



Newborn Extension Care Map

Greater or equal to 36wk GA and greater than or equal to 2500 g

* = Integrated Progress Notes

Delivery Date / Time:												
ASSESSMENTS/CONSULTS	Vital Signs and Assessments (BID after 48H of age)											
	D/M/Y											
	Time											
	Temperature											
	Heart Rate											
	Respirations											
	Initial											
									Date:			
									Time:			
	ASSESSMENT OUTCOMES											
	• Vital signs stable											
	• Skin color: normal for race, and age											
	• Mucous membrane color: pink											
	• Tone: normal tone, flexion of extremities or reflecting intrauterine position											
	• Behavior: sleeping with some alert periods, active, consoles easily											
• Cry: normal-pitched cry												
• Cord: clean and drying												
• Chest: no signs of respiratory distress												
• Abdomen: soft and round												
• Pain: no evidence of pain, normal response to stimulation, no potential reasons for pain												
CONSULTS												
• Lactation Consultant as necessary												
TREATMENT	<input type="checkbox"/> Phototherapy											
	<input type="checkbox"/> Other											
NUTRITION	• Breast or formula feed on demand (document <u>all</u> feedings on the Newborn Feeding Record)											
	On Discharge											
	• Weight loss no greater than 8% of birth weight unless feeding plan established, follow-up in place & discharge approved by physician or midwife											
	• Gestational age greater than or equal to 36 wk and weight greater than or equal to 2500 g											
	• Stooling appropriately											
	• Voiding appropriately											
	• No apparent digestive problems											
	• Effective feeding established: there have been at least two independently managed feedings observed in which:											
• Breastfed Infant: minimum score of "one" in each category except "T" on the LATCH-R tool												
• Formula fed Infant: feeds 6 - 10 times a day on demand and is adequately hydrated												
SAFETY/ACTIVITY	• Positioned supine											
	• Verify presence of ID bands on mother and newborn											
	• Back to sleep											
PSYCH O- SOCIAL	• Assess bonding											
	• Bonding: positive maternal/infant interaction demonstrated											
DISCHARGE PLANNING	I, the parent/guardian of Baby _____, have checked the corresponding ID band # _____ and certify that they match and I am receiving the correct baby.											
	Parent/Guardian Signature: _____ Nurse's/Midwife's Signature: _____											
	Discharge Date and Time: _____ In car seat <input type="checkbox"/> Yes <input type="checkbox"/> No											