



Queensland
Government

Neonatal Clinical Pathway

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

- » Clinical pathways **never** replace clinical judgement.
- » Care outlined in this clinical pathway **must be altered** if it is **not clinically appropriate** for the individual client.

- » DRGP67D Neo, ADMWT>2499G-SIG or PR-PRB (ALOS 2.44)
- » DRGP67B Neo, ADMWT>2499G-SIG or PR+MJP (ALOS 6.89)
- » DRGP67C Neo, ADMWT>2499G-SIG or PR+OTP (ALOS 4.62)
- » AN-DRG V5 Hospital Benchmarking Funding Model 2004/05

Documentation instructions:

- **Initials** - Indicates action / care has been ordered / administered.
- **N/A** - Indicates preceding care / order is not applicable.
- **Crossing out** - Indicates that there is a change in the care outlined.
- **V** - Indicates a variation from the pathway on that day, in that section. When applicable **flag it** in the "Variance column", then document in the free text area as instructed. If this variance occurs more than once daily, document the additional times of the variance in the variance free text area and in the patient's progress notes as applicable.
- **Key** ➡ **Medical / GP** ★ **Physiotherapist** Ⓔ **Pharmacy** ♦ **Allied Health**
- **Queensland Clinical Guidelines - available at <http://www.health.qld.gov.au/qcg/>**
- Symbols guide care to a primary professional stream, it is a visual guide only and its direction is not intended to be absolute.
- *A Neonatal Clinical Pathway Ongoing Care (Additional Page) (SW232a)* is available for extended treatment.
- *A Neonatal Clinical Pathway Clinical Events / Variances (Additional Page) (SW232b)* is available if more space is required for clinical events and variances.
- Every person documenting in this clinical pathway **must** supply a sample of their initials and signature below.

Signature log

Initials	Signature	Print name	Role

DO NOT WRITE IN THIS BINDING MARGIN

NEONATAL CLINICAL PATHWAY





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Discharge plan

Midwifery / Medical	Initial	Date
Baby fit for discharge		
Healthy Hearing Screen consent obtained, performed and recorded in <i>Personal Health Record</i>		
<i>Personal Health Record</i> updated		
Newborn Screening Test (NBST) collected and documented in the <i>Personal Health Record</i>		
NBST <i>not</i> collected: card given to mother and documented in medical records <i>or</i> decline documented		
QCG routine newborn assessment within 48 hours		

Referrals	Initial	Date
Mother to make own appointment with GP follow up in days / weeks		
Child Health Nurse / Child Health, Newborn and Family Drop-In Clinic		
Indigenous Healthcare Worker		
OPD appointment arranged		
Clinic: Date: Time:		
Other (please specify):		
Community Support agencies required <input type="checkbox"/> Yes <input type="checkbox"/> No		

Transfer to other hospital	Time:	Facility name:
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Further notes (including Criteria Led Discharge as per hospital protocol):

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Discharge Clinician	Date:	Time:	Designation:	Signature:
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Education plan

Category	Key	Interpreter required <input type="checkbox"/> Yes <input type="checkbox"/> No	Initial	Date
Newborn follow up	■	Midwife / Medical Officer follow up in days / weeks		
	▲	Reinforce: Seeking medical assistance if you have any concerns about your baby		
		Warning signs of illness are: Raised temperature Poor feeding Vomiting Irritability, lethargy Decreased urine or stools		
Infant feeding	▲	Discuss baby led feeding and feeding cues Discuss demand feeding When formula feeding , discuss increasing volumes, decontamination and storage		
Infant care	■	Discuss: Nappy change and care of infant genitalia Baby bath Cord care Growth spurts Detection of jaundice		
	▲	Discharge weight: g		
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		
Vaccination program	▲	Discuss immunisation schedule		

The above education plan on self care, infants and siblings has been discussed with me Yes No

Mother's name (please print):	Signature:
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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)

Key **▲** Midwife / Nursing **■** Medical / GP **★** Physiotherapist **Ⓟ** Pharmacy **◆** Allied Health **🏥** QCG

0-2 hrs	🏠	Date:/...../..... T.O.B.::..... TO Date:/...../..... Time::..... <i>To be completed in the Birthsuite</i>	Initial	Time	V
Birth	▲	<input type="checkbox"/> LSCS <input type="checkbox"/> Forceps <input type="checkbox"/> Vacuum <input type="checkbox"/> Spontaneous vaginal birth Gestation: weeks Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate Skin-to-skin contact maintained until breast feeding offered Infant offered feed within one hour of birth Two (2) types of ID attached to infant as per hospital protocol Check 1: <input type="text"/> Initial / date: Check 2: <input type="text"/> Initial / date: Initial brief examination performed, nil abnormalities noted 🏥 Nil neonatal risks / alerts identified			
Baby vigilance observations	▲	Quarter hourly observations for 2 hours including colour, position, respiration rate, and within 1 hour of birth - heart rate and temperature			
Documentation	▲	<i>Personal Health Record</i> commenced Perinatal Data report commenced			
Medications	▲ Ⓟ	Vitamin K given IMI with informed consent Hepatitis B vaccination given and recorded in <i>Personal Health Record</i> BCG - ineligible			

2-24 hrs	🏠	<i>Enter shift (that will occur predominately within the next 8 hours)</i>	Time	V
Observations	▲	Observations of vital signs recorded as per hospital protocol 🏥 <input type="checkbox"/> GBS <input type="checkbox"/> Mec Liq <input type="checkbox"/> Diabetes <input type="checkbox"/> LBW / SGA <input type="checkbox"/> Other (specify:) Baby identification is checked and correct		
Infant feeding	▲	Feeding 2-8 hourly : Adequately hydrated 🏥		
Behaviour	▲	Settled between feeds		
Elimination	▲	Has passed urine since birth Has passed meconium since birth		
Hydration	▲	Moist mucous membranes		
Newborn assessment	▲	Skin - well perfused, nil evidence of jaundice 🏥 Eyes / Mouth - nil evidence of infection Cord clean, nil bleeding		
Infant care	▲	Baby bath attended with assistance (if applicable) Education and Discharge Plan updated		
Early discharge	■	Uncomplicated birth - discharged		
Expected outcomes	▲	Staff to assess: A - Achieved V - Variance	A	V
	1.1	Mother attending infant feeds and providing infant care with minimal assistance		

Further notes:

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↪ **Key** ▲ **Midwife / Nursing** ■ **Medical / GP** ★ **Physiotherapist** ® **Pharmacy** ◆ **Allied Health** ℄ **QCG**

24–48 hrs	↪	Date: / / to Date: / /	Initial	Time	V
<input type="checkbox"/> Hospital care <input type="checkbox"/> Home care					
Review	▲	Proceeding according to clinical pathway			
Allied Health	◆	Referral to Allied Health not required			

<i>Enter shift that will occur predominately within the next 8 hours</i>		Time	V		
Observations	▲	Observations of vital signs recorded as per hospital protocol ℄ <input type="checkbox"/> GBS <input type="checkbox"/> Mec Liq <input type="checkbox"/> Diabetes <input type="checkbox"/> LBW / SGA <input type="checkbox"/> 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	Initial	Time	V
	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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