



STANDARD ORDERS Newborn Care

Gestational Age (GA) 36 Weeks or Greater and
Greater than or equal to 2500 gms

These orders are to be used as a guideline and do not replace sound clinical judgement and professional standards.

Automatically activated (if not in agreement cross out and initial) **Activated by checking the box**

MEDICATION ORDERS	GENERAL ORDERS
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DATE

TIME

Allergies No Yes (Describe):

- Phytonadione (Vitamin K) 1 mg intramuscular x 1 dose by 6 hours of age
- Phytonadione (Vitamin K) 2 mg orally with first feed to be administered **only** if IM is strongly declined and after counselling on the serious health risks (to be clarified at next meeting)
- Erythromycin 0.5% ophthalmic ointment to each eye by one hour of age

For breastfed infants (start after 24 hours of age)

- Vitamin D 800 international units orally daily (oral drops)
- Vitamin D 400 international units orally daily (oral drops)

For formula fed infants (start after 24 hours of age)

- Vitamin D 400 international units orally daily (oral drops) until the infant is taking 1 litre of formula daily

- Hepatitis B Immune Globulin 0.5 mL intramuscular x 1 dose (within 12 hours of birth)

- Hepatitis B vaccine (**preservative free**) 0.5 mL intramuscular x 1 dose (give with immune globulin)

- Cord Blood sample for Rh negative testing, for neonates born to Rh negative mothers
- Vital Signs and Assessment per Care Map: at birth, one hour, two hours, three hours then Q8h until 48 hrs then BID until discharge and PRN
- Blood glucose monitoring as per practice guideline
- Bilirubin testing:
 - For suspected jaundice PRN: Transcutaneous Bilirubin screen (TCB) and call prescriber STAT
 - TCB at 24 hours if in hospital; Plot the bilirubin level on the Bhutani nomogram or bilitool; inform prescriber of bilirubin level; Provide copy of the Discharge Information Newborn Jaundice – Bilingual (CLI.5810.FORM.010) to parent(s)
 - See Prescriber Order sheet
 - For discharge less than 24 hours of age: TCB is required within 48 hours of birth and Total Serum Bilirubin (TSB) if indicated; make arrangements for appropriate follow-up as per established facility-specific practices
- CBC per Group B Streptococcus (GBS) in Mothers and Infants Guideline

NUTRITION

- Breast or infant formula feeding by parent's choice

TESTS

- Pulse oximetry monitoring prior to discharge (ideally after 24 hours) as per Newborn Pulse Oximetry Monitoring Upon Discharge policy (CLI.5810.PL.008)
- Newborn Universal Screening (include prior to discharge if greater than 24 hours of age);

If infant discharged less than 24 hours of age, ensure infant receives Newborn Universal Screening prior to 5 days of age in community either by (1) primary care provider (physician or midwife) or (2) Priority Public Health Nurse (PHN) referral

CONSULTS (list):

Re Hepatitis B Immune Globulin and Vaccine if indicated:

- Risks and benefits discussed. Consent obtained by Physician or Midwife
- Refer to Manitoba Hepatitis B Newborn Prophylaxis Protocols

DISCHARGE

- Midwifery birth:** Baby discharged at _____ hrs. of age
- Discharge when all clinical outcomes are met (applicable only for greater than 36 weeks GA or greater than 2500 gms)

- Follow up appointment in _____ days/weeks:
With _____

PUBLIC HEALTH NURSE (PHN) REFERRAL

- PHN referral
- Priority PHN referral:
 - If discharged less than 24 hours (unless midwife is following)
 - Requires Newborn Universal Screening
 - Other: rationale _____

Prescriber / Midwife Signature:

Order Transcribed: Date: _____ Time: _____ Init: _____

Fax to Pharmacy: Date: _____ Time: _____ Init: _____