Patient weight must be 2 kg or GREATER to administer vaccine.

hepatitis B immune globulin (HYPERHEP B NEONATAL) injection 0.5 mL, intramuscular, once, For 1 Doses
Immunization for infants of mothers with positive Hepatitis B surface antigen. Give immediately after vaccine, within 12 hours after birth.

Medications PRN (NOT HMSJ, HMTW)

vitamin A & D ointment 1 application, Topical, PRN, dry skin, with diaper changes

Sucrose 24 % (Toot-Sweet) (Single Response)

sucrose 24 % oral solution (for infants under 1000g, under 28 weeks gestational age, or NPO without NEC evidence) 0.1 mL, oral, PRN, mild pain (score 1-3), Procedures
Do not use more than 3 doses during a single procedure. Do not exceed 9 doses in 24 hours.

sucrose 24 % oral solution 0.2 mL, oral, PRN, mild pain (score 1-3), Procedures
Do not use more than 3 doses during a single procedure. Do not exceed 9 doses in 24 hours.

zinc oxide-cod liver oil (DESTITIN) 40 % paste 1 application, Topical, PRN, diaper changes (for diaper rash)

sodium chloride 0.9 % nasal solution 2 drop, nasal, 4 times daily PRN, congestion

Medications PRN (HMSJ Only)

vitamin A & D ointment 1 application, Topical, PRN, dry skin

Sucrose 24 % (Toot-Sweet) (Single Response)

sucrose 24 % oral solution (for infants under 1000g, under 28 weeks gestational age, or NPO without NEC evidence) 0.1 mL, oral, PRN, mild pain (score 1-3), Procedures
Do not use more than 3 doses during a single procedure. Do not exceed 9 doses in 24 hours.

sucrose 24 % oral solution 0.2 mL, oral, PRN, mild pain (score 1-3), Procedures
Do not use more than 3 doses during a single procedure. Do not exceed 9 doses in 24 hours.

zinc oxide-cod liver oil (DESTITIN) 40 % paste 1 application, Topical, PRN, diaper changes (for diaper rash)

sodium chloride (OCEAN) 0.65 % nasal spray 2 spray, Each Nare, 4 times daily PRN, congestion

Medications PRN (HMTW Only)

vitamin A and D ointment 1 application, Topical, PRN, dry skin

Sucrose 24 % (Toot-Sweet) (Single Response)

sucrose 24 % oral solution (for infants under 1000g, under 28 weeks gestational age, or NPO without NEC evidence) 0.1 mL, oral, PRN, mild pain (score 1-3), Procedures
Do not use more than 3 doses during a single procedure. Do not exceed 9 doses in 24 hours.

sucrose 24 % oral solution 0.2 mL, oral, PRN, mild pain (score 1-3), Procedures
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zinc oxide-cod liver oil (DESTITIN) 40 % paste 1 application, Topical, PRN, diaper changes (for diaper rash)

sodium chloride 0.9 % nasal solution

2 drop, nasal, 4 times daily PRN, congestion

Labs

Early Onset Sepsis (EOS) Risk Calculator

URL: "file:///appt1Methodist EOS Sequence Algorithm.pdf"
URL: "file:///appt1Methodist Estimating EOS Risk.pdf"

Early onset sepsis (EOS) risk calculator

Routine, Conditional Frequency
For any infant born at a gestational age 34 weeks or greater and less than 24 hours old with any one of these identified risk factors: chorioamnionitis, maternal fever, ruptured membranes > 18 hours, and maternal GBS status of positive or unknown, apply the EOS calculator with a CDC incidence of 0.5/1000 births. Perform a clinical assessment of the infant and classify the clinical appearance into well appearing, equivocal or clinical illness (See Reference Link). If the clinical presentation is equivocal or indicating clinical illness, or if a blood culture or antibiotic use is recommended, notify the physician/physician team immediately and provide results of the EOS calculator with corresponding recommendations based on clinical appearance. Follow vital signs monitoring based on EOS risk calculation.

Laboratory

Newborn metabolic screen

Once
On day of discharge/transfer to another hospital or between 24 to 48 hours of life

Neonatal bilirubin

Once
With first newborn screen.

Neonatal bilirubin

Once
Neonatal Bilirubin under the following conditions:
1. If infant is noted to be moderately jaundiced even at less than 24 hrs of age (First NBS should NOT be done at less than 24 hrs of life).
2. For vaginal birth babies, at 5am after the infant is at least 24 hr of age, OR if mother baby is being discharged at 24 hrs.
3. For C-section babies, at 5am the first morning after the infant is at least 36 hrs of age, OR if mother/baby being discharged at less than 48 hrs.

CBC with platelet and differential

Conditional Frequency
For infants born to mothers with diagnosis of maternal chorioamnionitis. For infants less than 37 weeks, born to mothers that are GBS positive or unknown with inadequate prophylaxis (did not receive at least 1 dose of Ampicillin, Penicillin, or Cefazolin at least 4 hours PTD). For infants with prolonged ROM greater than 18 hours, regardless of GBS status, GA, or intrapartum antibiotics.

Blood culture, aerobic

Conditional Frequency, Blood
For infants born to mothers with diagnosis of maternal chorioamnionitis. For infants less than 37 weeks, born to mothers that are GBS positive or unknown with inadequate prophylaxis (did not receive at least 1 dose of Ampicillin, Penicillin, or Cefazolin at least 4 hours PTD). For infants with prolonged ROM greater than 18 hours, regardless of GBS status, GA, or intrapartum antibiotics.

Laboratory - Less than 1 yr

<input type="checkbox"/> Newborn metabolic screen	Once On day of discharge/transfer to another hospital or between 24 to 48 hours of life
<input type="checkbox"/> Neonatal bilirubin	Once With first newborn screen.
<input type="checkbox"/> Neonatal bilirubin	Once Neonatal Bilirubin under the following conditions: 1. If infant is noted to be moderately jaundiced even at less than 24 hrs of age (First NBS should NOT be done at less than 24 hrs of life). 2. For vaginal birth babies, at 5am after the infant is at least 24 hr of age, OR if mother baby is being discharged at 24 hrs. 3. For C-section babies, at 5am the first morning after the infant is at least 36 hrs of age, OR if mother/baby being discharged at less than 48 hrs.
<input type="checkbox"/> Congenital syphilis test (RPR+TP-PA)	Once
<input type="checkbox"/> HSV viral culture TCH	Once

Conditional Labs

<input type="checkbox"/> Urine drugs of abuse screen	Conditional Frequency, Starting S For 1 Occurrences One activation for infants of mothers with unknown prenatal care if mother's toxicology results are unknown or positive. Obtain 5 millileters urine for toxicology screen.
<input type="checkbox"/> Miscellaneous referral test - Meconium drug screen	Conditional Frequency, Starting S For 1 Occurrences One activation for infants of mothers with unknown prenatal care if mother's toxicology results are unknown or positive. Obtain meconium if available for toxicology screen.

Rh negative or type O or antibody positive screen mother

<input type="checkbox"/> Cord blood evaluation	Once Order Direct Coombs' if mother's blood type is O or she is Rh negative, unknown or atypical maternal antibody. Perform on cord blood. Test includes ABO and Rh type, Direct Coombs.
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Positive Cord blood Coombs

<input type="checkbox"/> Neonatal bilirubin	Conditional Frequency, Starting S For 1 Occurrences If positive Coombs, notify physician
<input type="checkbox"/> Reticulocyte count	Conditional Frequency, Starting S For 1 Occurrences If positive Coombs, notify physician
<input type="checkbox"/> Hemoglobin & hematocrit	Conditional Frequency, Starting S For 1 Occurrences If positive Coombs, notify physician

Consults

For Physician Consult orders use sidebar

Ancillary Consults

<input type="checkbox"/> Consult to Case Management	Consult Reason:
<input type="checkbox"/> Consult to Social Work	Reason for Consult: