

NURSERY ORDER SET

ADMIT TO: POST PARTUM / NURSERY

ADMITTING PHYSICIAN: _____

NOTIFIED AT _____ by _____, UC/RN

1. OBTAIN INFORMED CONSENT FOR: _____

2. FEEDING: Breast _____ Lactation Education
 Formula _____

3. VITAL SIGNS: Within 1st hour, every 1 hour X 4 or with bath, one hour after bath and then every shift

4. LABS:

- TCB at 24 hours of age or if infant jaundiced at less than 24 hours of age
- Bilirubin Total PRN if TCB result greater than 95th percentile for age or if measured value is greater than 20mg/dL
- Newborn Screen Blood Specimen for State Screening Program Prior to Discharge
- If O+ or Rh negative mother, Type and Rh, circulating Anti A, Anti B, Direct Coombs Bilirubin if Coombs is positive. Call cord bilirubin results if greater than 2
- CBC with differential and blood culture immediately post delivery if rupture of membranes greater than 24°
- Other: _____

CALL ABOVE LABORATORY TEST RESULTS TO PHYSICIAN

DIAGNOSTICS:

- Newborn Hearing Screening prior to discharge
- Based on screening results schedule outpatient hearing testing
- CCHD screening at 24 hours of age

5. CONSULTATIONS:

- Neonatologist for any potentially unstable newborn
- Neonatology Consult for any admission to Special Care Nursery
- _____ for circumcision

6. MISCELLANEOUS:

- Hypoglycemia Protocol per assessment
- Group B Strep protocol
- MIHP Referral if indicated
- Other: _____

7. MEDICATIONS, INCLUDING IV'S:

- Erythromycin ophthalmic ointment in each eye on admission
- Vitamin K 1mg IM on admission
- Other: _____

8. FOR INFANT BABY BOYS ONLY

- Acetaminophen Oral Suspension (80 mg / 2.5 mL: 10 mg/kg PO every 8 hrs for 24 hours post circumcision)
- Lidocaine 1% injection IM prior to procedure
- Lidocaine (ELAMAX) 4% cream, topical at least 30 minutes prior to procedure

Physician Signature

Date (required)

Time (required)



PT.

MR.#/P.M.

DR.

McLaren Flint
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9. HEPATITIS B VACCINE

- Hepatitis B vaccine with parental consent
 - Permission obtained* *VIS given*
 - Parent Refused*

- Hepatitis B vaccine and HBIG 0.5 mL IM within 12 hrs of delivery if mother is HB_sAg positive or unknown

Physician Signature

Date (required)

Time (required)

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PT.

MR./P.M.

DR.