

KCHC Nursery Guide - 2023 edition

WORKFLOW

- Daytime
 - Get the sign-out from the night float intern at the conference room in D6N at 6:45AM.
 - Computer round on the babies:
 - On EPIC, all babies rooming in with mom will be under the list “KC D5S Baby” and the ones in the nursery under “KC D5S Newborn”.
 - Review the orders, and make sure all newborn screen and bilirubin orders are scheduled or drawn at 30 hours of life for each baby.
 - Update the handoff
 - Refresh all SmartLinks in the handoff (clicking the right upper part of the handoff): It will update the days of life and percentage of weight loss.
 - Update the daily weight, type of feeding, number of feeds, voids and bowel movements.
 - Round on all babies (prioritize potential discharges) every morning. Make sure all babies have been checked for red reflex bilaterally either on admission or prior to discharge and document that on your note. If male, ask if parents want their baby to be circumcised.
 - Check the total serum bilirubin (TSB) using the “Bilirubin” tab under “Summary” in EPIC, or Bilitool (<https://bilitool.org>), then update the handoff.
 - Print the updated handoff for the attending that usually comes around 9AM.
 - Table rounds with the attending.
 - While attending rounds on babies, you can start working on your discharges first, then admission, progress notes, or pending work.
 - 10:45AM: Huddle with OB and nursing
 - End of shift at 5:45PM-6PM, print the updated handoff and sign out to your co-intern on night float at the conference room in D6N.
- Admission
 - You don’t attend deliveries during your KCHC Nursery rotation. NICU team will be present at high-risk deliveries and if the baby is stable for admission to the nursery, they will sign-out the baby to you. Please also refer to NICU Delivery Note.
 - For non-high risk deliveries, you will see a new patient under the list KC D5S NEWBORN and the nurses will inform you when the new baby has arrived to the nursery.
 - Review labs from the mother (HIV, HepB, RPR, Type & Screen, GBS, GC/CT, Rubella, Quant): There is a link to the mother’s chart under the admission tab where you can review her labs (Baby-Mom Link). Also check the prenatal sonogram (ideally from 18-22wks for the anatomy survey).

- Establish the COVID-19 status of the mom. If mother is positive, baby will room in as long as mother is stable and able to care for baby. Mother must use mask, good hand and breast hygiene when handling and/or nursing baby.
 - Refer to the latest nursery COVID policy
 - Order airborne precautions.
 - Order COVID test on baby at 24 HOL.
- Refer to the “Delivery Summary” tab for information regarding mode of delivery, ROM, APGAR scores and birth weight.
- Determine the need for glucose monitoring:
 - Infants with gestational age < 37 weeks or > 42 weeks. Babies <35 wks are admitted to the NICU.
 - SGA, LGA: Plot baby’s weight in the Olsen growth chart found in EPIC (*See below how to plot the weight on the growth chart).
 - BW < 2500g or > 4000g
 - Infant of diabetic mother
- If newborn meets any of these criteria, initiate glucose monitoring and follow KCHC Nursery Hypoglycemia Protocol (our protocol at Kings County is to give glucose gel and feed with every low sugar).
 - Place the order to check capillary glycemia (Poc Glucose Capillary) as per AAP guidelines (1st d-stick 30 minutes after 1st feed, then pre-feed d-sticks until 3 consecutive values >45mg/dL).
 - Order Dextrose 40% gel 0.5ml/kg via buccal mucosa (once as needed)
 - Pharmacy will send 3 doses for prn use
 - Nurse will notify resident if baby becomes hypoglycemic
 - If hypoglycemic, examine the baby, feed immediately, and consider administering dextrose gel.
 - If baby is persistently hypoglycemic, consider IV glucose therapy and NICU transfer
- Examine the baby. Measure the head circumference.
- Review labs from the baby (Cord pH, blood type, and coombs).
- Place the admission orders.
- Create the problem list on EPIC:
 - “Single liveborn, delivered vaginally or by cesarean” - Current Assessment & Plan: For assessment use 1st paragraph of the handoff summary and for plan use the SmartPhrase: KCNNPRIMARYPROB and add - TSB at 30 HOL.
 - Add any other problems as applicable, such as “At risk for hypoglycemia”, “At risk for sepsis”, “Coombs positive”. Write Assessment & Plan. Can utilize Smartphrase, for example: "RSNUAP4" for baby at risk of hypoglycemia or "RSNUAP5" for Coombs positive, etc (Created by wonderful senior Reem Saadon)
 - Admission note (Remember to put in your note, the weight/length/head circumference that you calculate on the Olsen growth chart).
- Update the handoff.

- Discharges

Generally, babies born via NSVD will be discharged on day of life 2 and via C-section on day of life 3. May vary depending on mother's discharge plan by OB.

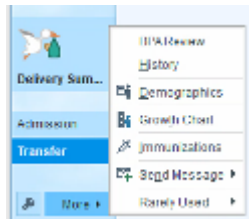
- Based on that, you can start working on possible discharges for the day.
- Make sure these babies have:
 - Newborn screening. Chart review -> Labs -> Newborn screen. Scroll down the order to find the "NYSDOH Requisition ID". Include the ID number on the hospital course/discharge summary.
 - Total bilirubin. Chart review -> Labs -> Total bilirubin.
 - Transcutaneous bilirubin in the morning starting day 3.
 - Hearing screening. Go to Summary -> NICU scrn. If you don't have the "NICU scrn" tab, you can search for it using the search toolbar. If a baby fails the hearing screen once, then it is repeated the next day. If the baby fails twice, then send CMV saliva (use red top swab) and refer to audiology (order: amb referral to audiology through the discharge med reconciliation tab). Ask the audiology tech or the clerk to make an appointment and include appointment information on the after-visit summary. Make sure to notify the mother.
 - CCHD screening. Go to Summary -> NICU scrn. If the results are not available there, you might find it in the actual nursery. The table with the CCHD screening results on babies that are getting discharged on that day is posted on the door to the left once you enter the nursery.
 - PCP appointment. You can find this on Chart Review -> Encounters. (If the appointment is not made, make a list of all the babies being discharged on that day, and give it to the clerk. Appointments should be in approximately 48-hours after discharge (3-5 days of life). Make sure mothers are asked where they would like to follow-up before appointments are made. If you need to make a referral to a specialty clinic place the order on epic through the medication reconciliation on the discharge tab (amb referral to pediatric..) and ask the clerk to make the appointment. If baby needs to follow-up with urology, you have to make an "external" referral to Bellevue. Let the clerk know if the appointment is at KCH clinic or another location.
 - For COVID positive mothers or babies, ask clerk for specific COVID clinic appt.
 - If <37 wks, car seat test. Order it on Epic and make sure is done. It takes ~90min and is performed by the nursing staff in the NICU.
 - If mom's Quantiferon is positive/unknown -> mom should have a negative CXR prior to discharge.
 - MyChart: so that all mother's have an active proxy MyChart for their babies on discharge.

- If baby needs to come back sooner to recheck Bili level, do not have to change appointment. Clerk can schedule baby for a Bili Check within 24-48hrs.

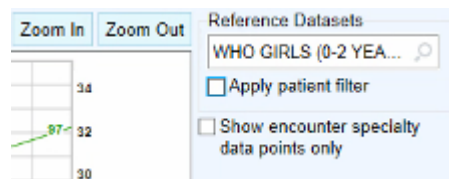
Then on the discharge tab:

- Order reconciliation
 - Do not prescribe formula.
 - Get pharmacy from mom's chart or ask parents.
 - Prescribe Tri-Vi-Sol (1m once daily and 4-5 refills): MAKE SURE THE ORDER HAS A HOUSE NEXT TO IT... If it has a syringe you are ordering an inpatient medication.
 - Order Hip US and kidney US in discharge reconciliation as outpatient. Then call outpatient radiology or EPIC message Judy Schwartz to schedule it appointment
 - Unclick order for discharge
- Add clinical references: "Baby safe sleeping", "Breastfeeding", "When to call the doctor about your baby" and any other relevant references.
- Patient instructions (from Downstatepeds.com, go to Rotation information -> Nursery -> nursery note template) or use SmartPhrase (HTNURSDINSTR)
- Hospital course: use SmartPhrase (KCPEDNURDCHOSPCOURSE).
- Update the Problem List. Keep "newborn" and any unresolved/long-term issues. Resolve "Discharge planning issues".
- Write the Discharge Summary.
- Follow up provider: select KC PRIMARY CARE PEDS. Include information regarding the appointment (E Building, 5th Floor, the time of the appointment).
- Check the After-Visit Summary: All the information should be included (hospital course, appointment, prescription). There should not be pending issues there.
- When you're ready to discharge the baby place the order for discharge: Go through the order reconciliation tab again: Discharge Patient -> Routine Discharge; Today. Make sure to communicate with nursery attending, charge nurse and mother's nurse regarding mother's discharge status/plan PRIOR to placing discharge order.

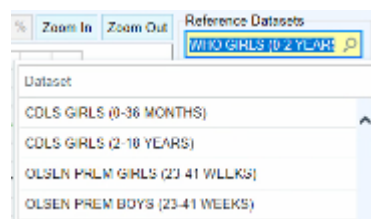
- How to plot newborn weight/length/HC on Olsen growth curve:
 - Go to the left lower side of the screen and look for Growth Chart tab. You will probably have to go to the tab More in order to find it. Then click on it.



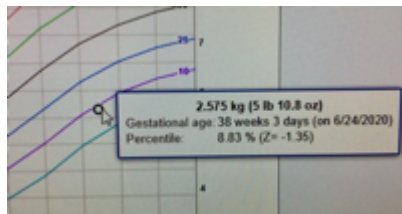
- Then go to the upper right side of the Growth chart section. Uncheck the option Apply patient filter.



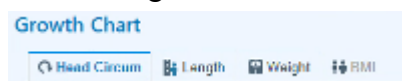
- After that, scroll down under Reference Datasets in order to find Olsen growth curve. Choose OLSEN PREM GIRL or BOY, whichever applies.



- Now you will be able to see the weight of the newborn on Olsen growth curve. Put the mouse pointer over the dot and you will see the percentile.



- Check the length and head circumference percentiles as well.



ORDERS

- Admission orders
 - Use “KC NURSERY ADMISSION ORDERS (9/7/2022)” (Copy from other users, see appendix for setup instructions)
 - Or search for order set: “NEO Level 1 Newborn Nursery Admission”
 - Select:
 - Admit to Inpatient:
 - Patient class: Newborn, Service: Nursery, Level of care: Newborn Level 1
 - Primary diagnosis: “Single liveborn infant, delivered vaginally” or “Single liveborn infant, delivered by cesarean”
 - Code status: Full Code
 - Diet: Infant feeding-> Ad Lib, Oral, Cue-based feeding + Every 3 hours, Breast milk (mother).
 - Nursing Orders
 - Vital signs: Temperature, pulse, respiratory rate, BP
 - Vital Signs Q8H
 - Infant bed type: Bassinet
 - Assessments: Initial Newborn Assessment, Weight daily, Newborn Hearing Screen, CCHD
 - Notify provider
 - Temp greater than: 38
 - Temp less than: 36.5
 - Heart rate greater than: 180
 - Heart rate less than: 100
 - RR greater than: 60
 - RR less than: 30
 - SBP greater than: 76
 - SBP less than: 46
 - Interventions: Bathe Infant, Cord care, Radiant warmer
 - Labs: Newborn Screening Non-EDT (Send Out) (Once at 30 HOL along with Bilirubin, Total and Direct)
 - Hepatitis B vaccine 10mcg/0.5mL injection
 - phytonadione (Vitamin K1) injection (neonate) 1mg
 - Uncheck:
 - Cord ABGs: Blood Gas Arterial/Venous
 - Erythromycin ointment
 - Lidocaine 4% cream
 - Vitamin A&D ointment
 - Add order:
 - Bilirubin, Total and Direct (Once at 30 HOL along with NBS)
 - G6PD at 30 HOL along with NBS

- You can also save default version by “Manage User version” tab
- Circumcision orders
 - At KCHC circumcisions are done by OB. We, as pediatricians, clear the baby for the procedure. So, if the parents want their baby to be circumcised, a baby to be cleared should have:
 - No hypo/epispadias, chordee, penile torsion, buried penis or ambiguous genitalia.
 - Penile length >2.5cm.
 - No FHx of bleeding diathesis.
 - If the baby is cleared, place the order on EPIC: “Circumcision Baby”. In the comments write: Baby is cleared for circumcision. No hypo/epispadias, chordee, penile torsion, buried penis or ambiguous genitalia. Penile length >2.5cm. and no FHx of bleeding diathesis.
 - Order lidocaine-prilocaine (EMLA) cream
- Any other orders you just search for. Make sure that you tell the nurses or phlebotomist about any extra orders you place (ex: POC glucose capillary, CBC, etc).

NOTES

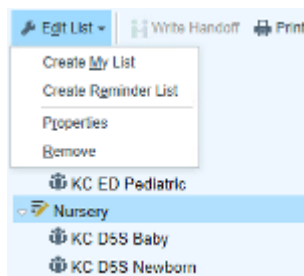
- All the babies need a progress note if they were not admitted or going to be discharged on that day.
- Make sure you have at least these SmartPhrases for the notes:
 - Nursery H&P: KCPENURHP
 - Kings County Nursery Progress Note: KCPENURPN
 - Nursery Discharge Summary: KCPENURDC
- If not, you can add them from your colleagues:
 - Go to Personalize -> SmartList Manager -> SmartPhrases
 - It will ask you whose templates you want to open, write the name of a colleague who already has the templates
 - Highlight all the templates you want
 - Click share and write your name
 - After this you may have to log out and then back in to refresh your SmartPhrases.
- Now, to write notes you can click on the “new note” tab, then put in the Type, the Service (Nursery) and Cosigner.
- ALL of your notes need to be cosigned.
- Then use the dot phrases for your templates
 - Type .kcp and it will show the SmartPhrases you have.
 - Now click at the top of the note and use the F2 key to go through all the fields that need to be filled.

HANDOFF

- To access the Handoff section, double-click on the patient's name and go to the right window panel "Handoff" tab. The only sections that are going to be printed in the actual handoff are the Summary and the To Do. Please use military time.
- For the Summary section:
 - SmartPhrase -> KCPENURSUM (KCHC Nursery Sign Out).
 - Use the F2 button to go through all the fields that need to be filled.
 - EPIC auto-populates WHO growth percentiles, please correct them with the appropriate percentiles of Olsen growth chart.
- For the To Do section:
 - SmartPhrase -> KCPENURSTODO (To put in nursery to do section).
 - Use the F2 button to go through all fields that need to be filled.
 - Here is where you write the bili results, D-sticks (capillary glycemia), current weight, voids, stools, feeds and any other pending work your co-intern should follow.
- You can use the To Do – On Call section for your own reminders.

In order to print you need to have a nursery list; if you need to create it:

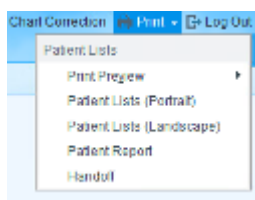
- Go to the upper left part of window below Patient Lists. Click Edit List -> Create My List. Name the list.



- Then add these columns to your list: Bed, Patient name, Age/Gender, Summary and To Do, then click accept.
- Now you have to drag-and-drop the "KC D5S Baby" and "KC D5S Newborn" lists to your newly created list.
- You will find these departments under Available list -> Kings County -> Kings County Hospital Departments.



- Now that your list is prepared, you can print by:
 - Selecting your list
 - Then go to the right upper part of the window, select Print, -> Patients List (Landscape).



- In the settings, under Columns to Print, select Custom. The following information should be selected: Bed, Patient name, Age/Gender, Summary and To Do.
- Select the correct printer.
- Print.

ESCALATION POLICY

Day Shift (Weekdays 7 am – 6 pm)

- If there is concern about any baby in the Newborn Nursery, immediately assess the baby.
- Notify the attending on service, finalize and execute the plan.
- In case there is a delay/difficulty in reaching the attending physician, contact the nursery director (Dr. Khandakar).
- In case the newborn is deemed to be critically ill and there is a delay in reaching the attending, request NICU team to assess the baby. Also notify PGY2, PGY3 covering the floor and the chief residents.
- Please refer to Share point document for nursery orientation for more information.

Night Float (6 pm – 7 am)

- Inform and consult PGY2 on the floor, before contacting the attending physician. The PGY2 should also assess the baby before coming up with a plan.
- Follow the same escalation policy

Appendix

KC NURSERY ADMISSION ORDERS (9/7/2022) - Setup instruction

Name	Count
Education (Inpatient)	0
EKG (Inpatient)	0
Haiku/Canto Medications (Inpatient)	0
Imaging (Inpatient)	0
Immunizations (Inpatient)	0
Labs (Inpatient)	0
Medications (Inpatient)	0
Nursing Orders (Inpatient)	0
Office Visits (Inpatient)	0
Orders (Inpatient)	17

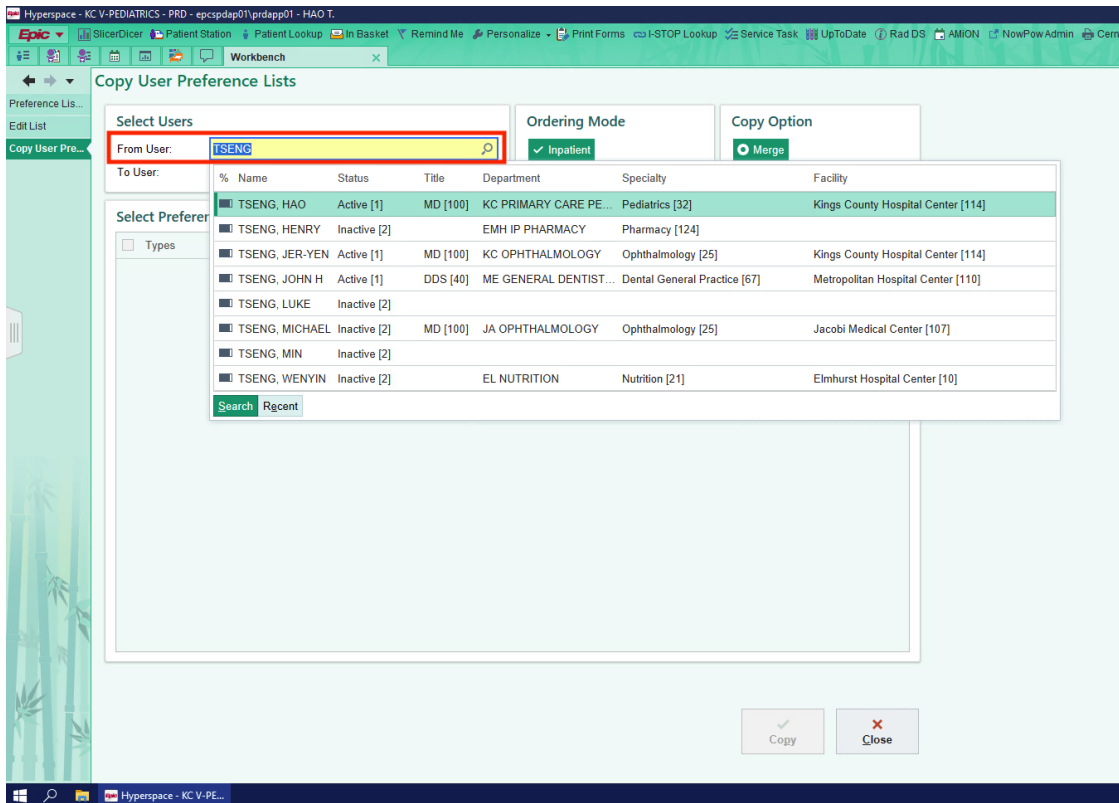
- Click Personalize -> Preference List Composer

Name	Count
Education (Inpatient)	0
EKG (Inpatient)	0
Haiku/Canto Medications (Inpatient)	0
Imaging (Inpatient)	0
Immunizations (Inpatient)	0
Labs (Inpatient)	0
Medications (Inpatient)	0
Nursing Orders (Inpatient)	0
Office Visits (Inpatient)	0
Orders (Inpatient)	17
Other (Inpatient)	0
Procedures (Inpatient)	0
Referrals (Inpatient)	0
Supplies (Inpatient)	0

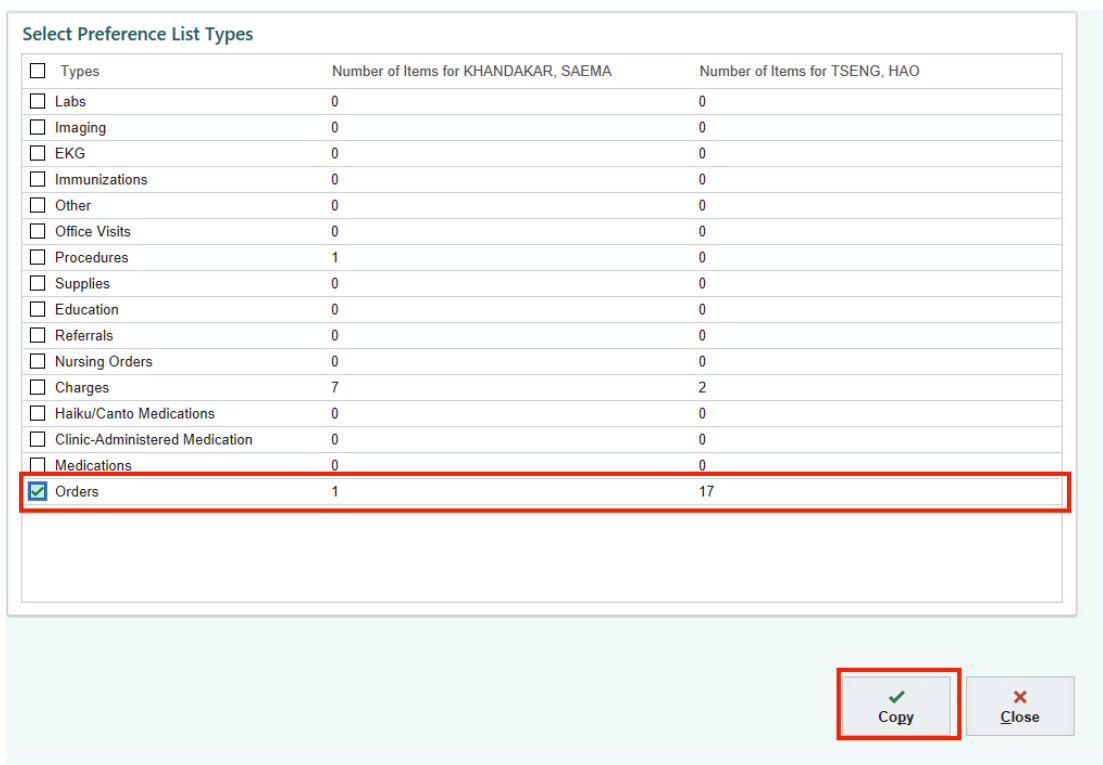
Outpatient Inpatient Clinic-Administered Medications Charges

[Show Empty Lists](#) [Copy User Lists](#) [Edit](#)

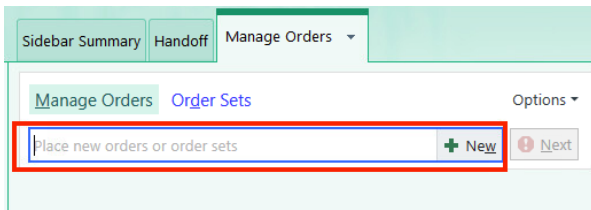
- Click Copy User Lists



- Enter user name, for example: TSENG, HAO



- Click orders
- Click Copy
- You have copied the orders in that user's preference list, including the "KC NURSERY ADMISSION ORDERS (9/7/2022)", it will now be in your preference list.



- You can now place the order: “KC NURSERY ADMISSION ORDERS (9/7/2022)”

Name	User Version Name	Type	Pref List	Code
KC NURSERY ADMISSION ORDERS (12/15/21)		Order Pa...	TSENG, HAO (1...	O71089
KC NURSERY ADMISSION ORDERS (9/7/2022)		Order Pa...	TSENG, HAO (1...	O71089

- The order will appear on your preference list

Order and Order Set Search ✕

🔍

Browse
Preference List
Facility List

Preference Lists

- ▼ Order Sets
 - Suggestions
 - Favorites
- ▼ Orders
 - CI NURSERY ADMISSION OF
 - circumcision order
 - Home Care
 - Imaging
 - immunization
 - KC NICU ADMISSION ORD
 - KC NURSERY ADMISSION (
 - KC NURSERY ADMISSION (
 - Labs
 - ▶ My Favorites
 - Newborn Admission Order
 - Nursery Orders
 - nursing communication
 - ▼ Other Orders
 - Meds
 - Miscellaneous
 - IV fluids

Follow Users

You can now follow users to order off of their preference lists. Select the Follow Users button below to get started. ✔ Got it

★ My Favorites + Follow Users

immunization

★ DTaP-IPV-Hib Vaccine (PENTACEL) 0.5 mL injection

★ hepatitis B immune globulin (HYPERHEP B) injection

★ hepatitis B vaccine (recombinant) injection

★ palivizumab (SYNAGIS) 100 mg/mL injection

★ pneumococcal conjugate 13 valent vaccine (PREVNAR 13) injection

KC NICU ADMISSION ORDERS (08/05/22)

★ KCNICUADMORDERS_BETA

KC NURSERY ADMISSION ORDERS (12/15/21)

★ KC NURSERY ADMISSION ORDERS (12/15/21)

KC NURSERY ADMISSION ORDERS (9/7/2022)

★ KC NURSERY ADMISSION ORDERS (9/7/2022)

Labs

★ BASIC METABOLIC PANEL

★ Bilirubin, Total And Direct

★ Blood culture

★ Calcium, Ionized,serum, (send out)

★ CBC AND DIFFERENTIAL

★ Cmv Igm Antibody

★ Herpes Simplex Igm Ab, Screen

★ IgM

★ Infant Feeding

★ Insulin, random

★ LEAD, BLOOD

★ MAGNESIUM

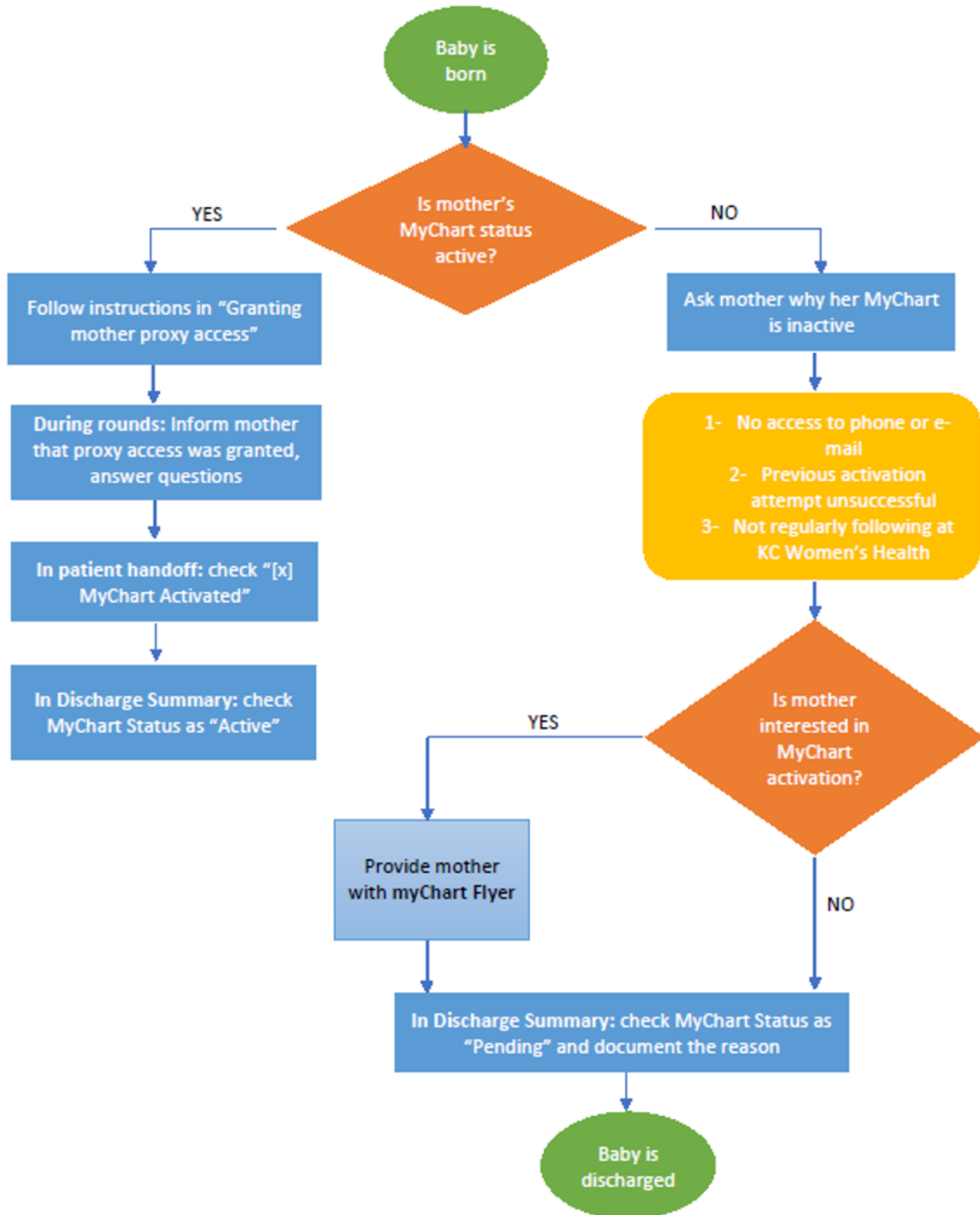
No current selections.

↶ Clear All Selected

✔ Accept
✕ Cancel

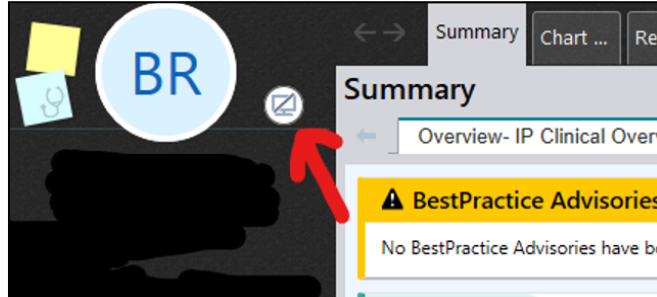
- Click browse, you will also see the orders that you have downloaded to your preference list

Work Flow Algorithm for the Activation of MyChart for Babies in the Well-Baby Nursery

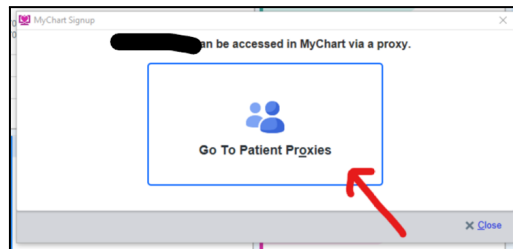


Activating Baby's MyChart by Providing Proxy Access to Mothers

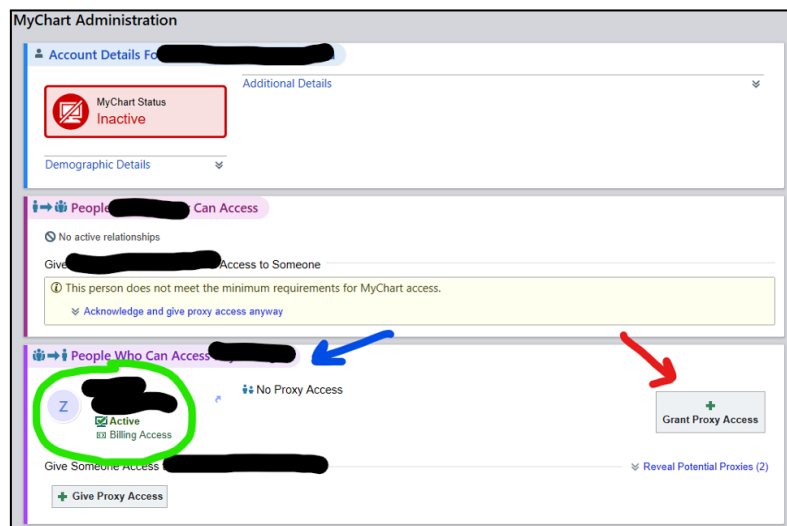
1. This is the **"MyChart icon"** (red arrow). If the icon looks like this (gray in color), it means that the baby's MyChart is not active.



2. Click on the MyChart icon. Then this pop-up will appear. Click on **"Go to Patient Proxies"** (red arrow).



3. Then you will be taken to the MyChart page. Now, look under the section **"People who can access BabyName"** (blue arrow). Here, confirm that the details here are the mother's (green circle) and the grant mom proxy access by clicking on **"Grant Proxy Access"** (red arrow).



4. You will then get this pop-up. Now, please click under the **“Relationship”** (red arrow) section and select the first option **“Proxy for Child Under 12”** (blue arrow). Then click “Accept”.

The screenshot shows an 'Edit' window with a search bar for 'Access to'. Below it is the 'Relationship' dropdown menu, which is open and displaying a list of options. A blue arrow points to the first option, '1 Proxy for Child Under 12'. The list also includes '4 Limited Proxy for Child Under 12'. Below the dropdown is a 'Comments' text area and 'Accept' and 'Cancel' buttons at the bottom right.

Title	Number
1 Proxy for Child Under 12	1
4 Limited Proxy for Child Under 12	2

The screenshot shows the same 'Edit' window, but now the 'Relationship' dropdown menu is closed. A red arrow points to the dropdown arrow on the right side of the 'Relationship' field. The 'Start Date' and 'End Date' fields are visible below the 'Relationship' field. The 'Access Class' and 'Profile' fields are also visible. The 'Comments' text area and 'Accept' and 'Cancel' buttons are at the bottom.

5. Now, your baby's MyChart is active and mom has proxy access. You can confirm that the baby's MyChart is active by looking at the MyChart icon which would have now turned green indicating that baby's MyChart is now active (red arrow).