University Medical Center Newborn

<u>Disclaimer</u>: The is a suggested interdisciplinary plan of care. This is only a guideline. The patient problem, outcomes and interventions may be changed to meet the individual needs of the patient. Physician / Medical orders supersede all pre-printed interventions identified on the

ADDRESSO(GRAPH		

Initials / Date / Time notified:

Estimated LOS: <u>3 Days</u>		Date placed on map:
CRITERIA FOR REMOVING PATIENT Remove patients from this CareMap if	rs FROM CAREMA transferred to NICU	<u>AP</u> ®:
Secondary Diagnosis:		
Significant Maternal Past / Recent Med	dical History:	
Date of Birth:	Time of Birth: _	Admission Time:
Admitting Pediatrician:	Notified at:	am/pm Obstetrician:
Born by: C-Section Vaginal		Instrumentation:
RN Signature:		Date/Time:
CONSULTS OR DISCIPLINES INVOL	VED / NOTIFIED:	

Initials / Date / Time notified:

Initials / Date / Time notified:

Newborn

Instructions for Documentation:

Discharge Planning

Lactation Consultant

Social Services

Cardiology

Nutrition

1.

2.

3.

4.

5.

6.

7.

OUTCOMES / INTERVENTIONS:

- Initial when met or completed
- Use notation N/A, if not applicable for the timeframe
- Initial and circle, if not met or completed

ext. 2299

ext. 2110

ext. 2458

ext. 5354

SUPPLEMENTAL DOCUMENTATION is required on the Interdisciplinary Progress Notes when an outcome or intervention is initialed and circled, indicating it was not met or completed as stated.

Newborn

Signature	Title	Initial	
Signature Requiring	Co-Signatu	re	
Signature Requiring Co-Signature	Date/Shift	Initial/Titi	le
			17-14

Addressograph

DOB: Time:		Desired Outcomes								
Problems/ Needs	0 –6 Hours Time:	6 – 12 Hours Time:	12 - 24 Hours Time:	sbjøg						
Knowledge deficit related to plan of care understanding of anticipated plan of care and participates in decision making		Family verbalizes understanding of anticipated plan of care and participates in decision making	Family verbalizes understanding of anticipated plan of care and participates in decision making							
1 00000	Provides newborn care according to instructions	Provides newborn care according to instructions	Provides newborn care according to instructions							
Pain Management 2	NIPS < 3	NIPS < 3	NIPS < 3							
Transition to Extra-uterine	Vital signs WNL	Vital signs WNL	Vital signs WNL							
Life 3	Measures & weight WNL for gestation	Weight loss not more than 10% of birth weight	Weight loss not more than 10% of birth weight							
	No evidence of respiratory distress	No evidence of respiratory distress	No evidence of respiratory distress							
	Physical & behavioral characteristics WNL	Physical & behavioral characteristics WNL	Physical & behavioral characteristics WNL							
Demonstrates no signs of jaundice		Demonstrates no signs of jaundice	Demonstrates no signs of jaundice							
Infection / Skin Integrity	TROST 2000 BIG	Cord WNL	Cord WNL	7 1 (1879) 7340						
4	Novaca KNALE	Secondaria i	Circumcision WNL							
Nutrition	Tolerates feedings	Tolerates feedings	Tolerates feedings	nodako:						
5	Glucose heelstick (if done) WNL	Glucose heelstick (if done) WNL	Glucose heelstick (if done) WNL							
3	Initiates breast feeding: licks, nuzzles, intermittent latch and suck	Latch Score > 7	Latch Score > 7							
Excretion	Passes meconium / stool	Passes meconium / stool	Passes meconium / stool							
6	Voids	Voids	Voids							
Priority of Care										

Newborn

Signature	Title	Initial	
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Signature Requiring Co-Signature	Date/Shift	Initial/Tit	le ·
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Addressograph

Problems/	24 - 48 Hours	48 – 72 Hours	72 - 96 Hours		1100	T
Needs	Time:	Time:	Time:			
Knowledge deficit related to plan of care	Family verbalizes understanding of anticipated plan of care and participates in decision making	Family verbalizes understanding of anticipated plan of care and participates in decision making	Family verbalizes understanding of anticipated plan of care and participates in decision making			
9:50	Provides or verbalizes understanding of newborn care.	Provides or verbalizes understanding of newborn care.	Provides or verbalizes understanding of newborn care.			
Pain Management 2	NIPS < 3	NIPS < 3	NIPS < 3			
Transition to Extra-uterine	Vital signs WNL	Vital signs WNL	Vital signs WNL			
Life	Weight loss not more than 10% of birth weight	Weight loss not more than 10% of birth weight	Weight loss not more than 10% of birth weight			
3	No evidence of respiratory distress	No evidence of respiratory distress	No evidence of respiratory distress			
	Physical & behavioral characteristics WNL	Physical & behavioral characteristics WNL	Physical & behavioral characteristics WNL			
1870	Color WNL	Color WNL	Color WNL			
Infection / Skin4	Circumcision WNL	Circumcision WNL	Circumcision WNL			
Nutrition	Tolerates feedings	Tolerates feedings	Tolerates feedings	130		
	LATCH score > 7	LATCH score > 7	LATCH score > 7			
Excretion	Passes meconium / stool	Voids after circumcision	Passes stool			
5	Voids	Passes stool	Voids			
	V # engula riuteur	Voids	Jasend sension			
Specimens & Diagnostics	Pulse Oximeter reading > 94%		inediation, enitysim rotas item noisi		ed crag	
6	Predischarge assessment for the risk of Hyperbilirubinemia	A Bulnocen assas 4	Vabiocoard casas ?			
	completed, follow-up plan identified		SSIGV.			
Priority of Care	esperante de communicación de esperante de la composição de la composição de la composição de la composição de					

	Diagnosis	/ Procedu	ires				
Signature			Title	Initial			
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_	ing Co-Signature		Initial/Titl				
Signature Requir	ing co-signature	Date/SIIII	IIIIIIai/ I Iu				
1	11/2/2015		t special contract of	The control of the co	and the same of th	Addressograph	
DOB:	Time:			Interventio	ns	19481	
	10.011	A				140 04115	
Problems/ Needs	0 - 6 Hours Time:			6 - 12 Hours Time:		12 - 24 Hours Time:	
Neeus	Assess for tra	nsition to		Assessment tin	ne:	Assessment time:	1 2 2 2
Treatments	extra uterine l			Resp status WI		Resp status WNL	
Troutmonto	Initiate the following			Cardiovascular		Cardiovascular	1
	protocols:			status WNL		status WNL	
	☐ Thermoreg			Color Pink	1003	Color Pink	
	☐ Hypoglycer			Skin Intact		Skin Intact	4
	Skin Care N Hyperbilirut			Fontanel soft & flat		Fontanel soft	
	☐ Sucrose pro			Abdomen WNL		Abdomen WNL	1
	_ custoss pro			Reflexes WNL		Reflexes WNL	1
	Pediatrician v	isit		Pain score with		Pain score with	
				procedure at le	ast	procedure at least	
				every 8 hrs. Circumcision by	,	every 8 hrs.	
	are control of the second of the second of the second of			Dr.		Circumcision by Dr.	Acres of the state of the state of
	Weigh Daily					0.6 10008 04	
	Company of the Compan					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	022 2 1 1
				Pediatrician vis	it	Pediatrician visit	
				Continue Proto	cole.	Continue Protocols:	-
				☐ Thermoregula		☐ Thermoregulation Mgmt	
				☐ Hypoglycemic		☐ Hypoglycemic Mgmt	
				Skin Care Mg		☐ Skin Care Mgmt	
				☐ Hyperbilirubin		Hyperbilirubinemia	
				☐ Sucrose Proto		Sucrose Protocol Circumcision Protocol	
	our entre and the first to the last through the second			Olicumoision	11010001	Gircumcision Protocol	10 mg - 10 mg
Nutrition	1 st bottle feed			Assist with brea	ist	Assist with breast	
	nursery, water			Feeding as nee	ded	feeding as needed	
	- formula 1/4 - 1			q 2-3 hrs. Finger feed if m		q 2-3 hrs. Finger feed if mom	
	- then q 3-4 hi	5.		cannot feed or	IOITI	cannot feed or	
	Encourage &	assist with		ineffective suck		ineffective suck	
	breast feeding	g q 3 hrs					
	q 1-2 hrs., if e			Assess ability to	o tolerate	Assess ability to tolerate	
	Observe Mom			feed Observe Mom b	aro a at	feed Observe Mom breast-	
	feeding at leas			feeding at least		feeding at least g 8 hrs.	
	Finger feed by			Refer for Nutriti		localing at local q o ms.	
	needed			Assessment if	> 20		
				calories / oz for		Refer for Nutritional	
	en esta esta esta en espagara par en el el de			Assess for void	& stool	Assessment if > 20	
	TO THE SALE OF					Calories / oz Assess for void & stool	
	spire di la build.	Alexa I		The State of the	9034	Notify MD if no stool or	
	Assess for voi	id & stool		silingordan piblisa		void by 24 hrs.	eugriou C
		Adamid .		Blood type / RH	:Coombs:	Review labs notify MD if	0 me
Specimens /	Send cord blo	od to Lab			s notify MD if significant/	Significant	
Diagnostics	1,000			critical			
				For infants rec	eiving Hepatitis B		
				Vaccine		The state of the s	
	Seat 17 91 Novik			Hepatitas B Vac	cine Information	Pina wile to get the Committee of	
				Statement	Edition date: Date given:		
		gardina a sayar sayar sa		an establish yan en establish san an en	Date given,		
	1						

Diagnosis / Procedures Initial Signature Signature Requiring Co-Signature Signature Requiring Co-Signature | Date/Shift Initial/Title Addressograph DOB: Time: Interventions 0 - 6 Hours 6 - 12 Hours 12 - 24 Hours Problems/ Time: Needs Time: Time: Safety / Back to sleep Back to sleep Back to sleep Activity Bassinet Safety check Bassinet Safety check Bassinet Safety check Transport to Mom Transport to Mom Transport to Mom Comfort care Comfort care Comfort care Provided Provided Provided Bulb syringe present Bulb syringe present Bulb syringe present Parents instructed on use Transponder in place Transponder in place Transponder in place ID bracelet X 2 ID bracelet X 2 ID bracelet X 2 Social Service referral Teaching / As appropriate Psychosocial Assess referrals are Re-evaluate D/C Re-evaluate D/C made as necessary Needs Social Service Needs Social Service referral as appropriate referral as appropriate Discharge Identify need for car seat Identify need for car seat Planning observation test (< 37 observation test (<37 Identify need for car seat weeks gestation) weeks gestation) observation test (< 37 ☐ Yes ☐ No ☐ Yes ☐ No weeks gestation) Car Seat Protocol ☐ Yes ☐ No Challenge Test after Special Children's 12 hours Health Request done if Yes needed

	Diagnosis / Procedur	es	
Signature		Title Initial	
Signa	ature Requiring Co-Signature		
Signature Requiri	ng Co-Signature Date/Shift	Initial/Title	
		Name of the Control o	
			Addressograph
DOB:	Time:	Interventions	
Problems/	24 - 48 Hours	48 – 72 Hours	72 - 96 Hours
Needs	Time:	Time:	Time:
Assessments/	Assessment time:	Assessment time:	Assessment time:
Treatments	Resp status WNL	Resp status WNL	Resp status WNL
ricatinonto	Cardiovascular	Cardiovascular	Cardiovascular
	status WNL	status WNL	status WNL
	Color Pink	Color Pink	Color Pink
	Skin Intact	Skin Intact	Skin Intact
	Fontanel soft	Fontanel soft	Fontanel soft
	& flat	& flat	& flat
	Abdomen WNL	Abdomen WNL	
			Abdomen WNL
	Reflexes WNL	Reflexes WNL	Reflexes WNL
	Pediatrician Visit	Pediatrician Visit	Pediatrician Visit
	Circumcision by	Circumcision by	Circumcision by
	Dr	Dr	Dr
	Pain score with	Pain score with	Pain score with
	procedures or	procedures or	procedures or
	at least every 8 hrs.	at least every 8 hrs.	at least every 8 hrs.
	Continue Protocols:	Continue Protocols:	Continue Protocols:
	☐ Thermoregulation	☐ Thermoregulation	☐ Thermoregulation
	Mgmt	Mgmt	Mgmt
	☐ Hypoglycemic	☐ Hypoglycemic	☐ Hypoglycemic
	Mgmt	Mgmt	Mgmt
	Skin Care Mgmt	Skin Care Mgmt	Skin Care Mgmt
	Hyperbilirubinemia	☐ Hyperbilirubinemia	☐ Hyperbilirubinemia
	Sucrose	☐ Sucrose protocol	☐ Sucrose protocol
	Circumcision	Circumcision	Circumcision
	Remove cord pin	Remove cord pin	Remove cord pin
	At discharge	At discharge	At discharge
	Weight	Weight	Weight
	10.11.11.11.11.11.11.11.11.11.11.11.11.1	A	
	Assist with breast	Assist with breast	Assist with breast
Nutrition	feeding as	feeding as	feeding as
	needed g 2-3 hrs.	needed q 2-3 hrs.	needed q 2-3 hrs.
	Finger feed if	Finger feed if	Finger feed if
	mom cannot feed	mom cannot feed	mom cannot feed
	or ineffective suck	or ineffective suck	or ineffective suck
	1 1111	 	
	Assess ability to	Assess ability to	Assess ability to
	tolerate feed	tolerate feed	tolerate feed
	Refer for Nutritional	Refer for Nutritional	Refer for Nutritional
	Assessment if > 20	Assessment if > 20	Assessment if > 20
	calories / oz formula	calories / oz formula	calories / oz formula
	Asses for void	Asses for void	Asses for void
	& stool	& stool	& stool
	110000		

Diagnosis / Procedures Signature Initial Signature Requiring Co-Signature Signature Requiring Co-Signature | Date/Shift Initial/Title Addressograph DOB: Interventions Time: Problems/ 24 - 48 Hours 48 - 72 Hours 72 - 96 Hours Needs Time: Time: Time: Back to sleep Safety / Back to sleep Back to sleep Transport to Mom Transport to Mom Transport to Mom Activity Bassinet Safety Check Bassinet Safety Check Bassinet Safety Check Provides measures to Provides measures to Provides measures to encourage sleep Keep encourage sleep Keep encourage sleep Keep linen clean and dry linen clean and dry linen clean and dry Bracelets on x 2 Bracelets on x 2 Bracelets on x 2 Review labs Review labs Review labs Specimens / Notify MD if Notify MD if Notify MD if Significant/critical Significant/critical Diagnostics Significant/critical Biochemical screen 24 hrs. after first milk feeding or at discharge or transfer Date: Time: Screening Pulse Ox results Screening Bilirubin Level and risk assessment completed after 24hrs Teaching / Psychosocial Re-evaluate D/C Re-evaluate D/C Assess need for Needs Refer to Needs Refer to Social Service Social Service PRN Social Service PRN Discharge Referral Birth Certificate Car Seat Referral made PRN Planning information **Observation Test** Birth Certificate information collected & testing done completed Assure special collected & completed Car Seat Children's Health Car Seat Challenge Observation Requisition is done Testing done Observation Assure special Testing done Children's Health Assure special Requisition is done Children's Health Requisition is done Follow up with baby's MD within 2 days if breastfeeding and: < 38 wks GA Dc'd before 48 hrs. of birth

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Chest	:		Cr	m.			inch	nes	☐ Brea	ast			Date	:	veu noi		ime:	zı. ——	,
Abdo	men: _		cr	m.			inch	nes	Bott	le T	T		Tem	p:				12.2	
<u>a</u>	Radiant Warmer Temp	Temp	9	sb.	NIPS Pain Score	Intervention	Breath Sounds	lor	Retractions	Location	Flaring / Grunting)2	Species	Activity	Muscle Tone	Chemstrip	ler	Initials
Time	Rac	Ţ.	Pulse	Resp.	Pai	Inte	Sou	Color	Re	P	Fla	02	S _a O ₂	ВР	Act	Mu	5	Other	nit
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LOW	Limit	set at										1 1							
	nterver	tions:		A = St	ucrose		B = R			C =	Swaddl	ing		= Nois	-			Distrac	tion
Color A = P		E =	Plethor	ic		ocle To	<u>ne</u> : Flexion		tivity: = Active		P = A	Active w	ith	111	Breat U = E	h Soun		= Crackl	es
B = P: C = D	ale	F =	Mottled Cyanos		J =	Flaccidi Spastic	ity	sti	mulation = Quiet,			rritable			V = C			Diminis	
D =			Acrocy			opasilo	ily	N	= Lethar	gic	S = F	lyperac			OC =	Open C	rib		3.
Jaund Locati		R = Su	bsterna	I Retra	iction S	SCR = S	Subcost	al Ret	= Tremoi	rs ICR = Ir	ı = S	leeping al Retra	ction				190	dana	

Signature Requiring Co-Signa	fure	
Signature Date/Shift		
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SKIN	HEAD	EARS
Pink Acrocyanosis	Symmetrical Molding	Normal Low Set
Central cyanosis Dusky	Caput	Sinus Right/Left Skin Tags F
Pale Plethoric	Cephalohematoma Right Left	NOSE
Mottled Jaundice	Forcep marks Location:	Patent Discharge
Abrasions Site:	Fontanels open & flat Other:	MOUTH
Birthmarks Site:	FACE	Cleft Palate Cleft Lip
Dry Meconium stained	Symmetrical Asymmetrical	MUCUS MEMBRANE
Ecchymosis Site:	EYES	Pink Cyanosis
Lacerations Site:	Clear Lid edema	
Milia Peeling	Discharge (describe)	
Mongolian Spots Site:	Subconjunctival hemmorhage Right Left	CORD
Petechiae Pustules	NECK	3 Vessels 2 Vessels
Rash describe	Full ROM Limited ROM	
Skin Tags Site:	HEART	ABDOMEN
Vesicles Site:	Regular Irregular	Symmetrical Asymmetrical
CHEST	Murmur heard Displaced PMI	Flat Scaphoid
Symmetrical Asymmetrical		Rounded Distended
Barrel Chest	FEMORAL PULSES	Soft
Breast engorgement	Equal Unequal	BOWEL SOUNDS
Supranummary nipples	EXTREMITIES	Present Absent
Breast discharge	Symmetrical Asymmetrical	RECTUM
RESPIRATIONS	Normal ROM Limited ROM	Patent Other
	Symmetrical gluteal skin folds/equal leg length	SPINE
Normal	Extra Digits Site:	Closed vertebral column
BREATH SOUNDS	Abnormal foot position Right Left	Asymmetry Mass
	FEMALE GENITALIA	
Equal Clear		Dimple Tuft of hair
Crackles Wheezes	Normal Discharge	and proposition to the contraction of the
CLAVICLES	Vaginal skin tag	t. t.
Straight Smooth	MALE GENITALIA	Refer to putrition if
Crepitus Right Left	Normal	Refer to nutrition if:
REFLEXES	Foreskin normal	☐ SGA
Moro Suck Grasp	Undescended testicle Right Left	☐ Cleft lip or palate
CRY	Position of meatus at tip	
Normal Weak Shrill		
No cry, quiet, alert		1. (1. (1. (1. (1. (1. (1. (1. (1. (1. (

Medical Record

Newborn Assessment Page