Every person documenting in this clinical pathway must supply a sample of their initials in the signature log.

### Neonatal Clinical Pathway Ongoing Care (Additional Page)

#### Facility: ..........................................

#### Initial Time V

| Date: __/__/______ to Date: __/__/______ |
| Hospital care | Home care |

#### Initial Time V

<table>
<thead>
<tr>
<th>Key</th>
<th>Midwife / Nursing</th>
<th>Medical / GP</th>
<th>Physiotherapist</th>
<th>Pharmacy</th>
<th>Allied Health</th>
</tr>
</thead>
<tbody>
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<td></td>
<td></td>
<td></td>
<td>QCG</td>
</tr>
</tbody>
</table>

**Review**

- Proceeding according to clinical pathway

**Allied Health**

- Referral to Allied Health not required

**Enter shift that will occur predominately within the next 8 hours**

<table>
<thead>
<tr>
<th>Time</th>
<th>V</th>
</tr>
</thead>
</table>

**Observations**

- Observations of vital signs recorded as per hospital protocol
  - GBS
  - Mec Liq
  - Diabetes
  - LBW / SGA
  - Other (specify: ..............................................)

- Baby identification is checked and correct

**Infant feeding**

- Feeding 2–5 hourly: Adequately hydrated

**Behaviour**

- Settled between feeds

**Elimination**

- Urine output 2–6 wet nappies in 24 / 24
- Meconium - dark green stool

**Hydration**

- Moist mucous membranes

**Newborn assessment**

- Skin - well perfused, Jaundice nil or mild over face only
- Eyes / mouth - nil evidence of infection
- Cord clean and dry

**Safe sleeping**

- Discuss measures to reduce SIDS / SUDI
- Mother can demonstrate safe sleeping techniques as wrapping, positioning and settling
- Discuss co-sleeping surfaces, such as not sharing beds and lounges, plus smoke free environments

**Discharge**

- Discharge education / plan updated
- Uncomplicated birth - discharged

**Expected outcomes**

- Ask mother about the following
  - 2.1 Mother feels confident in caring, bathing, feeding, cord cleaning, nappy changing, wrapping, settling and positioning baby for sleep.

**Further notes:**

- .................................................................................................
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**Neonatal clinical pathway**

**Instructions**: Initials - care attended to, Rule out - not applicable, V - variance (record and sign all variances on sheet provided or progress notes).

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- Proceeding according to clinical pathway

**Allied Health**
- Referral to Allied Health not required

**Enter shift that will occur predominately within the next 8 hours**

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**Further notes**:
- 
- 

**Facility: **

**Family name:**

**Given name(s):**

**Address:**

**Date of birth:**

**Sex:** 

**M**

**F**

**I**

**Initial Time V**

**2.1**

**Initial Time V**

**DOB: / /**

**Urn:**

**URN:**

**Family name:**

**Given name(s):**

**Address:**

**Date of birth:**

**Sex:** 

**M**

**F**

**I**

**Initial Time V**

**DOB: / /**

**Urn:**