

# British Columbia Newborn Normal Term Care Path

HOSPITAL NAME	DATE
SURNAME	GIVEN NAME
ADDRESS	PHONE NUMBER
PHYSICIAN/MIDWIFE NAME	

NAME	DATE OF BIRTH	TIME OF BIRTH
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ASSESSMENT OF PHYSIOLOGIC STATUS	VITAL SIGNS: initial q1h until 3 consecutive normal results. Daily after 12h if no other indications	DATE							
		TIME							
	Temp: axilla, 36.5-37.2 C								
	Heart Rate: 100-150 bpm, may be irregular for brief periods								
	Resp: 30-60/min, airway patent, effortless, clear sounds								
	<b>The following will be assessed daily if normal and no other indication</b>								
	Skin/Colour: generally pink colour, may have peripheral cyanosis, skin clear, may have erythema toxicum 0-48h - no jaundice 48-96h - mild or moderate jaundice unaccompanied by lethargy, dehydration, or poor feeding 96h and beyond - resolving physiologic jaundice if present								
	Extremities/Tone: symmetrical, full ROM, flexed								
	Cry: strong and robust								
	Head/Face/Neck: fontanels soft & flat, may have moulding, edematous eyelids (first 24hrs.)								
	Chest: round, symmetrical, protruding xiphoid process								
	Abdomen: soft, not distended								
	Cord: cord clamp secure/removed, no signs of infection								
	Genitalia: ♀ labia swollen, may have pseudomenses ♂ testes palpable, central urethral opening								
	Reflexes: e.g. rooting, sucking, grasp, plantar								
	Behaviour: normal wake/sleep patterns								
	Weight: weight loss less than 10%								
FEEDING	<b>Breastfeeding:</b> Exclusively breastfed								
	Skin to skin contact 0-2 h - skin to skin immediately after birth, infant to breast when he/she shows signs of readiness, may not latch, may lick, nuzzle or root for nipple 2-12 h - variable frequency and duration depending on the amount of time for recovery sleep, may graze/cluster feed, may have long or short feeds 12-24 h & beyond - every 2-3 hours (minimum 8x/24 hours), may cluster feed, observe for increased successful latch & suck (wide opened mouth, flanged lips, tongue down, no dimpling of cheeks, audible swallowing), wakes for feeds								
ELIMINATION URINE	<b>Formula feeding:</b> Skin to skin contact 0-2 h - skin to skin immediately after birth, bottle when he/she shows signs of readiness, first part of the first feed should be sterile water to assess swallowing 2-24 h - feed q 2-4 hours on cue, intake = 60-90 ml/kg/24 hours, tolerates feeds 24-48 h - feed q 2-4 hours on cue, intake = 90-120 ml/kg/24 hours, wakes for feeds, tolerates feeds 48-72 h - feed q 2-4 hours on cue, intake = 120-150 ml/kg/24 hours, wakes for feeds, tolerates feeds > 72 h - feed q 2-4 hours on cue, intake gradually increases to 1000-1250 ml/day and baby is content between feedings, wakes for feeds, tolerates feeds								
	1st 24 h = 1 void, clear in colour 24-48 h = 2-3 voids, clear in colour 48-72 h = 3-4 voids, clear in colour gradually increase until 6 - 10 voids/day or more by first week								
ELIMINATION STOOLS	12-24 h = meconium 24-48 h = 1-2 transitional stool 48-72 h = 1-2 transitional stool > 4d = 2-3 stools/day minimum active bowel sounds								

**Note:**  
**Adequate Hydration**  
Assess:  
- voiding  
- stooling  
- mucous membranes  
- skin turgor  
- behaviour  
- intake

**\*\*Newborn teaching as per maternal care path INSTRUCTIONS FOR USE:**  
 1. Initial the activity and/or outcome (put full signature on central sign-in record)  
 2. Code "V" for variance (chart on variance record)  
 3. N/A - not applicable  
 4. D - deferred