

TITLE

WELL-TERM NEWBORN ADMISSION IN THE ABSENCE OF THE MOST RESPONSIBLE HEALTH PRACTITIONER (MRHP)

SCOPE

Provincial: Women's and Infant Health Settings: Connect Care Sites

DOCUMENT

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- To standardize the admission process for the well-term newborn (hereinafter referred to as “the newborn”) when completed by a Registered Nurse (RN) on behalf of the newborn’s **most responsible health practitioner (MRHP)**, in circumstances where an Obstetrician facilitates the delivery and in accordance with the Alberta Health Services’ (AHS) *Postpartum and Newborn Pathway* (Maternal, Newborn, Child & Youth Strategic Clinical Network™ [MNCY SCN]).

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS**1. Points of Emphasis**

- 1.1 This Protocol may be implemented when the:
 - a) Obstetrician facilitates delivery of the newborn;
 - b) the newborn’s MRHP is not readily available to complete the admission;
 - c) the newborn meets the inclusion criteria outlined in Section 2 below; and

- d) the site has implemented Connect Care.
- 1.2 A patient-specific **order** from the newborn's MRHP is required to implement this Protocol. This order authorizes the administration of medication, laboratory tests and interventions within this Protocol.
- 1.3 Timing of Protocol Order:
- a) Pre-delivery:
- (i) The order may be obtained from the newborn's MRHP after confirmation of active labour and prior to anticipated delivery of the newborn when:
- the obstetrical patient is admitted to the Labour and Delivery Unit; and
 - a verbal report to the MRHP of the obstetrical patient's history and current labour status occurs.
- b) Post-delivery:
- If the newborn meets inclusion criteria contact the newborn's MRHP to obtain an order prior to the administration of medication, (refer to Section 6 below).
- 1.4 Obtain consent from the obstetrical patient prior to sharing any of the patient's information with the newborn's MRHP, as per the AHS *Collection, Access, Use, and Disclosure of Information Policy*, and in accordance with the *Health Information Act (Alberta)* and the *Freedom of Information and Protection of Privacy Act (Alberta)*.
- 1.5 RNs should refer to the AHS *Postpartum and Newborn Pathway (MNCY SCN)* for additional information, including detailed timing and parameters of newborn assessments.
- a) If any concerning variances become apparent (e.g., unresolved signs and symptoms of hypoglycemia, pain, subgaleal hemorrhage, history of positive test for sexually transmitted diseases during pregnancy, suspected conjunctivitis, etc.) at any time throughout implementation of this Protocol, notification to the MRHP is required as soon as possible.
- 1.6 The newborn's MRHP shall be responsible for provision of newborn care and assessments and arranging consultations, as appropriate.

2. Inclusion Criteria

- 2.1 RNs may implement this Protocol with a patient-specific order from the MRHP when the following criteria are met:

- a) obstetrical patient is admitted to a Labour and Delivery Unit; and
 - b) newborn is:
 - (i) 37^{0/7} weeks gestational age or greater; and
 - (ii) assessed by the RN to meet normal and/or normal variation parameters (refer to Appendix A: *Acceptable Variances in the Well-term Newborn*) in accordance with the *AHS Postpartum and Newborn Pathway* (MNCY SCN).
- 2.2 Newborns who require blood glucose monitoring but otherwise have no variances that are of concern, as outlined in the *AHS Postpartum and Newborn Pathway* (MNCY SCN), may be included in this Protocol.
- 3. Exclusion Criteria**
- 3.1 This Protocol shall not be implemented when either the MRHP or RN believe any risk to the newborn is present.
- 3.2 Any of the following are exclusion criteria and exclude the newborn from this Protocol. Notification of the newborn's MRHP is required as soon as possible.
- a) Obstetrical patient:
 - (i) concerns identified in obstetrical medical history (e.g., hepatitis B surface antigen [HBsAg] positive status, positive test(s) for sexually transmitted diseases);
 - (ii) labour and delivery complications (e.g., prolonged shoulder dystocia);
 - (iii) absence of prenatal care;
 - (iv) known or suspected intra-amniotic infection;
 - (v) substance use or stabilization medications such as methadone or Suboxone; and/or
 - (vi) human immunodeficiency virus (HIV).
 - b) Newborn:
 - (i) any variances of concern in accordance with the *AHS Postpartum and Newborn Pathway* (MNCY SCN);
 - (ii) increased work of breathing and respiratory effort;
 - (iii) required positive pressure ventilation (PPV);

- (iv) cord blood pH result (if available) is less than 7.0;
- (v) suspected conjunctivitis; and/or
- (vi) signs or symptoms (e.g., respiratory depression requiring PPV) in the newborn of adverse maternal medication effects.

4. Laboratory Tests

- 4.1 The following laboratory tests should be ordered, drawn and sent:
 - a) neonatal evaluation – blood, umbilical cord;
 - b) blood gas cord arterial point of care test (POCT); and
 - c) blood gas cord venous POCT.
- 4.2 Additional laboratory tests (within the newborn admission) should be ordered:
 - a) newborn jaundice screening POCT;
 - b) newborn metabolic screen collection – blood, capillary; and
 - c) blood glucose POCT, if appropriate.
- 4.3 Local practice processes may determine the laboratory tests that are included as part of this Protocol.

5. Consent for Newborn Medications

- 5.1 Prior to administering medications, the **health care professional** shall obtain verbal **informed consent** from the newborn's parent or guardian in accordance with the AHS *Consent to Treatment / Procedure(s): Minors / Mature Minors* Procedure.
 - a) Informed consent is required prior to each administration of medication to the newborn (refer to Section 6 below) in accordance with the AHS *Medication Administration Policy*.
 - (i) If informed consent is not obtained, the health care professional shall not administer the medication.

6. Administration of Medications

- 6.1 As directed by the MRHP, the health care professional may administer the medication listed below for which informed consent and an order has been obtained (refer to Sections 1.2, 1.3 and 5 above):
 - a) Vitamin K - one (1) milligram (mg) intramuscular injection (within first six [6] hours of birth).

6.2 If the medication ordered by the MRHP is not administered or is refused, the RN shall document and notify the MRHP as per site processes.

7. Entering Orders

7.1 If the MRHP ordered the Protocol pre-delivery, in Connect Care, the RN shall:

- a) select the *Normal Nursery Admission Order Set*; and
- b) complete the entry of the order set with 'Per Protocol with Co-Sign Required Order Mode'.
 - (i) The MRHP shall acknowledge and complete the co-sign activity.

7.2 If the MRHP did not order the Protocol pre-delivery, in *Connect Care*, the RN shall:

- a) select the *Well Term Newborn Nursing Protocol Order Set*;
- b) complete the entry of the order set with 'Per Protocol: No-Co-Sign Required Order Mode'; and
- c) obtain orders for medication as per Section 6 above and enter the order for the medication.

8. Documentation

8.1 The health care professional shall document on the newborn's **health record**:

- a) initiation of this Protocol;
- b) assessments;
- c) reassessments;
- d) interventions; and
- e) newborn's responses to interventions.

DEFINITIONS

Health care professional means an individual who is a member of a regulated health discipline, as defined by the *Health Professions Act* (Alberta), and who practises within scope and role.

Health record means the collection of all records documenting individually identifying health information in relation to a single person.

Informed consent means the patient's agreement (or alternate decision-maker) to undergo a treatment/procedure after being provided, in a manner the patient can understand, with the

relevant information about the nature of the treatment/procedure(s), its benefits, potential risks and alternatives, and the potential consequences of refusal.

Most responsible health practitioner means the health practitioner who has responsibility and accountability for the specific treatment/procedure(s) provided to a patient and who is authorized by AHS to perform the duties required to fulfill the delivery of such a treatment/procedure(s) within the scope of their practice.

Order means a direction given by a regulated health care professional to carry out specific activity(-ies) as part of the diagnostic and/or therapeutic care and treatment to the benefit of a patient. An order may be written (including handwritten and/or electronic), verbal, by telephone or facsimile.

REFERENCES

- Appendix A: *Acceptable Variances in the Well-term Newborn*
- Alberta Health Services Governance Documents:
 - *Collection, Access, Use, and Disclosure of Information Policy* (#1112)
 - *Consent to Treatment/Procedure(s): Minors / Mature Minors Procedure* (#PRR-01-03)
 - *Medication Administration Policy* (#HCS-244)
- Alberta Health Services Resources:
 - *Obstetrics 101: Recognizing Newborn Illness, Newborn Assessment, and Vitamin K for Term Newborns* (MyLearningLink)
 - *Normal Nursery Admission Order Set* (Connect Care)
 - *Postpartum and Newborn Pathway* (MNCY SCN)
 - *Well Term Newborn Nursing Protocol Order Set* (Connect Care)
- Non-Alberta Health Services Documents:
 - *Freedom of Information and Protection of Privacy Act* (Alberta)
 - *Health Information Act* (Alberta)
 - *Public Health Act Communicable Diseases Regulation* (Alberta)

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APPENDIX A

Acceptable Variances in the Well-term Newborn

Clinical findings are described within the Maternal, Newborn, Child & Youth (MNCY) Strategic Clinical Network™ (SCN) *Postpartum and Newborn Pathway* as normal and normal variations, or variances. Some variances do not require urgent assessment by the MRHP unless identified as concerning. These include but are not limited to the following (refer to the Pathway for the complete list of normal and normal variations, and variances):

- Size: small or large for gestation age with normal blood glucose.
- Nares: nasal congestion without breathing difficulties.
- Eyes: hazy, dull cornea.
- Ears: unresponsive to noise; low set; family history of childhood sensory hearing loss; or ear tags or ear pits.
- Mouth: tight frenulum or heart shaped tongue, or short or protruding tongue.
- Skeletal/extremities: coccygeal dimple, if the base is visible; polydactyly, syndactyly, or adactyly; clubfoot if seen on ultrasound, and no other abnormalities; or webbing of fingers or toes.
- Skin: hemangioma.
- Genitalia: hypospadias; unequal scrotal size; testes palpable in inguinal canal or not palpable; incomplete foreskin; or hydrocele.
- Abdomen: absence of bowel sounds.
- Behaviour: exposure to tobacco or marijuana.