

A. EFFECTIVE DATE :	March 11, 2021
B. PURPOSE	To establish guidelines for ordering and providing standard assessment and care of the newborn at UConn Health John Dempsey Hospital (JDH)
C. STANDING ORDER	The registered nurse (RN) shall initiate the “Admit Well Newborn” order set following registration of the newborn that meets criteria.
D. SCOPE	For the UConn Health inpatient OBGYN/Newborn Department
E. AUTHORIZED USERS	RNs
F. CRITERIA	Inclusion criteria: Any newborn delivered at UConn Health JDH. Or any newborn presenting delivered at home or en route to UConn Health JDH. Exclusion criteria: Any newborn transferred to CCMC NICU service per neonatal provider assessment in delivery room.
G. MATERIALS NEEDED	
H. PROCEDURE	<p>The RN will initiate order set outlined below per protocol with cosign required on all newborns meeting criteria:</p> <ul style="list-style-type: none"> A. Admission <ul style="list-style-type: none"> a. Admit to nursery b. Full code B. Diet <ul style="list-style-type: none"> a. Breast feeding, expressed breast milk and/or infant formula based on mothers preference C. Nursing Assessments <ul style="list-style-type: none"> a. Temperature, Heart Rate and Respiratory Rate Every 30 min For 2 Hours b. Pulse oximetry as needed for cyanosis or respiratory distress c. Admission weight d. Obtain patient height once on admission e. Measure head circumference once on admission. f. Intake and Output. Record urine and stool diaper count g. Newborn hearing test. Once prior to discharge, notify provider if not passed for additional orders for CMV testing. h. Newborn congenital heart disease screening. Obtain pre and post ductal oxygen saturations after 24 hours of age and greater than 24 hours off supplemental oxygen. i. Feeding Assessments every shift D. Conditional Nursing Assessments <ul style="list-style-type: none"> a. Car seat challenge test, once. Perform car seat challenge on infants born at less the 37 weeks gestation or less than 2500 grams birth weight. The duration of the monitoring will be a minimum of 90 minutes or longer if time for travel will exceed this amount. Stop the test if infant fails, failure is defined as 1. Bradycardia < 80 for 10 sec or more OR 2. Apnea of 20 seconds OR O2 sats < 90% for >= 20 sec, with good waveform OR 4. Central cyanosis.

- i. After a failed test, place such infants back in a crib, flat, and monitor for 90 minutes and if no events, then return to couplet care and retest in 24 hours.
 - ii. Consult NICU for admission if infant fails initial test due to apnea OR if infant has any events listed above while monitoring lying flat.
 - b. Subgaleal hemorrhage risk assessment if infant delivered via instrumented delivery of vacuum and/or forceps. Assess vital signs (HR, RR, and Temp), pain, and measure head circumference every 4 hours for 48 hours.
 - i. Notify provider if the head circumference increases greater than or equal to 0.5 cm.
- E. Nursing Interventions
 - a. Transcutaneous bilirubin (TcB). Obtain TcB based on risk and collect serum bilirubin on infants with TcB in High Risk Zone or High Intermediate Zone and RISK FACTORS.
 - i. TcB immediately: Visible Jaundice
 - ii. TcB by 12 hours: ABO incompatibility with positive coombs test, or visible face/trunk bruising
 - iii. TcB by 24 hours: Previous sibling received phototherapy, infant less than 36 weeks, Hemolytic Disease, East Asian race,
 - iv. Cephalohematoma, OR Exclusive breast feeding with poor feeding or weight loss
 - v. TcB by 36 hours: All infants not previously screened
- F. Laboratory
 - a. Newborn metabolic screen. To be collected after 24 hours of life, regardless of feeding status.
 - b. Cystic Fibrosis Screen. To be collected after 24 hours of life.
- G. Conditional Laboratory Assessments
 - a. Toxicology screen, urine and Drug Panel, meconium. If maternal history includes non-compliant with prenatal care, pre-term labor or unexplained placental abruption with current pregnancy, or any maternal history of substance use
 - b. Cord blood hold tube. For Infant Born to mother with any of the following: Type O, Rh Negative, antibody positive or type unknown.
 - c. Bilirubin, total and direct. Once, capillary, if transcutaneous bilirubin is in high risk zone or if TcB is high intermediate zone with risk factors.
- H. Medications
 - a. Erythromycin (ROMYCIN) 5 mg/gram (0.5 %) ophthalmic ointment, 0.5 inches, both eyes, once, prophylaxis. Given within 2 hours of birth to each eye. Avoid contact of tip of ophthalmic ointment tube with affected eye.

- b. Phytonadione (AQUA-Mephyton) 1 mg/0.5 mL injection. 1 mg, intramuscular, once. Administer within one hour of birth.
 - c. Hepatitis B virus recomb (PF) (ENGERIX-B) 10 mcg/0.5 mL vaccine. 0.5 mL, intramuscular, once. Administer within 12 hours of birth after vaccine information sheet given to parent or guardian and verbal consent obtained.
 - d. Sucrose (TOOTSWEET) 24 % oral solution. 2 mL, oral, once, as needed for painful procedures. May administer up to 2 mL for comfort during procedure. The total dose should be given in small increments (1 to 2 drops) every 30 to 60 seconds.
- I. Consults
- a. Consult to lactation as needed
- J. Glucose Assessment
- a. Glucose, 30 minutes after completion of first feeding but no later than 90 minutes of life for infants with 5 minute APGAR less than 7, cord pH less than 7.2, IUGR, cleft lip or palate. Perform at any time when symptoms of hypoglycemia develop or temperature less than 36.4. Call provider if glucose less than 40 mg/dl.
 - b. Glucose, 30 minutes after completion of first feeding but no later than 90 minutes of life for at risk which include but are not limited to Large for gestational age (LGA), Small for gestational age (SGA), Late preterm infants (35 to 36 6/7 weeks gestation), and infant of diabetic mother (IDM).
 - i. Glucose screen prior to each feed for SGA infants and preterm infants for a minimum of 24 hours and last 2 consecutive AC blood glucose greater than or equal to 45.
 - ii. Glucose screen prior to each feed LGA and IDM infants for minimum 12 hours and last 2 consecutive AC blood glucose greater than or equal to 45.
 - iii. Target glucose - Age 0-4 hours: greater than 40 mg/dL. After 4 hours: greater than or equal to 45 mg/dL
- K. Glucose Gel Treatment
- a. Dextrose (GLUTOSE) 40 % gel. 0.2g per kg, buccal. PRN. For 2 doses, low blood sugar.
 - i. 0-4 hours of life: if glucose screen is less than 40 mg/dL after first feed administer gel and re-feed. Rescreen glucose 30-60 minutes after administration. If second glucose screen is less than 40 mg/dL administer second dose of gel and re feed. Rescreen glucose 30-60 minutes after administration of second dose of gel. If glucose

	<p>remains less than 40 after 2 doses of gel notify physician.</p> <p>ii. 4-24 hours of life: if glucose screen before feeding is less than 45 mg/dL administer gel and feed. Rescreen glucose 30-60 minutes after administration. If second glucose is less than 45 mg/dL administer second dose of gel and re feed. Rescreen glucose 30-60 minutes after administration of second dose of gel. If glucose remains less than 45 after 2 doses of gel notify physician.</p> <p>L. Provider Notification</p> <ol style="list-style-type: none"> a. Notify provider temperature greater than 100.2 F or Temperature less than 97.5 F. Goal axillary temperature is 97.5F-100.2F; measurements outside this range should be confirmed by rectal method. No routine rectal measurements necessary b. Notify provider heart rate greater than 180 or heart rate less than 80. Respiratory rate greater than 70 or less than 30. c. Notify provider if no urine or stool by 24 hours of life, Hepatitis B or HIV positive/unknown mother, GBS positive mother with inadequate prophylaxis and additional risk factor, maternal fever > or = to 100.4F, chorioamnionitis, suspected/confirmed congenital abnormality, +maternal antibody screen, + VDRL/RPR, illicit or prescribed maternal substance use d. Notify provider immediately if serum bilirubin in high risk zone or within 4 hours if serum bilirubin is in high intermediate risk zone with neurotoxic risk factors. (Neurotoxic risk factors including but not limited to isoimmunization, or blood group incompatibility, G6PD deficiency, significant lethargy, temperature instability, or sepsis) <p>M. Hepatitis HBsAg- Positive mothers:</p> <ol style="list-style-type: none"> a. Hepatitis B immune globin (HyperHep B) injection syringe 0.5 mL, intramuscular, once. For <i>Infants born to HBsAg-positive mothers</i> administer within 12 hours of birth after vaccine information sheet given to parent or guardian and verbal consent obtained. May be administered at the same time as Hepatitis B vaccine at a separate site.
<p>I. COMMITTEE APPROVALS</p>	<p>Pharmacy and Therapeutics Committee <u>11/25/2020</u> (Date) Clinical Council <u>02/23/2021</u> (Date) Medical Board <u>03/09/2021</u> (Date)</p>

J. STAKEHOLDERS	On File								
K. FINAL APPROVAL	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;"> 1. <u>Andrew Agwunobi, MD (Signed)</u> Andrew Agwunobi, MD, MBA UConn Health Chief Executive Officer </td> <td style="width: 30%; padding: 5px; text-align: right;"> <u>3/22/2021</u> Date </td> </tr> <tr> <td style="padding: 5px;"> 2. <u>Anne Horbatuck (Signed)</u> Anne D. Horbatuck, RN, BSN, MBA Clinical Policy Committee Co-Chair </td> <td style="padding: 5px; text-align: right;"> <u>3/22/2021</u> Date </td> </tr> <tr> <td style="padding: 5px;"> 3. <u>Scott Allen, MD (Signed)</u> Scott Allen, MD Clinical Policy Committee Co-Chair </td> <td style="padding: 5px; text-align: right;"> <u>3/18/2021</u> Date </td> </tr> <tr> <td style="padding: 5px;"> 4. <u>Caryl Ryan (Signed)</u> Caryl Ryan, MS, BSN, RN VP Quality and Patient Service & Chief Nursing Officer </td> <td style="padding: 5px; text-align: right;"> <u>3/12/2021</u> Date </td> </tr> </table>	1. <u>Andrew Agwunobi, MD (Signed)</u> Andrew Agwunobi, MD, MBA UConn Health Chief Executive Officer	<u>3/22/2021</u> Date	2. <u>Anne Horbatuck (Signed)</u> Anne D. Horbatuck, RN, BSN, MBA Clinical Policy Committee Co-Chair	<u>3/22/2021</u> Date	3. <u>Scott Allen, MD (Signed)</u> Scott Allen, MD Clinical Policy Committee Co-Chair	<u>3/18/2021</u> Date	4. <u>Caryl Ryan (Signed)</u> Caryl Ryan, MS, BSN, RN VP Quality and Patient Service & Chief Nursing Officer	<u>3/12/2021</u> Date
1. <u>Andrew Agwunobi, MD (Signed)</u> Andrew Agwunobi, MD, MBA UConn Health Chief Executive Officer	<u>3/22/2021</u> Date								
2. <u>Anne Horbatuck (Signed)</u> Anne D. Horbatuck, RN, BSN, MBA Clinical Policy Committee Co-Chair	<u>3/22/2021</u> Date								
3. <u>Scott Allen, MD (Signed)</u> Scott Allen, MD Clinical Policy Committee Co-Chair	<u>3/18/2021</u> Date								
4. <u>Caryl Ryan (Signed)</u> Caryl Ryan, MS, BSN, RN VP Quality and Patient Service & Chief Nursing Officer	<u>3/12/2021</u> Date								
L. REVISION HISTORY :	Approved: 3/11/2021								