# FHS IP MIDWIFERY NEWBORN OP [30400600]

### General

Admit (Single Response) [238647]

- Admit to Newborn OP [ADT22]

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**Required**

Routine, Once

**Diagnosis:**

### Nursing Assessment and Interventions [238635]

- Confirm Mothers Hepatitis B Status [NUR185]

**Routine, Until discontinued, Starting S, Confirm mother's Hepatitis B status and institute appropriate newborn treatment.**

- POCT glucose [POC10]

**Routine, As needed, Per Hypoglycemia policy**

- Newborn Protocol [238636]

**Per protocol for O or RH negative mothers obtain ABO/RH and Direct Coombs on cord blood. If Direct Coombs is positive, notify Health Care Provider**

- Initiate Normal Newborn Protocol [NUR185]

**Routine, Until discontinued, Starting S**

### Provider's Initial:

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IP Midwifery Newborn OP [30400600]

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**PATIENT INFORMATION**

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**CHI Franciscan Health**

**PROVIDER ORDERS**

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(2/7/17)
## Medications

**Medications for Normal Newborn [172523]**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage and Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>erythromycin (ROMYCIN) ophthalmic ointment 0.5% [2888]</em></td>
<td>Once (expires in 36 hours) For 1 Doses Apply within one hour of birth.</td>
</tr>
<tr>
<td><em>Phytonadione (Vitamin K) 1 mg IM [116205]</em></td>
<td>1 mg, IntraMuscular, Once (expires in 36 hours), For 1 Doses Within 1 hour of birth for infant greater than 1000 grams.</td>
</tr>
<tr>
<td><em>hepatitis B virus vacc.rec(PF) (RECOMBIVAX) 5 mcg/0.5 mL injection [125036]</em></td>
<td>0.5 mL, IntraMuscular, Once (expires in 36 hours), For 1 Doses Give after consent signed.</td>
</tr>
</tbody>
</table>

## Discharge

**Follow-Up [238645]**

<table>
<thead>
<tr>
<th>Test Description</th>
<th>Frequency and Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Newborn metabolic screen [LAB480]</em></td>
<td>REQUIRED Routine, Clinic Collect, Expected:S, Expires: S+30</td>
</tr>
<tr>
<td><em>Newborn hearing test [NUR66]</em></td>
<td>Routine, Clinic Performed, Expected:S, Expires: S+30</td>
</tr>
<tr>
<td><em>POCT transcutaneous bilirubin, neonatal [POC332]</em></td>
<td>Routine</td>
</tr>
<tr>
<td><em>Critical congenital heart defects screening [NUR3213]</em></td>
<td>Routine, Clinic Performed, Expected:S, Expires: S+30</td>
</tr>
</tbody>
</table>

**Discharge [172602]**

<table>
<thead>
<tr>
<th>Test Description</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Discharge Per Protocol [NUR185]</em></td>
<td>Routine, Until discontinued, Starting S</td>
</tr>
</tbody>
</table>

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**DATE** | **TIME** | **ORDERING PROVIDER** | **PRINT NAME**
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**PROVIDER SIGNATURE**

**DATE** | **TIME** | **RN ACKNOWLEDGED**
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