

CLINICAL PATHWAY
INPATIENT FAMILY CENTERED CARE
NEWBORN

Clinical Pathways are not considered a substitute for professional judgement.

Phase:	Transition		Preparation for Discharge		
	Date:	Time: hrs	Date:	Time: hrs	
Patient Outcomes	Newborn wellbeing & safety; Transition of the newborn; Vital signs within normal limits: Temp: 36.5-37.5: _____ Resp: 40-60, airway patent, effortless, clear breath sounds: _____; Colour: Pink _____ Cry: Strong, robust: _____ Tone: Symmetrical extremities & full range motion: _____ Check Maternal Hepatitis B, HIV, VDRL and GBS status: All results documented: _____ Follow-up required (specify): _____ Baby to breast in L&D assisted by nurse: Yes _____ No _____ Initial: _____ If no, reason: _____		Vital signs within normal limits: Temp 36.5-37.5: _____ Resp: 40-60, airway patent, effortless, clear breath sounds: _____ Colour: Pink _____ Cry: Strong, robust: _____ Tone: Symmetrical extremities & full range of motion: _____ No apparent feeding problem, feeding with assistance to feeding _____ independently or with minimal intervention: _____ Feeding intervention used? Yes _____ No _____ If yes, see progress notes Feeding Plan discussed and understood by family _____		
Teaching	Early newborn care: _____ Vitamin K _____ Erythromycin ointment to eyes _____ Newborn characteristics _____ Transition of the newborn _____		Admission to 3C Feeding - Breast/Bottle Diapering - normal urine/stool Bathing How to Settle Safety: Hospital Car Seat safety (checklist reviewed) Car seat here: Yes _____ No _____ Back to sleep Signs/Symptoms of Jaundice Hearing Screening Other: _____	Date	Initial
Discharge Planning Criteria	Prepare for transfer to 3C with mother		DISCHARGE CRITERIA: Passed Meconium/Voided No signs/symptoms of Jaundice No apparent feeding problem (at least two consecutive successful feeds documented) Normal colour, Normal Vital Signs, Normal Lab values Weight within 10% of birth NBS done: Yes _____ No _____ Bilirubin done: _____ Mother & Baby Clinic Appointment prn Physician visit within 2-3 days Referrals? Yes _____ No _____, if yes, see progress notes Check bands upon discharge. Band # _____ Car Seat check (with checklist): Hearing Screening done: Yes _____ No _____ All discharge criteria met? Date ____/____/____ Signature: _____	Date	Initial
Pathway Reviewed with Patient/Family: (Initial)					
Yes _____ No _____			Yes _____ No _____		
Patient/Family Satisfied with Progress?					
<input type="checkbox"/> Yes <input type="checkbox"/> No if NO, see progress notes			<input type="checkbox"/> Yes <input type="checkbox"/> No if NO, see progress notes		
Signatures & Initials	Initials		Initials		
	_____		_____		
	_____		_____		
	_____		_____		



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INTERVENTIONS:

Assessments	APGAR scores Weight Vital signs at 1 hour and prn Colour, muscle tone, respiratory effort and cry	Head to toe assessment Vital signs at 2 hours and q12h and prn Newborn assessments at least q6h and prn as per flowsheet Signs and Symptoms of Jaundice assessed Weight q24h and at discharge Physician assessment by MD
Consults	Paediatrician prn Members of Multi-disciplinary team prn	Paediatrician prn Members of Multi-disciplinary team prn
Tests	Cord blood (testing if necessary) Cord gases Glucose protocol	Glucose protocol NBS prior to discharge Neonatal Bilirubin
Treatments		Newborn bath > 8 hours and only if temperature stable, Family to assist
Medications	Vitamin K Erythromycin ointment to both eyes	
Nutrition	If Breastfeeding, baby to breast Initiate Breastfeeding flowchart If bottle feeding, initiate bottle feeding flowchart	Follow: Breastfeeding Flowchart as appropriate Bottle feeding Flowchart as appropriate Feeding plan initiated, understood and signed by family
Activity/Safety	Newborn with family Identification of newborn bands	Newborn with family Check bands q shift Car Seat Safety reviewed: - with checklist - demonstration of harnessing
Elimination	Meconium passed Voided	Meconium passed Voided

