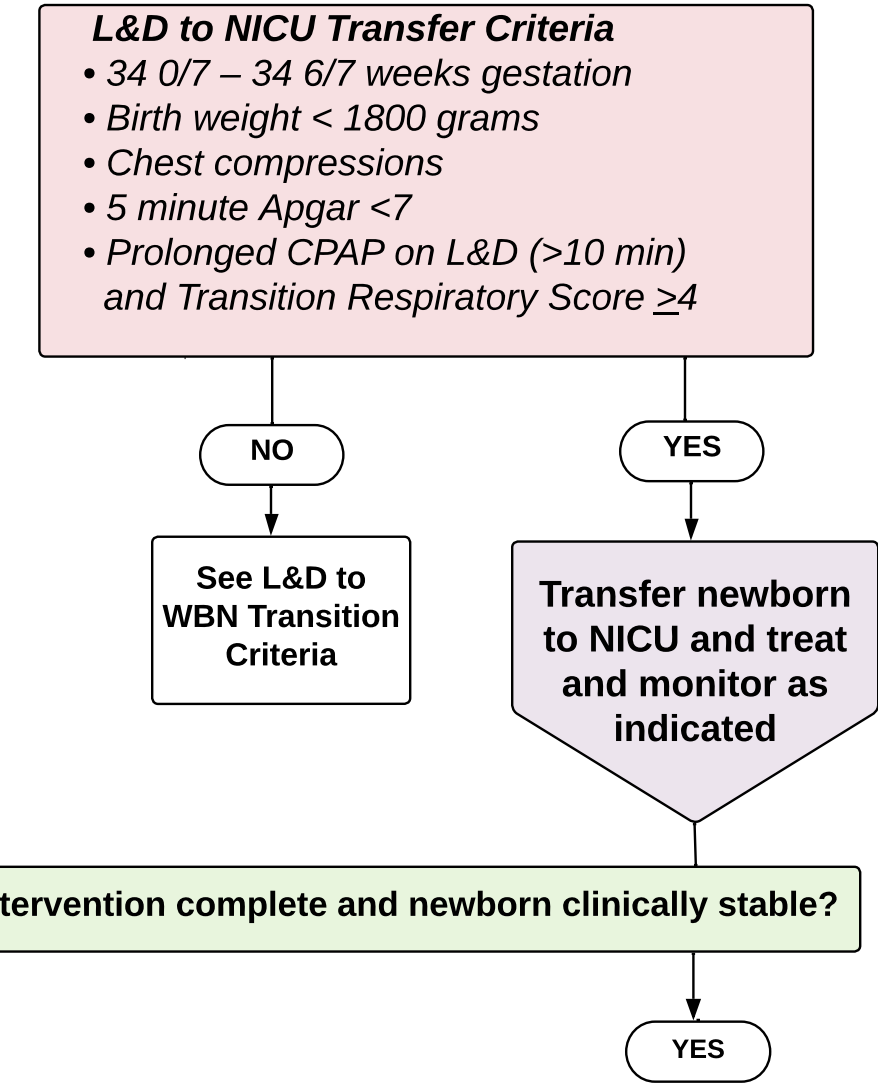
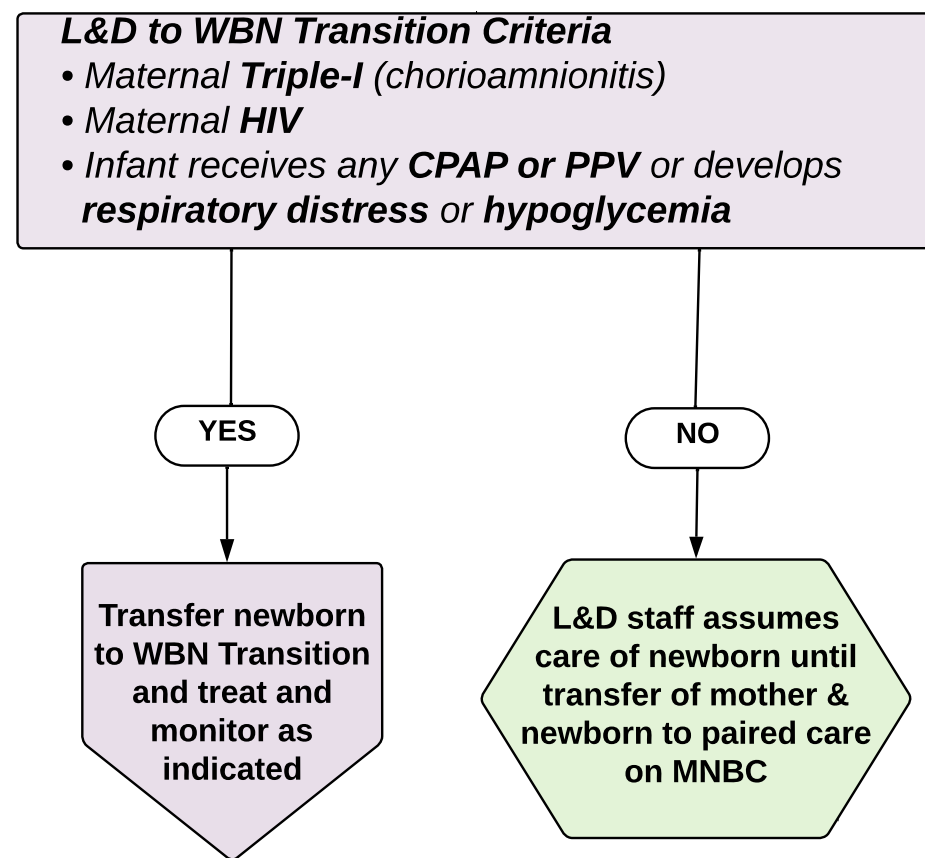


Newborn Transition Care Guideline



WBN Transition Situations Requiring NICU Evaluation

Maternal Arterial Cord Gas pH<7.1¹

1. Pediatric senior resident promptly examines newborn staffs with Pediatric attending
2. Pediatric attending contacts NICU attending/fellow to examine newborn and determine whether newborn meets criteria for therapeutic hypothermia

Respiratory distress (retractions, tachypnea on O2 >0.5LPM and 30% FiO2)

1. Transition nurse pages senior resident to bedside to assess respiratory distress
2. Senior resident assesses newborn and assigns Transition Respiratory Score (TRS)
3. If TRS is ≥ 4 or O2 requirement continues to increase, resident directs transition nurse to call NICU charge nurse for NICU team (attending, fellow or NNP and RT) evaluation for either trial of CPAP or non-emergent NICU transfer
4. If newborn requires 1L and 40% to maintain saturations of 90%, resident directs transition nurse to call NICU charge nurse to initiate emergent NICU transfer.²

NICU to Newborn Nursery Service Transfer Criteria

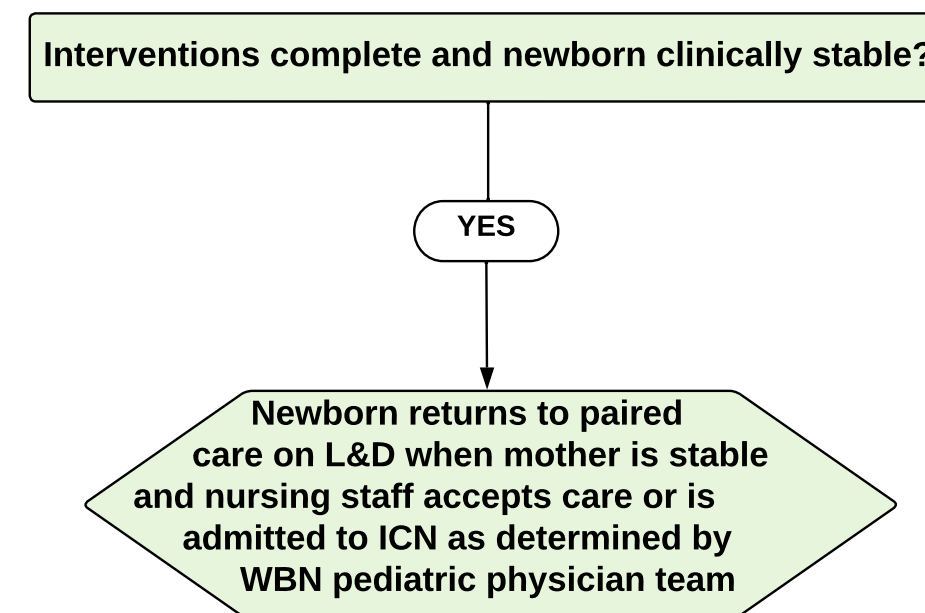
- NICU attending/fellow discusses newborn status with Nursery attending and Nursery attending accepts transfer to ICN (Pediatric service) or WBN (Pediatric, CHC or UFP service) and newborn meets these criteria:

All infants

- Birth weight ≥ 1800 grams
- Oxygen support of no more than 0.5LPM and 30%
- FiO2 without respiratory distress

34 0/7 – 34 6/7 week infants

- Glucose > 50 mg/dl if on D10 at a minimum of 60-80



Transition Nurse Oversight

- Infants in respiratory distress or at risk for hypoglycemia
- Infants who may require therapeutic hypothermia (maternal arterial cord gas pH<7.1)
- All infant medication administration for HIV and Hepatitis B exposed infants

Transition Nurse Cares

- Support L&D nurse in initiating feeds and ensuring glucose checks for infants at risk for hypoglycemia
- Communicate promptly with pediatric senior resident and NICU charge nurse for infants in respiratory distress
- Review and discuss maternal arterial cord gases pH<7.1 with pediatric senior resident
- Ensure all infant HIV medications are given on time
- Administer infant Hep B vaccine (maternal HepBsAg unknown) and HBIG (maternal HepBsAg positive)

1. Maternal cord gas results are documented within 15-30 minutes of delivery in the maternal medical record. Cord gases must be anticipated and promptly reviewed by the physician team responsible for newborn care. The treatment window for therapeutic hypothermia is the first 6 hours after delivery.

2. NICU evaluation or transfer should not be delayed when indicated. If respiratory support is rapidly increasing (>0.5LPM and 30%) and no senior resident is available (i.e. at a delivery at night), the transition nurse should initiate evaluation by contacting the NICU charge nurse as described above and notify the senior resident by page to join in the assessment or provide sign out as soon as feasible.