UCONN HEALTH

CLINICAL STANDING ORDER

for Newborn Admission

A. EFFECTIVE DATE:	7/18/2023
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. PROCEDURE	The RN will initiate order set outlined below per protocol with cosign required on all newborns meeting criteria: A. Admission a. Admit to nursery b. Full code B. Diet (selection required) a. Breast feeding, expressed breast milk and/or infant formula based on mothers preference. C. Nursing Assessments a. Assess axillary temperature, apical heart rate, respiratory rate, and complete a full system assessment (including cardiac, respiratory, musculoskeletal, HEENT (head, eye, ear, nose and throat) integumentary, genitourinary, gastrointestinal, and genitalia) within one hour of admission to the mother baby unit and at minimum every 8 hours. b. Temperature, heart rate and respiratory rate every 30 min for 2 hours c. Pulse oximetry as needed for cyanosis or respiratory distress d. Admission weight e. Daily Weight f. Obtain patient height once on admission g. Measure head circumference once on admission.

h. Intake and Output. Record urine and stool diaper count

i. Newborn hearing test. Once prior to discharge, notify provider if not passed for additional orders for CMV testing.

j. 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.

k. Feeding Assessments every shift

l. Sepsis Risk Assessment: Enter maternal risk factors into Neonatal Early-Onset Sepsis Calculator to calculate the risk of early-onset sepsis for the following infants: Inadequate GBS prophylaxis, maternal intrapartum temperature greater than or equal to 100.4 F, rupture of membranes greater than 18 hours, OR obstetrical clinical diagnosis of chorioamnionitis. Perform vitals as recommended by the tool. *Adequate GBS prophylaxis = penicillin G, ampicillin, or cefazolin given greater than or equal to 4 hours prior to delivery.

D. Conditional Nursing Assessments

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 of longer if time for travel will exceed this amount. Stop the test if infant fails, failure is defined as 1. Bradycardia less than 80 bpm for 10 sec or more OR 2. Apnea of 20 seconds OR 3. O2 saturation less than 90% for greater than or equal to 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 if TcB exceeds or is within 3 mg/dL of the phototherapy treatment threshold.

i. TcB immediately: Visible Jaundice

ii. TcB immediately, every 4 hours x 2, every 12 hours x 3: Positive Coombs

iii. TcB between 24-48 hours of age, ideally 30 hours with blood spot: All infants not previously screened

F. Laboratory

a. Newborn metabolic screen. To be collected after 24 hours of life, preferably as close as possible to 30 hours of life.

b. Cystic Fibrosis Screen. To be collected after 24 hours of life, preferably as close as possible to 30 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 (prescription or non-prescription).

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 within 3 mg/dL of the phototherapy treatment threshold.

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 remains less than 40 after 2 doses of gel notify physician.

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.

L. Provider Notification

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 greater than or equal to 100.4F, chorioamnionitis, suspected/confirmed congenital abnormality, +maternal antibody screen, + VDRL/RPR, illicit or prescribed maternal substance use

d. Notify provider if Neonatal Early Onset Sepsis Calculator recommends blood culture, CBC, antibiotics or if risk score is greater than or equal to

e. Notify provider immediately if total serum bilirubin exceeds or is within 3 mg/dL of the phototherapy treatment threshold (based on 2022 AAP Tool, *includes neurotoxicity risk factors)

M. Hepatitis HBsAg- Positive mothers:

a. Hepatitis B immune globin (HyperHep B) injection syringe

b. 0.5 mL, intramuscular, once. For Infants born to HBsAg-positive mothers 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.
H. COMMITTEE APPROVALS	Pharmacy and Therapeutics Committee Clinical Council Medical Board
I. STAKEHOLDER APPROVALS:	Laura Karwoski, OBGYN, CNS 6/12/2023 Larry Scherzer, MD, Medical Directory Nursery 6/12/2023 Lina Godfrey, Nurse Manager, OB/LD 6/12/2023 Karen Curley, Nursing Director 6/12/2023 Gillian Kuszewski, Pharmacy Clinical Coordinator 6/14/2023
J. FINAL APPROVAL	Signed 8/16/2023 Bruce T. Liang, MD Date Interim Chief Executive Officer & EVP for Health Affairs Dean, School of Medicine Signed 8/8/2023 Anne D. Horbatuck, RN, BSN, MBA Date Clinical Policy Committee Co-Chair Signed 8/15/2023 Caryl Ryan, MS, BSN, RN, Date Chief Operating Officer, John Dempsey Hospital Vice President Quality & Patient Care Services Chief Nursing Officer Signed 8/15/2023 Scott Allen, M.D. Date Chief Medical Officer
K. REVISION HISTORY:	Date Issued: 03/11/2021 Date Revised: 07/18/2023 Date Reviewed: