**“NICU Nighttime Resident Coverage in Newborn” Document**

**Expectations**

* Prior to calling the Newborn attending, **evaluate the infant you are calling about and present a suggested plan**
* Any time a newborn is evaluated, the resident must document the evaluation in the EMR.
* The parents of the newborn should be updated on the assessment and plan
* **Algorithms located on Newborn Nursery Curriculum website, and in Cerner power plans, as well as below**

**Situations Requiring Discussion with the Newborn Attending**

* Infant requires transfer to the NICU
* Mother of infant positive for HepBsAg, HIV or RPR. Guidelines [NBN ID review 2024.docx](https://stonybrookmedicine-my.sharepoint.com/:w:/g/personal/lisa_clark_stonybrookmedicine_edu/ETJDCg5R_j1PlR5hHOshgu8BaK2J9K3sZwChz-rX5Okjzw?e=x5xn8v)
* Any time an infant is started on phototherapy
* Yellow or Red Kaiser Sepsis Score – based on infant’s physical exam findings (see below)
* Infant with a critical lab value (examples given below, but are not limited to these examples)
  + Hyperbilirubinemia for age
    - Call attending if needs phototherapy or infant is DAT positive
    - Release infant blood type if within 3 of initiation of phototherapy
      * Screening algorithm - [Hyperbilirubinemia Screening 2024.docx](https://stonybrookmedicine.sharepoint.com/:w:/s/PediatricHospitalists/Ea5z8DoRdMhPinJcfAopDZQBc9Ixt45hNK0sr8W23Pc7Rg?e=cYifU9)
      * Phototherapy treatment algorithm [Phototherapy Treatment 2024.docx](https://stonybrookmedicine.sharepoint.com/:w:/s/PediatricHospitalists/EVgLy0unHfVNuOSKq-aIgQ8B19Wz8hi0ph7a_u5lpd7WpA?e=bBYh3u)
  + Hypoglycemia – follow algorithm – NICU transfer typically indicated for baby with 3rd glucose <45 after 4 HOL despite frequent feeding/supplementation, Post feed glucose <35 requires immediate transfer to nursery if infant >4HOL, infant is both hypoglycemia and hypothermic. Consider hypothermia and obtaining rectal temp for recurrent hypoglycemia
    - [hypoglycemia birth to 4 hours.docx](https://stonybrookmedicine.sharepoint.com/:w:/s/PediatricHospitalists/EdyIfEOXqKVIqk2koh65ynUB_FlksKcJknf6Bt9M-2E0cA?e=w9Q7EB)
    - [hypoglycemia 4-24 hours of life.docx](https://stonybrookmedicine.sharepoint.com/:w:/s/PediatricHospitalists/ERpTiC4U2gRKgdjI0MFtpwgBWAEnY6J2TUwQda9TAkEtWA?e=7Mxh4a)
  + CBC with **WBC >35** **or I:T ratio >= 0.20** (other WBC counts may be flagged as critical, but do not require a call if <35**)**
* Concerning Physical Findings or Symptoms **(examples below, NOT limited to these examples) – remember to adjust the KSS based on exam findings**
  + Bilious emesis
  + Hypothermia (rectal temp <36C), difficulty rewarming or second occurance – Remember to check glucose level.
  + Babies with hypothermia <36C **AND** Hypoglycemia-> Infant should go to NICU if hypoglycemic and hypothermic as it cannot be fed
    - [hypothermia algo.docx](https://stonybrookmedicine.sharepoint.com/:w:/s/PediatricHospitalists/EZd97QaQunRBkrl7oiaArTUBpl2zkY3mp8G_v8S70OXQOQ?e=TNv1kz)
  + Tachypnea lasting beyond 6 hours of life **OR** associated with retractions/resp distress/hypoxia at any age.
  + New tachypnea in a baby >6 HOL.
    - Infants with RR >60 or other signs of respiratory distress should not be fed
    - Make sure to monitor for hypoglycemia.
  + Abnormal or unstable vital signs (i.e. hypoxia, bradycardia, tachycardia, etc)
  + Jaundice before 24 hours of life
  + Concern for testicular torsion (hard, swollen testicle, scrotal bruising or erythema)
  + Possible seizure-like activity
  + Anal atresia
  + NAS scores: 3 or more scores >8, or 2 consecutive scores >12
  + Failed CCHD *(see Protocol for CCHD Screening)*
  + Lack of urine output since birth at age >24 HOL
  + >8% weight loss with <2 stools or wet diapers in the past 24 hours and exclusively breastfeeding or other feeding difficulty
    - Unless a plan regarding supplementation was signed out, please discuss recommendations for supplementation with the attending prior to discussing with the family.