

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, with inability to stabilize temperature following delivery

Allergy: NKDA

Code status: Full

Background

Pertinent Medical History: 39-week pregnancy; prenatal began care @ 10 weeks; no complication report during the pregnancy; Mom was Group B Strep positive @ 36 weeks. Apgar 8/9, Temp 98.6° F, infant was crying, pink, had good muscle tone, with vigorous activity and was placed skin to skin,

Medications: Newborn medications were given. Hepatitis B Vaccine was held as mom want to discuss with her pediatrician

Pertinent RECENT History: Following delivery, the infant breastfed and bonded well; the infant temperature was reassessed at 30 minutes of age and found to be Temp. 97.2° F. The infant was double wrapped, a beanie was placed on the infant's head and temperature was reassessed at one hour of age.

Assessment

Current Vital Signs: T 96.6°, HR 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: Cord Blood sent to lab

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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Orders

Allergies: NKDA

1. Infant to be placed skin to skin as soon as possible after delivery.
2. 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.
3. Lab work: A. Cord Blood Screen for infants born to mothers of Type O or RH negative mothers.
4. Heel-stick Blood Glucose Algorithm - SYMPTOMATIC INFANT obtain glucose immediately.
 - a) For glucose less than 45 mg/dL - Treat with Breast Milk, formula or 5% Glucose water.
 - b) Obtain glucose 30 minutes after initial feeding for at risk infants.
5. Maternal GBS status - unknown, & no Intrapartum antibiotic prophylaxis given
 - a) Infant < 37 wks. - CBC with differential / Blood culture / Observe for 48 hours.
 - b) Positive & inadequate antibiotics prophylaxis (< 4 hrs. prior to delivery) - one or more neonatal risk factors
 - 1) CBC with differential / Blood culture / Observe for 48 hours.
 - 2) Notify physician for signs of sepsis.
6. O2 Protocol: For signs and symptoms of respiratory distress, or O2 saturation less than 90%,
 - a) O2 30% blender 2 L nasal cannula.
 - b) Notify physician.
7. Nutrition:
 - 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.
8. Notify pediatrician for:
 - a) Signs of distress
 - b) Unstable temperature
 - c) Maternal temp of 101 or greater / Prolonged Rupture of Membranes (PROM) > 18 hrs.
 - d) Infant born to HbsAg unknown or positive mother.

Physician Signature: Baby Dear, MD

Date & Time: Today @ 0600