

PATIENT NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

HRN: \_\_\_\_\_

Medical Directive:

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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 or Intervention	Indicators	Absolution Contraindications	Special Considerations
Neonatologist or Paediatrician on call to be notified by Birthing Unit nurse if 35 weeks and 0 days to 36 weeks and 6 days gestation <b>and</b> weighing 2300 grams and greater A formal consultation will occur in daytime hours 0800 to 1700	Late Pre-term Newborns are at risk for preterm issues and need to be assessed by a specialist	Less than 35 weeks gestation <b>or</b> weighing less than 2300 grams require notification of Neonatologist/Paediatrician and admission to Neonatal Intensive Care (NICU)	
Notify Most Responsible Provider (MRP) of birth	Assigned to Baby Rota physician for next day if required		
<b>Transition period:</b> Axillary temperature, heart rate (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	First six hours of life		
<b>After six hours of age and when vitals are stable and within normal limits:</b> Axillary temperature, HR, RR, q12h, prior to a bath and as patient condition warrants			
<b>Infants born by vacuum or forceps:</b> 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 after 1900 and at discharge	To track newborn weight loss		



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<p><b>Nutrition:</b>            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</p>	<p>According to Canadian Paediatric Society position papers and Baby Friendly Initiative Strategy for Ontario</p>	<p>Breastfeeding and use of expressed breast milk is contraindicated in patients with Human Immunodeficiency Virus.</p> <p>Breastfeeding is contraindicated in patients with Herpes Simplex Virus breast lesions.</p>	
<p><b>Activity:</b>            Skin to skin as much as possible when parents are awake</p>	<p>Mother-Baby Dyad Care, Provincial Council of Maternal Child and Health</p>	<p>No co-bedding is permitted. If parent cannot provide a safe environment in arms, newborn must be placed in crib</p>	
<p><b>Tests and Procedures:</b></p> <ol style="list-style-type: none"> <li>1. Arterial and venous cord blood gases drawn and sent to lab within two hours of birth</li> <li>2. Cord blood to blood bank</li> <li>3. Point of care (POC) glucose testing for all at risk infants at 2 hours of age and repeat as per policy.</li> </ol>	<p>To assess the newborn's metabolic condition at birth</p> <p>To determine newborn's blood group if necessary</p> <ol style="list-style-type: none"> <li>1. Small for gestation age newborns with weight in grams less than the 10<sup>th</sup> percentile (refer to Appendix I)</li> <li>2. Large for gestation age newborns with weight in grams more than the 90<sup>th</sup> percentile (refer to Appendix I)</li> <li>3. Newborns of diabetic mothers</li> <li>4. Preterm newborns less than or equal to 37 weeks gestation</li> </ol>		



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<p>4. POC glucose testing for symptomatic newborns regardless of age</p> <p>5. Newborn blood sampling for bilirubin level</p> <p>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.</p>	<p>Jitteriness, irritability, high pitched cry, seizures            intermittent apnea spells, episodes of cyanosis, tachypnea            hypotonia, lethargy            difficulty feeding, poor suck, pallor, hypothermia</p> <p>Any newborn appearing clinically jaundiced</p> <p>To ensure the newborn has blood work drawn for metabolic screening</p>		
<p><b>Medications:</b></p> <p>1. Erythromycin ointment 0.5%, a one cm ribbon is applied to lower eyelid of both eyes of all newborns at birth.</p> <p>2. Vitamin K is administered to all newborns at birth. Dose of Vitamin K:</p> <p>a. Birth weight less than 1500 grams is 0.5 mg IM</p> <p>b. Birth weight greater than or equal to 1500 grams is 1 mg IM</p>	<p>Prevention of ophthalmia neonatorum</p> <p>Prevention of hemorrhagic disease of the newborn</p>	<p>Written letter by parent refusing with agreement from delivering provider</p> <p>Parental refusal</p>	







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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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



R.MDCHN24

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**APPENDIX I**

10th and 90th percentile cut-offs for birth-weight at term in Canadian infants

Gestation (completed weeks)	Birthweight (g)			
	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**

<b>Birth Weight (kg)</b>	<b>Volume of Dextrose 40% to administer (mL) *Recommended dose = 0.5 mL/kg</b>
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

