

Admission Orders for the Late Preterm Infant (Gestational age 34 0/7 wks to 36 6/7 wks)

1. Admit to
 - Newborn Nursery Special Care Nursery Neonatal Intensive Care Unit
2. Diagnosis: prematurity respiratory distress possible sepsis
 other _____
3. Gestational age _____ wks
4. Birth weight: _____ g
5. Vitals:
 - a. HR and RR at admission, then every 30 minutes until stable for 2 hours, then with every feeding for the first 24 hours, then every other feeding or once per shift until discharge
 - i. Call if HR < 100 bpm
 - ii. Call if HR > 160 bpm at rest
 - iii. Call if RR < 30 or > 60 breaths/min
 - iv. Call for apnea
 - v. Call if respiratory distress or cyanosis and place on supplemental oxygen (nasal cannula (%FIO₂ and flow), other)
 - b. BP at admission, then every other feeding until stable, then daily
Call if BP mean < xx or > yy [use gestational age- or birth weight-specific charts to determine call values (Versmold et al., 1981 or Zubrow et al., 1995)]
 - c. T at admission, then every 30 min until stable for 2 hours, then with every feeding for the first 24 hours, then every other feeding or once per shift until discharge
 - i. If T < 36.5° C (97.7° F) place infant in skin-to-skin contact with mother or swaddle infant and place hat on head, then repeat T in 30 min
 - ii. If T remains the same at 30 minutes place under radiant warmer
 - iii. When T > 36.5° C (97.7° F) remove from warmer and check T every hour until stable
 - iv. Call pediatric care provider if infant is returned to warmer a second time
 - d. If infant remains NPO after 2 hours, HR and RR every 3 hours and BP and T every 6 hours
 - e. Pulse oximetry screening per protocol
 - f. Weight
 - i. Record weight and percent change from birth weight daily
 - ii. Notify pediatric care provider if weight loss greater than 3% for first day or greater than 7% in first three days
6. Monitoring: place on cardiac/respiratory monitor if apnea, respiratory distress, and/or central cyanosis
7. Intake and output
 - a. Record intake and output
 - b. Call pediatric care provider if no urine output by 24-48 hours
 - c. Call pediatric care provider if no stool by 24 hours

8. Blood glucose levels:
 - a. Symptomatic infant
 - i. Check plasma or blood glucose level immediately and call pediatric care provider
 - ii. If blood glucose level < 40 mg/dl, give D10 bolus 2 ml/kg and begin IV infusion of D10W at 80-100 ml/kg/d
 - b. Asymptomatic infant
 - i. Birth to 4 hours age
 1. Screen glucose 30 minutes after 1st feed
 2. If initial screen is < 25 mg/dl, feed and check in hour
 3. If repeat screen is < 25 mg/dl, give D10 IV bolus 2 ml/kg and begin IV infusion of D10W at 80-100 ml/kg/d
 4. If repeat screen is 25-40 mg/dl, re-feed or give D10 IV bolus 2 ml/kg and/or begin infusion of D10W at 80-100 ml/kg/d
 - ii. 4 to 24 hours age
 1. If feeding every 2-3 hours, screen glucose prior to each feeding
 2. If screen is < 35 mg/dl, feed and check in 1 hour
 3. If repeat screen is < 35 mg/dl, give D10 IV bolus 2 ml/kg and begin IV infusion of D10W at 80-100 ml/kg/d
 4. If repeat screen is 35-45 mg/dl, re-feed or give D10 IV bolus and/or begin infusion of D10W at 80-100 mg/kg/d
9. Feeding:
 - a. Initial feeding (breast feeding, breast milk, or premature infant formula) within 1 hour, if clinically stable
 - b. Encourage breast feeding 8-12 times/24 hours, beginning within one hour of birth
 - c. Supplement after breast feeding as needed (5-10 ml/feeding on first day; 10-30 ml/feeding after first day)
 - d. For bottle fed infants, offer feeding at least every 3 hours
 - e. Limit feeding to 20-30 minutes total
 - f. Assess feeding behaviors (e.g., LATCH tool)
 - g. If unable to begin feedings by 3 hours age, or if RR > 60 breaths/min, call pediatric care provider
 - h. If RR > 60 breaths/min, hold oral feedings and call pediatric care provide
 - i. Call for feeding intolerance (emesis, residuals (if gavage feeding), loose or frequent stools)
10. Hyperbilirubinemia:
 - a. Check bilirubin (serum or transcutaneous) at 24 hours age
 - b. Check bilirubin before 24 hours if clinically jaundiced
11. Medications:
 - a. Erythromycin ophthalmic both eyes once
 - b. Vitamin K 0.5 mg intramuscularly once
 - c. Hepatitis B vaccine 0.5 ml intramuscularly once, with parental consent
12. Laboratory:

If prolonged rupture of membranes, maternal fever, respiratory distress, etc., CBC with differential and blood culture
13. Newborn screen per protocol
14. Hearing screen per protocol
15. Car seat testing per AAP recommendation
16. Do not discharge before 48 hours

Discharge orders

1. Discharge to home with mother
2. Feedings
 - a. Breastfeed every other feeding alternating with fortified expressed breast milk ad lib demand (do not exceed 5 hours between feedings more than once per day), **OR**
 - b. Fortified expressed breast milk ad lib demand (do not exceed 5 hours between feedings more than once per day), **OR**
 - c. Nutrient-enriched formula ad lib demand (do not exceed 5 hours between feedings more than once per day)
3. Medications
Vitamin D 400 International Units by mouth daily, if breastfeeding or if taking < 1000 ml formula/d
4. Follow-up with pediatric care provider in 24 to 48 hours
5. Home health visit within 3 days of discharge

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