

SUBJECT: ASSESSMENT, NEWBORN	REFERENCE #2003
DEPARTMENT: NURSERY	PAGE: 2 ...OF: 4
APPROVED BY:	EFFECTIVE: REVISED:

**PROCEDURE:**

- Complete physical and gestational age assessment as soon as possible after delivery. Daily reassessments are documented at least every eight (8) hours or more frequently, as appropriate.
- Arrange for infant to be examined by a pediatrician within 24 hours of birth.
- Provide ongoing assessments each shift.
- Initial assessment should include, but is not limited to:
  - Estimation of gestational age by evaluation of both neuromuscular and physical maturity.
  - Determination of presence of anomalies or previously unsuspected diseases, as well as general status of infant.
- Physical assessment should include evaluation of:
  - Skin and subcutaneous tissue
  - Head, neck and mouth
  - Chest and abdomen
  - Genitalia and anus
  - Extremities, spine and joints
  - Respiratory status; rate and effort
  - Breath sounds
  - Cardiovascular system

SUBJECT: SMALL FOR GESTATIONAL AGE INFANT (SGA)	REFERENCE #2006
	PAGE: 1 ...OF: 2
DEPARTMENT: NURSERY	EFFECTIVE:
APPROVED BY:	REVISED:

**DEFINITION:**

An infant small for gestational age is an infant that does not meet the predetermined weight for the designated gestation at delivery.

**PROCEDURE:**

- Keep infant warm in the Delivery Room and Nursery, as chilling delays recovery from birth asphyxia and increases the risk of hypoglycemia.
- The infant is vulnerable to perinatal asphyxia and must be closely observed for signs of respiratory distress such as:
  - Retractions
  - Flaring of nares
  - Grunting
  - Respirations over 60 per minute
- Initiate early feeding if appropriate.
- Delay initial bath for one to two (1-2) hours or until temperature is 98 degrees F or above.
- Place infant in an isolette or warmer for warmth and easy observation until he/she gains weight, shows no signs of hypoglycemia and is tolerating feedings well.
- Check blood glucose every two to four (2-4) hours as ordered by physician until the infant is stable, as these babies tend to be hypoglycemic.
- An infant resuscitation tray and oxygen setup should be ready when anticipating the birth of an infant who is small for gestational age.

SUBJECT: INFANT CARE TEACHING GUIDELINES	REFERENCE #2201
DEPARTMENT: NURSERY	PAGE: 1 ...OF: 6
APPROVED BY:	EFFECTIVE: REVISED:

**POLICY:**

Mother will receive instruction and express verbal understanding of infant care prior to discharge.

**GUIDELINES:**

- Breast Feeding, Breast Care:
  - Frequency/duration:
    - Nurse at both breasts, on demand, eight (8) to 12 times per 24 hours
    - Nurse 10-15 minutes after let down on each breast, or longer if tolerated
  - Releasing infant from breast:
    - Break suction with finger before removing infant from breast. Failure to do so may contribute to sore nipples.
  - Supplements:
    - Water, glucose or formula supplements are not necessary for normal newborn infants who are nursing well.
  - Nursing positions:
    - Varying positions such as sitting, lying down, football hold or cradling may help prevent sore nipples. Use pillows to support a comfortable position and bring baby to mother.
  - Breast support/breast care:
    - Wear supportive bra and change daily.
    - Do not use plastic liners in bra.
    - Use plain water only on nipples; no soap.
    - Apply pure lanolin cream to nipples as indicated, after feeding.

SUBJECT: INFANT/CHILD ABDUCTION RESPONSE PLAN	REFERENCE #7005
DEPARTMENT: NURSERY	PAGE: 1 ...OF: 7
APPROVED BY:	EFFECTIVE:
	REVISED:

**PURPOSE:**

To ensure that all hospital personnel and outside agencies are notified appropriately, with the goal being to locate and reunite the infant or child and his/her family as quickly as possible. Effective crisis management, immediately following an infant or child abduction, requires close cooperation between physicians, nurses, administration, security, other hospital personnel, law enforcement personnel and the media. Given the urgent nature of an infant or child abduction and time-critical decisions that must be made, this cooperation becomes vital.

**POLICY:**

At no time during the early stages of an abduction should any person, without a valid need to know, be told that an infant or child is missing. The law enforcement agency(ies) and Community Relations Department will make that determination in conjunction with the administration of the hospital. No hospital employee or volunteer is authorized to make a public statement concerning this incident or communicate with a member of the media without prior clearance from the Chief Executive Officer, Community Relations Director or designee.

**PROCEDURE:**

- When a staff member has suspicion that an infant or child is missing or has been abducted, he/she will immediately notify the Charge Nurse or Unit Nurse Manager. A search will be conducted of the unit. The unit staff will follow the following response program **STORK:**
  - **S** = Search the unit for infant/child and Secure the scene.
  - **T** = Telephone notification of appropriate staff by calling the emergency number \_\_\_\_\_, and give the following information:
    - “Code \_\_\_\_\_”
      - ◆ Name of employee reporting the incident and the location
      - ◆ Last known location of the infant/child
      - ◆ Exit used to remove the infant/child from unit, if known

## ANNUAL COMPETENCY CLINICAL SKILLS ASSESSMENT - NURSERY LPN/LVN (continued)

- Demonstrates skills and knowledge to care for the neonate under the supervision of an RN:
  - Assessment of mother/infant bonding 1 2 3 NA
  - Assist with umbilical artery line insertion 1 2 3 NA
  - Blood pressure monitor 1 2 3 NA
  - Bassinet set up - routine admission 1 2 3 NA
  - Bilimeter 1 2 3 NA
  - Blood glucose monitoring, glucometer 1 2 3 NA
  - Cardiorespiratory monitors 1 2 3 NA
  - Care of the circumcised patient 1 2 3 NA
  - Care of the SGA/LGA infant 1 2 3 NA
  - Collection of capillary blood gas 1 2 3 NA
  - Cord care 1 2 3 NA
  - Dextrostix 1 2 3 NA
  - Feeding 1 2 3 NA
  - Gestational age assessment 1 2 3 NA
  - Heelsticks, venipuncture 1 2 3 NA
  - Isolettes 1 2 3 NA
  - Lavaging/gavaging 1 2 3 NA
  - Newborn admission assessment 1 2 3 NA
  - Newborn screening 1 2 3 NA
  - Oxygen therapy, nasal cannula, oxygen hood 1 2 3 NA
  - Phototherapy lights 1 2 3 NA
  - Radiant warmers 1 2 3 NA
  - Routine lab orders: chemstrip, bili, HCT 1 2 3 NA
  - Thermoregulation 1 2 3 NA
  - Medication Administration:
    - Antibiotics 1 2 3 NA
    - IM injection 1 2 3 NA
    - IV therapy 1 2 3 NA