

MS3 Loyola NBN Orientation



2018

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A Day in the Newborn Nursery- What to Expect

Arrival: 6am

Attire: Surgical scrubs (found in NBN locker rooms) with long white coat over.

Where: Mother Baby Suite in Pediatric Resident Room.

Who: You will be working with the Pediatric Intern and their attending during this week.

Bring: Snacks/drinks if you desire. However these are not allowed in the Resident Work Room. There are water machines at the RN station, a Keurig, and an RN break room.

A Day in the Newborn Nursery

What to Prepare:

- Add the following lists on EPIC as your Favorites:
 - “2 Newborn Services”
 - “2 Labor and Delivery”
 - “Women’s Health”
- Add the following dot phrases via your Smart Phrase Manager to look like a rockstar (steal from any Peds Resident):
 - .NBNADMISSION
 - .NBNPROGRESSNOTE
 - .NBNCOURSE (summative information to add to the discharge summary)
 - .newborndischarge (discharge instructions to add to the discharge summary)
- Similarly, you can just count on using the EPIC SmartText for H&Ps, Progress Notes, and Discharges.

A Day in the Newborn Nursery

Your Schedule:

- At 6am you and the Pediatric Intern will receive sign out from the Night Resident.
- From 6am until 7:50am, you should chart review, prepare for rounds, see your infants, and prepare for possible discharges that day.
- At 7:50am your intern will attend Huddle in the RN station. You will go to Morning Report.
 - SOM 170 M/W/F
 - SOM 360 Tuesday
 - Thursdays you will have lecture with the residents from 11-1pm instead in MacGuire 3347.
- **Nursery Lectures with Dr. Muraskas**
 - **Tuesday's and Thursday's at 1:30pm in NICU Conference Room**
- Rounds will occur shortly after 9am. Keep in mind some attendings will prefer to round prior to Morning Report!

A Day in the Newborn Nursery

Schedule Continued:

- Rounds occur for 1-2 hours, depending on infant availability.
- After rounds please write your notes, set pediatric appointments for discharge with the new pediatrician, do research, watch circumcisions, ask to follow the lactation consultant, and be ready to attend deliveries!
- We understand you all may have special pediatric clinics or Project HomeFront in the afternoons. Please let us know ahead of time so we can release you.
- Your day in the Nursery is dependant upon the activities happening that day, but you are usually able to leave between 2-5pm.

To Meet our Expectations:

1. Please arrive on time! This will go a long way with your resident.
2. Present 1 infant your first day on rounds, and increase your patient load daily to 3-4 infants depending on census.
3. Write a Progress Note daily on your infants.
4. Make hospital discharge appointments with the infants new pediatrician on day of birth.
 - a. Schedule for 1-2 days after anticipated discharge.
 - b. Make note of this in your progress note, your infant sheet, and alert your intern.
 - c. Numbers for Loyola Clinics are on the White Board behind your desks.
5. Keep track of discharge requirements daily for your infants.
6. Be able to discuss discharge instructions with families.
7. Work one morning on the weekend.
8. Catch a baby!

To Go Above and Beyond:

1. Help the intern update the sign out on EPIC for the Night Resident.
2. Watch the L&D board in anticipation of deliveries and C/S.
 - a. Prepare infant info sheets ahead of delivery for yourself and make a copy for your intern.
 - b. Most of this is in the maternal H&P, but check the labs for yourself.
3. Give your intern a day or two to fill out your evaluations.

If you need help with anything, just ask!

What are these Infant Information Sheets?

hello



Well they are your mainstay.

We expect these to be up to date.

You will use this to present your infant daily.

It will make you sink, float, or fly.

BB/BG * _____ * _____ MRN: _____ (Last Name) Mom: _____ MRN: _____					
Born on ____/____/____ @ ____:____ (24h time) ____ w ____ d via _____ S / A ROM @ ____:____ Fluid: _____ LMP: ____/____/____ EDD: ____/____/____					
MATERNAL INFORMATION					
y/o G P _____ O A B AB +/- Antibody +/- Rhogram Y / N Date: ____/____/____					
Rub 1 / NI / EQ	Hep B +/- RPR R / NR HIV +/- MRSA +/- GC +/- CT +/- GBBS +/-				
Genetics: _____ Prenatal US: _____ PVC Labs: _____					
Past Medical Hx: _____					
Meds: _____ Meds during labor: _____					
Pregnancy Complications: _____					
Social Hx: _____ Family Hx: _____					
DELIVERY / BIRTH INFORMATION					
HDRT for: _____ Intrapartum Hx: warmed / dried / suctioned / bagged / O2 / CPAP / CPT / ETT / CPR					
Delivery Complications: _____					
APGAR5: ____/____/____ BW: _____ g / kg AGA / LGA / SGA Feeding plan: Breast / Bottle					
Temp: _____ °F / C HR _____ RR _____ Length: _____ cm HC: _____ cm CC: _____ cm					
Initial Exam: _____ Gestational Exam: _____ w					
Date/DOL#	____/____DOL# ____	____/____DOL# ____	____/____DOL# ____	____/____DOL# ____	
Weight					
% change					
Feeds					
Voids/BM					
Labs/Imaging					
PE Findings					
Plan					
To: B _____ Risk Group: _____					
Date/Time	HOL	TS/DB	Risk Zone	RR	LL
Infant: O A B AB +/- Coombs +/-					
Phototherapy started: _____ stopped: _____					
<input type="checkbox"/> Hearing - Passed / Failed <input type="checkbox"/> Hep B - Given / Declined <input type="checkbox"/> O2 Screen - Passed / Failed <input type="checkbox"/> Red Reflex <input type="checkbox"/> Newborn Screen <input type="checkbox"/> Circumcision - Y / N <input type="checkbox"/> Discharge Instructions <input type="checkbox"/> Vit D Prescription <input type="checkbox"/> Late Preterm: Car Seat, D/C bil <input type="checkbox"/> APGAR in flowsheet					
Pediatrician: _____					
Office Location: _____					
____/____/____ @ ____:____					
Pharmacy: _____					

How to Present in the NBN- Patient Zero

Using the example on the right first as a NEW patient:

This is BB Prince born on 5/30 at 0600 at 38 0/7 weeks via C/S due to preeclampsia to a 28 year old G2P1001, O+, ab-RI/HepB-/HIV-/GC-/CT-/GBBS+ but appropriately treated mother with no significant pmh. SROM occurred at 0400 the same day with clear fluid. Pregnancy was complicated by preeclampsia, and mother received magnesium during the delivery, along with a combined spinal and epidural. She took PNV throughout the pregnancy, family history is negative, and social history is negative x3.

Delivery was complicated by C/S. Infant was warmed, dried, suctioned and APGARs were 8/9/9. BW 3.5kg which is AGA, and VS were otherwise appropriate. Infant is 38 weeks by exam, also noted to have a cephalohematoma and right hydrocele on exam.

So far infant is on DOL 0, has had 1 successful breastfeeding, 0 voids, 1 meconium stool, and no labs to report. Plan is to obtain transcutaneous bilirubin at 24 hours of life.

BB PRINCE Zero Mom: SUPER PREGNANT
MRN: 000000 (Last Name) MRN: 655 6555

Born on 05/30/18 @ 06:00 (24h time) 38 w 0 d via C/S due to preeclampsia
A ROM @ 04:00 Fluid: CLEAR Meconium LMP: 08/15/17 EDD: 01/01/18

MATERNAL INFORMATION

28 y/o G2 P1 0 0 1 GA B AB O+ Antibody + C Rhogam Y (Date): / /
 NI / Hep B + / RPR R / HIV + / MRSA + / GC + / CT + / GBBS O+ PCN x 2

Genetics: N4 Quad screen Prenatal US: normal PNC Labs: _____
 Past Medical Hx: none
 Meds: PNV Meds during labor: Mg, spinal epidural
 Pregnancy Complications: preeclampsia
 Social Hx: denies (smoking, Alcohol, drugs) x3 Family Hx: non (arthritic)

DELIVERY / BIRTH INFORMATION

HDRT for: OLS Intrapartum Hx: (warmed) (dried) (suctioned) / bagged / O2 / CPAP / CPT / ETT / CPR
 Delivery Complications: none
 APGARs: 8 / 9 / 9 BW: 3.5 g / (AGA) LGA / SGA Feeding plan: (Breast) Bottle
 Temp: 98.2 F / C HR: 150 RR: 40 Length: 40 cm HC: 35 cm CC: 34 cm
 Initial Exam: cephalohematoma, + R hydrocele Gestational Exam: 38 w

Date/DOL#	5/30 DOL # 0	5/31 DOL # 1	/ / DOL #	/ / DOL #
Weight	BW = 3.5kg	3.3kg		
% change	—	-5.7%	= (BW - daily weight / BW) x 100	
Feeds	x1 BF	x 2/4 successful BF x 1 supplement (10cc)		
Voids/BM	0/1	1/2		
Labs/Imaging	none	O+, Ab- TcB = 5.5 @ 24h		
PE Findings	As Above	improved hydrocele		
Plan	Blood Typ- TcB vs TcB @ 24h	Discharge prep continue newborn care		

TcB 5.5 Risk Group: Low

Date/Time	HCL	TSDB	Risk Zone	RR	LL

Infant A B AB Coombs +
 Phototherapy started: N/A stopped: _____

DISCHARGE PLANNING

- Hearing (Pass) Failed
- Hep B (Given) Declined
- O2 Screen (Passed) Failed
- Red Reflex
- Newborn Screen
- Discharge Instructions
- V/D Prescription
- Late Discharge - Get Sent Doctor
- APGAR in flowsheet

Pediatrician: Dr. Boyd
 Office Location: LOC
 6 / 2 / 18 @ 12:00
 Pharmacy: Natigens

More on Rounds

- Depending on your attending, you may be asked to take the lead during family centered rounds.
- Infants stay in the L&D suites, so rounds occur at bedside.
- Courtesy:
 - Knock when entering
 - Alert mother that the Pediatric team would like to enter for Rounds
 - Ask if this is a good time (we will defer if breastfeeding, taking pictures, during hearing test).
 - Once in the room introduce yourself, your role, and the others with you.
- Attending will perform their exam, place yourself at the infant's bedside to be able to participate.
- Explain the plan of the day to the family in non medical language.
- To close off the visit, summarize their upcoming day and thank them.

Updating Sign Out



Like on the floors, the Pediatric Residents keep track of important information using the ‘Write Handoff’ tool on the EPIC toolbar above your patient list.

Simply click on your patient and click ‘Write Handoff’.

In the top box, give your one liner.

In the second box, indicate in problem based format the general plan for the infant.

In the third box write a complete and easy to read list of things the night resident needs to follow up on.

An Example? Of course.

- Note the Handoff tool, located at the top of the screen when you are on your patient list.
- Change your context to Normal Newborn within the Handoff tool (located in top right of handoff tool).
- Under 'To Do':
 - Denote times
 - For TSB list Light Level (LL), previous TSB
 - Be specific but concise!
- Goal is to have the Night Resident wake up to a page, look at this information, and be able to make a quick decision.

Now to the Fun Stuff- DELIVERIES!

Many of you will have rotated in OB prior to this rotation, so you will already know that the Pediatric Residents are only at High Risk Deliveries (HRD).

- If called to a birthing suite for a delivery, leave your white coat in the hall! Enter the suite with your intern and follow their directions. They will likely have you grab some blankets and catch the infant.
- If called to the OR for a C/S, quickly scrub in (if you have not already that day) and enter the OR in sterile fashion. Gown yourself (your intern will help and should get you gloves), and stand near the warmer ready for the OB resident to hand you the infant.
- After delivery, take advantage of the time with the Pediatric Resident and NICU fellow- ask questions, practice your APGARs, and do your full Newborn Exam!



We look forward to our time with you!