Delegation and/or Medical Directive

Title:	**Neonatal Hypoglycemia**
Policy Number:	**06-03**
Approval Date:	September 2020 Maternal Child Program Advisory October 2020 Medical Advisory Committee
Review Date:	Annually
Review/Revision Date:	September 2020
Sponsoring Person:	Chief of Paediatrics Quinte Midwives

Does this policy include a delegation of a controlled act? ☐ **Yes** ■ **No**

Orders:	Appendix Attached: ■ Yes ☐No Title: Appendix 6: Neonatal Hypoglycemia Medical Directive Order Set Appendix 7: Prevention of Hypoglycemia in Newborn Inpatients Clinical Protocol

The authorized nurses in Quinte Healthcare Corporation (QHC) may perform the Medical Directive provided the requirements, as listed in the directive, are met.
If the appropriate physician or health care provider with ordering authority is not immediately available to provide the order, the nurse caring for the newborn infant at Quinte Healthcare may draw a blood specimen, complete laboratory testing, and initiate interventions as outlined in the associated clinical protocol.

Recipient Patients:	Appendix Attached: ☐ Yes ■ No Title:

For newborns admitted to QHC at risk for hypoglycemia or if the newborn is symptomatic for hypoglycemia, exhibiting jitteriness only.

Delegation and/or Medical Directive

Approving Physician(s)/ Authorizer(s):	Appendix Attached: ■ Yes □ No Title: Appendix 1: Designated Physician Authorization Sheet

Ensure a signed copy of approvals is maintained with the Medical Directives on the unit, Medical Directive Manual (Patient Services), and Chief of Staff office.

Authorized Implementers:	Appendix Attached: ■ Yes □ No Appendix 2: Authorized Implementer Form Appendix 3: Self - Learning Package Appendix 4: Self Appraisal of Competency Statement for Authorized Staff

All QHC RN's, who have:

1. Completed the Self-Learning Package and have reviewed the Medical Directive annually
2. Completed the Self-Appraisal of Competency Statement form and submitted to the manager, clinical educator or designate

Indicators:	Appendix Attached: □ Yes ■ No Title:

Newborns at Risk and Requiring Glucose Screening:

➢ Prematurity (less than 37 completed gestational weeks)
➢ Asymptomatic infants small for gestational age (SGA) less than 10% (see Table 1)
➢ Asymptomatic infants large for gestational age (LGA) greater than 90% (see Table 1)
➢ Infants of diabetic or gestational diabetic mothers
➢ Maternal use of labetalol during pregnancy

GESTATION	BIRTHWEIGHTS (G)			
	10th PERCENTILE		90th PERCENTILE	
(completed weeks)	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

Newborns displaying jitteriness suggestive of hypoglycemia will also be screened as a part of this medical directive to ensure prompt treatment of hypoglycemia while waiting for a health care provider assessment.

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Contraindications:	Appendix Attached: ☐ Yes ■ No Title:
➢ The newborn is unwell or displays clinical signs of hypoglycemia that are not jitteriness ➢ Parent/legal guardian refuses treatment ➢ Presence of a written order by a physician/health care provider with ordering authority, contravening the implementation of the order found in this medical directive.	

Consent:	Appendix Attached: ☐ Yes ■ No Title:
The patient is registered at QHC as an inpatient. The patient or substitute decision maker has given a verbal consent for the implementation of the Medical Directive.	

Guidelines for Implementing the Medical Directive:	Appendix Attached: ■ Yes ☐ No Appendix 3: Self – Learning Package Appendix 5: Implementing a Medical Directive
The authorized nurse at QHC must: ➢ A patient-physician relationship will be established in the near future. ➢ Assess patient's vital signs. ➢ Evaluate the patient's symptoms (See Appendix 3 – "*Self – Learning Package*"). ➢ Ensure the patient has no contraindications for the implementation of the Medical Directive.	

Documentation and Communication:	Appendix Attached: ☐ Yes ■ No
Following QHC documentation policy and CNO standards, the nurse will document the appropriate assessments, treatments, and patient responses and outcomes, and ensure the medical directive order set is completed and placed on the patient's chart.	

Review and Quality Monitoring Guidelines	Appendix Attached: ■ Yes ☐ No Appendix 4: Self-Appraisal of Competency Statement for Authorized Staff

The Designated Instructor (Clinical Educator or designate) will supervise the clinical component every 2 years. Staff identifying any untoward or unintended outcomes arising from implementation of orders under this directive, or any issues identified with it will report these to the manager or clinical educator or designate as soon as possible for appropriate disposition. This does not include untoward or unintended outcomes or issues that are possible clinical sequelae regardless of whether a directive or direct order is used.

Administrative Approvals:	Appendix Attached: ☐ Yes ■ No

Date of Maternal Child Advisory Committee Approval: September 2020

Date of MAC Approval: October 2020

Ensure a signed copy of approval is maintained with the medical directive manual coordinator, and with the Chief of Staff office.

_____   _____
                      Chief of Staff   Chief Nursing Executive

_____   _____
                           Date   Date

References:

College of Nurses of Ontario (CNO). (2018, January). *Directives.* Retrieved from CNO:
        http://www.cno.org/globalassets/docs/prac/41019_medicaldirectives.pdf

The screening and management of newborns at risk for low blood glucose. (2019, December). *Paediatrics & Child Health, 24*(8), 536-544. Retrived from: https://www.cps.ca/en/documents/position/newborns-at-risk-for-low-blood-glucose

Appendices:

	Appendix 1:	Designated Physician Authorization Sheet
	Appendix 2:	Authorized Implementer Form
	Appendix 3:	Self – Learning Package
	Appendix 4:	Self Appraisal of Competency Statement for Authorized Staff
	Appendix 5:	Implementing a Medical Directive

Delegation and/or Medical Directive