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PATIENT NAME:	
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MEDICAL DIRECTIVE: Care of the Healthy Newborn Less Than 24 Hours of Age

DEPT. Birthing Unit, Obstetrics, Neonatal Intensive Care Unit, Paediatrics SUPERCEDES: Dec 4, 2018

ADMINISTRATIVE AUTHORITY: Medical Advisory Committee DATE: Sept 12, 2019

Assessment, Diagnostic Test	Indicators	Absolution	Special Considerations
or Intervention		Contraindications	
Neonatologist or Paediatrician	Late Pre-term	Less than 35 weeks gestation	
on call to be notified by Birthing	Newborns are at risk	or weighing less than 2300	
Unit nurse if 35 weeks and 0	for preterm issues and	grams require notification of	
days to 36 weeks and 6 days	need to be assessed	Neonatologist/Paediatrician	
gestation and weighing 2300	by a specialist	and admission to Neonatal	
grams and greater A formal		Intensive Care (NICU)	
consultation will occur in			
daytime hours 0800 to 1700			
Notify Most Responsible	Assigned to Baby		
Provider (MRP) of birth	Rota physician for		
	next day if required		
Transition period:			
Axillary temperature, heart rate	First six hours of life		
(HR), respiratory rate (RR) at 30			
minutes of age, then axillary			
temperature, HR, RR at one			
hour of age then q2hX3 and as			
patient condition warrants			
After six hours of age and			
when vitals are stable and			
within normal limits:			
Axillary temperature, HR, RR,			
q12h, prior to a bath and as			
patient condition warrants			
Infants born by vacuum or			
forceps:			
In addition to above			
assessments:			
Head circumference, scalp			
assessment and capillary refill/perfusion at:			
30 min of age;			
One hour of age;			
Two hours of age;			
Four hours of age;			
Every four hours for 24 hours;			
and PRN			
Daily weight at first activity	To track newborn		
after 1900 and at discharge	weight loss		
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Assessment, Diagnostic Test	Indicators	Absolution	Special Considerations
or Intervention		Contraindications	
Nutrition: Breastfeed 8 or more times in 24 hours Cup/syringe feed (after breastfeeding every 3-4 hours if greater than 10% weight loss or hypoglycemic according to RVH policy Prevention and management of Neonatal Hypoglycemia). Cup feed expressed breast milk if at all possible rather than formula if breastfeeding If bottle fed: feed ad lib every 3-4 hours	According to Canadian Paediatric Society position papers and Baby Friendly Initiative Strategy for Ontario	Breastfeeding and use of expressed breast milk is contraindicated in patients with Human Immunodeficiency Virus. Breastfeeding is contraindicated in patients with Herpes Simplex Virus breast lesions.	
Activity: Skin to skin as much as possible when parents are	Mother-Baby Dyad Care, Provincial Council of Maternal	No co-bedding is permitted. If parent cannot provide a safe environment in arms, newborn	
awake Tests and Procedures:	Child and Health	must be placed in crib	
 Arterial and venous cord blood gases drawn and sent to lab within two hours of birth Cord blood to blood bank 	To assess the newborn's metabolic condition at birth To determine newborn's blood		
3. Point of care (POC) glucose testing for all at risk infants at 2 hours of age and repeat as per policy.	1. Small for gestation age newborns with weight in grams less than the 10 th percentile (refer to Appendix I) 2. Large for gestation age newborns with weight in grams more than the 90 th percentile (refer to Appendix I) 3. Newborns of diabetic mothers 4. Preterm newborns less than or equal to 37 weeks gestation		





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	sessment, Diagnostic Test	Indicators	Absolution	Special Considerations
or	Intervention		Contraindications	
4.	POC glucose testing for symptomatic newborns regardless of age	Jitteriness, irritability, high pitched cry, seizures intermittent apnea spells, episodes of cyanosis, tachypnea hypotonia, lethargy difficulty feeding, poor suck, pallor, hypothermia		
5.	Newborn blood sampling for bilirubin level	Any newborn appearing clinically jaundiced		
6.	If the newborn is discharged prior to 24 hours of age, Newborn Screening Ontario is to be drawn by phlebotomist and infant is to return after 24 hours of age but prior to 5 days of age for a repeat screening. A completed requisition shall be placed in the Maternal Newborn Clinic folder for the repeat sample.	To ensure the newborn has blood work drawn for metabolic screening		
Μ ε	edications: Erythromycin ointment 0.5%, a one cm ribbon is applied to lower eyelid of both eyes of all newborns at birth.	Prevention of ophthalmia neonatorum	Written letter by parent refusing with agreement from delivering provider	
2.	Vitamin K is administered to all newborns at birth. Dose of Vitamin K: a. Birth weight less than 1500 grams is 0.5 mg IM b. Birth weight greater than or equal to 1500 grams is 1 mg IM	Prevention of hemorrhagic disease of the newborn	Parental refusal	





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Assessment, Diagnostic Test or Intervention	Indicators	Absolution Contraindications	Special Considerations
3. After 2 hours of age: a. 24% sucrose 1mL po for 33-37 weeks corrected age PRN b. 24% sucrose 2mL po for greater than 37 weeks corrected age PRN	Pain management for painful procedures	Parental refusal	
4. Dextrose 40% gel 0.5 mL/kg to buccal cavity. Maximum two doses per hypoglycemic event to a maximum of four doses in the first 48 hours of life for infants equal to or greater than 35 weeks gestation	Asymptomatic hypoglycemia (refer to Appendix II for dosing bands)		
Immunizations: If mother is Hepatitis B (HbsAg) positive **Informed parental consent must be obtained and documented ** Hepatitis B Immune Globulin (HBIG) 0.5 mL IM within 12 hours of birth. Hepatitis B vaccine IM as supplied by pharmacy in the opposite leg within 12 hours of birth. If mother's Hep B status is unknown notify MRP for further direction	Prevention of chronic Hepatitis B virus in the newborn from a HBsAg-positive mother or an unscreened mother		

PERSONNEL APPROVED FOR IMPLEMENTATION OF DIRECTIVE:

Registered Nurses (RNs) and Registered Practical Nurses (RPNs) in the Birthing Unit, Obstetrics, Neonatal Intensive Care Unit and Paediatric Unit.

CO-IMPLEMENTERS:

Phlebotomists

EDUCATIONAL REQUIREMENTS FOR PERSONNEL APPROVED TO INITIATE DIRECTIVE:

- 1. Knowledge of corresponding policies and procedures.
- 2. Knowledge and review of learning package Point of Care Testing in the Neonate.
- 3. Knowledge and review of RVH Learning Package Newborn Hyperbilirubinemia A Self-Learning Module



RVH DATE (09/2019)



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4. Successful completion of yearly education regarding the use of medical directives including attainment of 90% on competency exam.

DOCUMENTATION AND COMMUNICATION:

- 1. A copy of the Medical Directive will be placed in the Most Responsible Provider (MRP) section on the patient chart with the name, status, and signature of the implementer, the name of the authorizing physician, the date and time of implementation.
- 2. Document the notification of MRP in the Interdisciplinary Progress Record (RVH 0818) or in the electronic medical record (EMR).

PHYSICIANS TO WHOM DIRECTIVE APPLIES:

All MRPs caring for newborns at Royal Victoria Regional Health Centre

Name: ˌ	Signature:	Date:	Time: _	
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APPENDIX I

10th and 90th percentile cut-offs for birth-weight at term in Canadian infants				
Birthweight (g)				
Gestation (completed weeks)	10th percentile		90th percentile	
	Male	Female	Male	Female
37	2552	2452	3665	3543
38	2766	2658	3877	3738
39	2942	2825	4049	3895
40	3079	2955	4200	4034
41	3179	3051	4328	4154
42	3233	3114	4433	4251





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APPENDIX II

Birth Weight (kg)	Volume of Dextrose 40% to administer (mL) *Recommended dose = 0.5 mL/kg
Less than or equal to 1 kg	0.5 mL
Greater than 1 kg or less than or equal to 1.5 kg	0.75 mL
Greater than 1.5 kg or less than or equal to 2 kg	1 mL
Greater than 2 kg or less than or equal to 2.5 kg	1.25 mL
Greater than 2.5 kg or less than or equal to 3 kg	1.5 mL
Greater than 3 kg or less than or equal to 3.5 kg	1.75 mL
Greater than 3.5 kg or less than or equal to 4 kg	2 mL
Greater than 4 kg or less than or equal to 4.5 kg	2.25 mL
Greater than 4.5 kg or less than or equal to 5 kg	2.5 mL