**Checklist for Well Baby Discharge by OB in a Disaster**

All answers should be **YES**

If any answers are **NO** or **DON'T KNOW**, refer to designated pediatrician for disposition.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | **DON’T KNOW** |
| Is Mom going home? |  |  |  |
| Baby ≥ 37 weeks gestation? |  |  |  |
| Has the baby had a normal MD exam? |  |  |  |
| Is the baby feeding well without any issues? |  |  |  |
| Does the baby have normal vital signs?   * HR = 100-160 bpm * RR = 30-60 /min * Temp = 36.5-37.5°C |  |  |  |
| Is the bilirubin level (either serum or transcutaneous):   * ≤ 6.0 at 24 hrs * or ≤ 9.0 at 36 hrs * or ≤ 11.0 at 72+ hrs |  |  |  |
| If indicated, baby has blood glucose ≥ 45 x3? |  |  |  |
| Car seat available? |  |  |  |

All answers should be **NO**

If any answers are **YES** or **DON’T** **KNOW**, refer to designated pediatrician for disposition.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | **DON’T KNOW** |
| Does that baby have any risk factors for infection?   * Maternal chorioamnionitis or endometritis, or maternal risk factors for chorio:   + ROM ≥ 18 hrs   + PROM   + GBS positive (+) with < 4hrs of antibiotics * Maternal history of syphilis/genital herpes/Hep B during this pregnancy |  |  |  |
| Has the baby lost >10% of its birth weight? |  |  |  |
| Is a car seat challenge needed (< 37wga, < 2.3kg)? |  |  |  |
| Is CPS involved? |  |  |  |

If **ALL** above answers are in the appropriate column, baby can be discharged after RN ensures below tests are complete:

|  |  |  |
| --- | --- | --- |
|  | **COMPLETE?** | **NOT DONE** |
| Have the following screening tests been done?   * **Cardiac Screening** (O2 sat) * **Newborn Screen** (should be drawn on ALL patients before discharge, regardless of age) |  |  |

**In a disaster:**

* ALGO can be postponed and hearing screen done as outpatient
* Transcutaneous bilirubin can replace serum level and be tested any time > 12 hours
* Newborn screen can be drawn early:
  + >12 hours, test can be drawn and treated as complete
    - Admission order is for >24h, but this can be re-timed
  + <12 hours, infant should still have blood spot card completed before D/C
    - Will need to be repeated after 12 hours of life, but before 1 year.
  + Regardless, pink carbon copy form should stay with infant

When in doubt, contact the infant’s designated pediatrician (SPC, PAMF on-call, Menlo on-call)

* **Daytime Hours (8a-5p; M-F)**
  + **SPC** – Phone (650) 721-9889
    - Pediatric Resident and SPC attending on service
  + **PAMF** – Call WBN (650) 723-8772
  + **Menlo Medical** – Contact on-call MD (pager 86500)
  + **Other Private MD**, contact directly
* **After Hours (5p-8a M-F; Sat/Sun)**
  + SPC – Contact on-call daytime MD (usually designated as attending in Epic), if unavailable, contact MD on-call the subsequent day
    - If unable to connect with an SPC MD, call NICU hospitalist (650) 721-9687
  + **PAMF** – Call PAMF operator for on call PAMF PICN MD (650) 321-4121
  + **Menlo Medical** – Contact on-call MD (pager 86500)
  + **Other Private MD**, contact directly