

British Columbia Newborn Clinical Path

1 Birth: GA Apgar score:
dd mm yy Time 1 min 5 min 10 min

Type of birth: SVD Forceps Vacuum C/S

Meconium at delivery Yes No

Infant vigorous Yes No[†] Birth Weight gms
([†] refer to Resuscitation record)

Skin-to-skin for the first hour Yes No*

Group B Strep: Exposure Yes No Hep B: Exposure Yes No Other (i.e., infection risk):
 Prophylaxis protocol followed Yes No Prophylaxis protocol followed Yes No

2 Safe Skin-to-skin **Observe and document the newborn's status every 15 minutes for the first 2 hours after birth**

Date (dd/mm/yyyy)				Legend					
Time				Resp. effort	Activity	Perfusion	Position	Tone	
N = Normal V* = Variance	Respiratory effort			N = Easy V = Apnea, ↑ work of breathing	N = Sleep, quiet/active alert, crying, feeding V = Non-responsive	N = Pink, Acrocyanosis V = Pale, dusky	N = Head turned to side, neck straight, nares/mouth visible V = Face into chest/breast, neck extended or flexed, nares and/or mouth occluded	N = Limbs flexed V = Limp	
	Activity								
	Perfusion/colour								
	Position								
	Tone								
Did SUPC* event occur? (Y/N)				SUPC event: Any finding that required stimulation of the newborn and/or the initiation of PPV.					
Initials									

3 Core Physiological Observations

Date (dd/mm/yyyy)									
Time									
Temperature (C°)				Variances/Alerting Signs[†]: Temp: <36° or >37° Resp rate: >60bpm Heart rate: Persistently >180bpm SpO ₂ : <90% Resp effort: ↑ WOB Colour: Pale, mottled, jaundice on day 1 Tone: 1/L tone Other: Abnormal level of alertness, abnormal movements, not feeding well, hypoglycemia, emesis [†] Notify MRP and if appropriate for site enter ACoRN primary survey.					
Respiratory rate									
Heart rate									
Circulation (SpO ₂)									
N = Normal V* = Variance	Respiratory effort								
	Colour								
	Tone								
	Other								
Skin-to-skin									
Initials									

4 Feeding*

Date (dd/mm/yyyy)									
Time									
N = Normal V* = Variance	Excl. breast/chest feeding								
	Effective latch								
	Active feeding								
	Other feeds								
Initials									

5 Intake and Output Summary (each block represents a 12 hour shift)

Date (dd/mm/yyyy)									
Time									
INTAKE	# of active feedings								
	# of attempts only								
	Amount expressed human milk								
	Amount human donor milk								
	Amount non-human milk								
Method									
OUTPUT	# of voids								
	# of stools								
	Other (e.g. emesis)								
Initials									

BARCODE (IF USED)

Feeding and Intake Definitions and Legend (See page 2 for examples of feeding variances and feeding plans)

<p>Exclusive breast/chest: Exclusive human milk feeding including EHM (expressed human milk) and pasteurized human donor milk.</p> <p>Effective latch: Asymmetrical approach, wide open mouth, corners of newborn's mouth in "C" shape not "V", lower areolar tissue well within newborn mouth, flanged lips, chin close to or touching the breast/chest, no dimpling of cheeks, may hear audible swallow, several bursts of sustained sucking, newborn does not easily slide off the breast, no nipple damage or distortion after feed.</p>	<p>Active feeding — Breast/chest feeding: Responsive cue based feeding with short, several bursts of sustained sucking at each feeding, including effective positioning (e.g., there is no one correct position for breast/chest feeding), latch and evidence of milk transfer. Regular feeding rhythm begins about day 3–4 with onset of lactogenesis II.</p> <p>Bottle feeding: Responsive cue-based feeding with coordinated suck, swallow and age appropriate volume.</p>	<p>Method BC = Breast/chest C = Cup Sp = Spoon S = Syringe B = Bottle Avoiding early introduction of bottles supports establishing breast/chest feeding.</p>
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7 Summary, Newborn Care/Caregiver Education and Anticipatory Guidance

Interpretation req'd Language _____

EDUCATION	INITIALS	INITIALS	N/A	COMMENTS
1. Benefits of skin-to-skin including safe skin-to-skin (SUPC)				
2. Newborn feeding:				
• Cues (hungry/full)				
• Infant positioning				
• Signs that newborn is feeding well (number of feeds and wet diapers)				
• Breast/chest feeding: effective latch and transfer of milk				
• Active feeding				
• Non-human milk: Appropriate substitute, preparation, storage				
• Feeding plan in place				
3. Normal newborn behaviours—sleep/wake states				
4. Safer infant sleep				
5. Newborn crying:				
• Consoling techniques				
• Shaken Baby Syndrome (SBS) prevention				
6. Environment smoke-free				
7. Injury prevention				
8. Car seat safety				
9. Newborn care:				
• Bathing/ hygiene				
• Tummy time, carrying infant				
• Vitamin D supplementation				
• S & S of jaundice				
• When to seek medical advice/ help (poor feeding, not waking for feeds, cardio respiratory changes)				
10. Newborn screening:				
• Early newborn hearing screening (and follow-up if indicated)				
• Metabolic screening				
• Bilirubin screening				
• CCHD screening				
• Biliary Atresia (Infant Stool Colour Card)				
11. Weight loss/ gain				
12. Review of communicable diseases and immunization				
13. Knows newborn PHCP; how and when to contact				
14. Aware of PHN contact/ role/ community resources				
15. Access to <i>Baby's Best Chance</i> Parents' Handbook				
Variations — Plan(s) including referrals			Tests/Procedures	Date
			1.	
			2.	
			3.	
			4.	
			5.	

8 Discharge Parent/caregiver phone number: _____ Date and time of discharge: _____

Newborn ready for hospital discharge Identification bands checked Discharge weight: _____

Discharge order complete Home with parent/ guardian Discharge RN signature: _____

