Normal Newborn Nursery
Expectations

1. Review the Goals & Objectives for the rotation
2. Observe the nurse performing a hearing screen on a baby
3. Observe 2 circumcisions
4. Watch the breast feeding CD-ROM (get it from the previous month’s intern)
5. Observe 2 lactation assessments with the lactation consultant
6. Attend NICU f/u clinic with Dr. Sajous on Tues afternoons
7. Participate in daily briefings with L&D and NICU at 7:45am
8. Do shots with nurses in continuity clinic at least once a week
9. Have your attending complete a Structured Clinical Observation (SCO) on you
10. Read the nursery articles provided on your flash drive
11. Take online Quiz at the end of the rotation
12. Turn in your checklist for the above expectations at the end of the month to Dr. Shahid

Normal Newborn Nursery
Competency Based Goals & Objectives
Ramzan Shahid M.D.

COMPETENCY 1. Patient Care. Provide family centered patient care that is developmentally and age appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.

1. Obtain and interpret from the families and other healthcare providers important information relevant to the newborn, including the maternal medical, prenatal, family and obstetrical history.
2. Assess the newborn, using the history, physical exam, and routine laboratory screening procedures and provide preventive counseling for intervention as indicated.
3. Perform a neonatal physical examination and identify normal and abnormal findings related to:
   ▪ Gestational age assessment and growth.
   ▪ Vital signs and measurements.
   ▪ General appearance and identification of anomalies.
   ▪ Examination of head, eyes, ears, nose and throat.
   ▪ Neck and clavicle.
   ▪ Neurological system.
   ▪ Respiratory system.
   ▪ Skin.
   ▪ Chest and breasts.
   ▪ Heart.
   ▪ Lungs.
   ▪ Abdomen (including the umbilical cord).
- Genitalia.
- Heart and brachial and femoral pulses.
- Hips.
- Extremities.

4. Describe the current Illinois State Newborn Infant Screening Program for Metabolic and Inherited Diseases.

5. Describe the procedure for the normal newborn hearing screens.

6. Describe the rationale for the use of eye prophylaxis, vitamin K administration and hepatitis B vaccine and immune globulin.

7. Discuss the immediate feeding of infants whether breast feeding or bottle feeding.

8. Discuss the role of the newborn nursery physician in counseling and interacting with the obstetrician and the patient’s long term caregiver.

9. Discuss the rationale behind rooming in, on demand feeding, early discharge of newborn infant and various feeding regimes.

10. Explain the normal physiologic changes in the neonatal transition period, signs of abnormal responses and possible strategies for intervention.

11. Know the current recommendation for the maternal group B streptococcus, screening and evaluation of the newborn exposed infants.

12. Demonstrate appropriate use of the screening tests, our protocols for various problems such as hypoglycemia, elevated temperatures, positive coombs test and polycythemia.

13. Demonstrate the appropriate use of testing to identify possible prenatal exposure to substances of abuse.

14. Provide anticipatory guidance and prevention counseling throughout the hospital stay and the time of discharge to the new parents.

**COMPETENCY 2. Medical Knowledge.** Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavioral knowledge needed by a pediatrician; demonstrate the ability to acquire, critically interpret and apply this knowledge in patient care.

1. Recognize, describe the clinical significance of and develop a strategy to evaluate and manage and/or refer newborn with these common newborn signs and symptoms.
   - Large birthmarks such as; mongolian spots, hemangiomas, port wine stains.
   - Rashes and markings secondary to birth trauma.
   - Papular and pustular rashes in the nursery.
   - Cyanosis.
   - High or low temperature.
   - Tachypnea.
   - Heart murmurs.
   - Abdominal distension and masses.
   - Two-vessel cords.
   - Abnormal findings on the Barlow or Ortolani.
   - Swollen breasts.
   - Jaundice
   - Vaginal bleeding.
   - Subconjunctival hemorrhages.
- Corneal opacities or absent red reflex.
- Facial palsy.
- Fractured clavicles.
- Brachial plexus injuries.
- Cephalohematomas or caputs.
- Ear tags and pits.
- Palate abnormalities.
- Polydactyly.
- Syndactyly.
- Plethora.
- Pallor.
- Respiratory distress.
- Abdominal masses.
- Genital urinary abnormalities including ambiguous genitalia, hypospadias, undescended testicles.
- Microcephaly.
- Macrocephaly.
- Sacral dimples, pits or hair tufts.

2. Evaluate and appropriately treat newborns with commonly presenting conditions including:
   - Large or small for gestational age babies.
   - Infant of a diabetic mother.
   - Infant of a substance abusing mother.
   - Child with ABO or Rh incapability.
   - Polycythemia
   - Premature/Postmature infant.
   - Jitteriness.
   - Transient metabolic disturbances such as hypoglycemia.
   - Delayed urination.
   - Delayed stooling.
   - Vomiting feeds or bilious emesis.
   - Poor or delayed sucking in feeding.
   - Respiratory distress with feedings.
   - Jaundice.
   - Infant with risk factors for developmental dysplasia of the hips.
   - Infants with abnormalities on prenatal ultrasounds.
   - Dysmorphic infants or infants with a known chromosomal abnormality.
   - Multiple births.
   - Eye discharge.
   - Abnormal newborn screening results.
   - Infants born to a mother with significant medical conditions such as lupus, seizure disorder or any other obstetrical abnormalities.

3. Being knowledgeable in the various methods of breast and bottle feedings in the newborn.
4. Assess and manage common infections in the normal newborn nursery.
   - Discuss the methods for screening and where appropriate, preventive treatment of the mother with chlamydia, CMV, gonorrhea, group B strep, hepatitis B, hepatitis C, HIV, tuberculosis, HPV rubella, HSV, parvovirus, syphilis, toxoplasmosis and varicella.

5. Recognize and manage:
   - Newborns with signs of sepsis such as fever, poor feeding, tachypnea, a low temperature.
   - Infants born to a mother with a fever.
   - Infants born to a mother with a history of prenatal infectious diseases such as: group B strep, chlamydia, herpes simplex virus, syphilis, HIV.
   - Infant born to a mother with prolonged rupture of membranes.
   - Infant born to a mother who received antibiotic therapy.

**COMPETENCY 3. Communication Skills.** Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates.

1. Obtain record and present the history and physical examination including the maternal, obstetrical and newborn history.
2. Be able to explain to the parents of a newborn the status of their child, any abnormalities, any follow-up or work-up that is necessary.
3. Be able to guide and provide anticipatory guidance at nursery discharge as it relates to the normal newborn behavior, family adjustment, injury prevention and assess to medical services.
4. Motivate and instruct the parents in the care of the normal newborn in order to improve the well being and safety of the infant in the initiation of long term care management.
5. Demonstrate sensitivity in communicating with parents of infants who have various problems and how these might impact on their family life and future plans for this child.

**COMPETENCY 4. Practice-based Learning and Improvement.** Demonstrate knowledge, skills and attitudes needed for continuous self-assessment, using scientific methods and evidence to investigate, evaluate, and improve one’s patient care practice.

1. Identify and utilize standardized guidelines and protocols for the evaluation and treatment of a normal newborn infant in a the nursery.
2. Use information technology to access and manage clinical information, perform online searches and to acquire knowledge of specific topics including the current information on the various newer treatments used in the care of the normal newborn.
3. Identify personal learning needs, organize relevant information and resources for future reference and plan for continuing acquisition of new data.
4. Explore with the faculty how to keep up to date in the area of the normal newborn nursery and to continue to incorporate new knowledge in the care of the patients.

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<th>COMPETENCY 5. Professionalism.</th>
<th>Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.</th>
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<td>1. Display behaviors in the normal new born nursery that foster and reward the patient’ trust in the physician. These may include appropriate dress, grooming, punctuality, honesty, courteously, respect for the patient confidentially and other norms of behavior in professional relationships with the patients.</td>
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<td>2. Be sensitive to the ethical and cultural differences that one may encounter in child rearing practices.</td>
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<td>3. Respect confidentially and the privacy of the patients especially when discussing matters which may be sensitive to the patients.</td>
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<td>4. Work as a member of the healthcare team in the newborn nursery in providing care to the newborn.</td>
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<td>5. Be an advocate for the interests of the normal newborn over your own personal interest while developing an appropriate balance between personal and professional beliefs and the obligations you have to your patient.</td>
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<th>COMPETENCY 6. System Base Practice.</th>
<th>Understand how to practice quality health care and advocate for patients within the context of the health care system.</th>
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<td>1. Describe the impact of the economic and health insurance issues on the care of the normal newborn especially has this relates to the early discharge and follow-up of infants.</td>
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<td>2. Be able to interact well with the primary care givers in order to insure a smooth transaction from the normal newborn nursery to the outside clinic care.</td>
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<td>3. Discuss the role of the various social and legal systems involved in the infants who are suspected of being drug exposed.</td>
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<td>4. Work within the system to provide access and to coordinate and improve patient care while advocating maintaining high quality.</td>
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