

Name: Jones, Baby Girl	Room: NNB
DOB: Today	0 d / 0 M
MR # 544782002	
Dr. Baby Dear	

Situation

Chief Complaint / Diagnosis: Female infant estimated gestation of 39 weeks delivered @ 1130; Weight 8 lbs. 7 oz. Apgar 8-9, infant accompanied to the nursery by family due to an inability to stabilize temperature following delivery

Allergy: NKDA

Code status: Full

Background

Pertinent Medical History: 39 week pregnancy with prenatal; prenatal began care @ 10 weeks; no complication report during the pregnancy; Apgar 8/9, infant was placed skin to skin, assessment at delivery infant was crying, pink, good muscle tone, with vigorous activity,

Temp 98.6° F;

Medications: Newborn meds given in L & D.

Pertinent RECENT History Following delivery the infant breastfed and bonded well with parents; the infant was unable to maintain temp after 30 minutes Temp. 96.6° F; infant was double wrapped with a cap place on the infant's head;

Assessment

Current Vital Signs: T 96.6°, P 154, R 58, BP 70/50, O2Sat 96% on RA

Safety Concerns: Risk for infant abduction.

Pertinent Assessment: Temp reassessed 96.6°, Infant is now jittery, color has become mottled, with increase respirations and grunting noted.

Recommendation

Enter room; prioritize care according to subjective and objective data

- Implement and maintain universal competencies
- Perform neonatal assessment
- Prioritize and implement neonatal nursing interventions
- Provide patient teaching related to assessments, interventions, and health promotion

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Pertinent Lab / Dx test results: Prenatal labs and Assessment Center's admission labs

Complete Blood Count

Lab	Patient	Ref. Range
WBC	17.5	9.0 - 30.0
RBC	9.7 H	4.1 - 6.1
Hgb	25.8 H	14.5 - 24.5
HCT	65.9 H	44 - 64
Platelet	258	150 - 450

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Normal Newborn Care Orders

Allergies: NKDA

1. Infant to be placed skin to skin as soon as possible after delivery
2. Weight on admission and QHS
6. Vital signs upon admission to nursery unit, and then every 8 hours (07, 15, and 23)
7. Delay bathing until at least 24 hours of age; when infant is stable and temperature is > 98° F
8. Medications:
 - a. Phytonadione 1 mg IM on admission
 - b. Erythromycin Ophthalmic Ointment 0.5 % 1 application to both eyes on admission
 - c. Obtain informed consent for Hepatitis B and give:
 - d. Infant born to HbsAg negative, positive or unknown mom give Hepatitis B Vaccine (Engerix B) 10 mcg IM
 - e. Sucrose Solution 24% 1 to 2 mL PO as needed for comfort prior to procedures
9. Lab work: A. Cord Blood Screen for infants born to mothers of Type O or RH negative mothers.
10. Heel-stick Blood Glucose Algorithm
 - a. If infant is SYMPTOMATIC obtain glucose immediately
 - 1) For glucose less than 45 mg/dL - Treat with Breast Milk, formula or 5% Glucose water
 - 2) Obtain glucose 30 minutes after initial feeding for at risk infants
11. Maternal GBS status:
 - a. Negative, begin routine care and no blood work required
 - b. Unknown, & no Intrapartum antibiotic prophylaxis given
 - 1) Infant < 37 wks - CBC with differential / Blood culture at 6-12 hours of age / Observe for 48 hours
 - c. Positive & inadequate antibiotics prophylaxis (< 4 hrs prior to delivery) - one or more neonatal risk factors)
 - 1) CBC with differential / Blood culture at 6 to 12 hours of age / Observe for 48 hours
 - d. Positive and inadequate antibiotics prophylaxis (< 4 hrs prior to delivery and no neonatal risk factors)
 - 1) Observe infant 48 hrs. for signs of sepsis
 - e. Notify physician for signs of sepsis
12. O2 Protocol: For signs and symptoms of respiratory distress, or O2 saturation less than 90%,
 - a. Place infant on pulse oximeter
 - b. Place infant on FiO2 30% blender 2 L nasal cannula and notify physician
13. Nutrition: Lactation Consult for all breastfeeding moms
 - a. Breastfeeding: as soon as possible after delivery, q 2 - 3 hrs. during day, q 3 to 4 hours at night
 - b. Bottle feeding: q 3 - 4 hours with physician/parent choice of formula
14. Notify pediatrician for:
 - a. Signs of distress
 - c. Unstable temperature or temperature greater than 100.4 degrees
 - d. Maternal temp of 101 or greater / Prolonged Rupture of Membranes (PROM) > 18 hrs
 - e. Infant born to HbsAg unknown or positive mother.
15. Consult Social Services
 - a. No prenatal care or initiation of prenatal care after 24 weeks or drug use during current pregnancy
 - b. Teen pregnancy, Adoptions
 - c. Abuse or as deemed by physician or staff

Physician Signature: Baby Dear, MD

Date & Time: Today @ 0600