

Name: Rogers, Baby Boy	NNB
DOB: Today	1d/o M
MR # 543675148	
Dr. Baby Dear	

Situation

Chief Complaint / Diagnosis: Male infant estimated gestation of 36 weeks delivered @ 1145; be Cesarean Section due to prolapsed cord Weight 5 lbs. 8 oz. with the inability to stabilize temperature following delivery

Allergy: NKDA

Code status: Full

Background

Pertinent Medical History: 36-week gestation, breech presentation with SROM approximately 2 hours before admission. Deceleration of the fetal heart rate noted prior to delivery due to a prolapsed cord.

Medications: Newborn meds not given in L & D.

Pertinent RECENT History Apgar 6/9, HR 152, R 58, Temp. 97.8° F following delivery the infant was placed skin to skin and accompanied mother to the recovery room, infant began grunting and retracting.

Assessment

Current Vital Signs: T 96.6° F P 152 R 58 BP 68/48 O2Sat 95% on RA

Safety Concerns: Risk for infant abduction.

Pertinent Assessment: Following skin to skin placement the infant was double wrapped and a cap on infants head; Temp reassessed 96.6° F, Infant's color has become mottled, with increase respirations, grunting and retraction.

Recommendation

Enter room; prioritize care according to subjective and objective data.

- Implement and maintain universal competencies.
- Perform neonatal assessment.
- Prioritize and implement nursing interventions.
- Patient teaching related to health promotion.

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

Complete Bloo Count

Lab	Patient	Ref. Range
WBC	18.7 H	9.0 - 30.0
RBC	10.9 H	4.1 - 6.1
Hgb	26.7 H	14.5 - 24.5
HCT	65.5 H	44 - 64
Platelet	278y	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 wok: A. Cord Blood Screen for infants born to mothers of Type O or RH negative mothers.
4. 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.
5. 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.
6. Nutrition:
 - a. Breast-feeding: 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
7. 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.

Physician Signature: **Baby Dear, MD**

Date & Time: Today @ 0600