

<u>STANDING ORDER</u>	
Title	Drug Administration to Normal Newborn
Location	Mercy Hospital for Women
Standing order No	Two
Version No	One
Variations from previous version	Nil
<u>GOVERNANCE</u>	
Enactment date/ Renewal date (NB strike out as appropriate)	June 2005
Note that each renewal of a Standing Order must be submitted on a new form and accompanied by a copy of the preceding approved Standing Order	
Expiry: (maximum 36 months from date of original approval)	August 2007
Ratification date by Drug & Therapeutics Committee	27 th August 2004
Validation	30 th August 2004. Dr Dan Casalaz
Standing Order Identifying Number (issued by Drug and Therapeutics Committee)	Number 2 Version 1
Chairperson, Drug and Therapeutics Committee	Signature (Name) Date
Process for removal of previous version of Standing Order completed	Signature (Name) Date (designated authority)
Approved standing order distributed [#]	Signature (Name) Date (designated authority)
[#] Note all Standing Orders must be distributed in a format which prevents modification eg. PDF file	
<u>SPONSOR</u>	
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Person Responsible	Denise Patterson
Position	Clinical Director – Obstetrics and Maternity Services: Midwifery
Department/CSU	Birthing Suites, Family Birth Centre, Postnatal Units, Mercy@Home
Departmental Contact (for ongoing maintenance of standing order)	Midwifery Unit Manager – Birthing Suites Midwifery Unit Manager – Family Birth Centre Midwifery Unit Managers– Postnatal Units Midwifery Unit Managers– Mercy@Home

<p>Basis of standing order: (including sources of evidence, references)</p>	<p>In 1998 the NHMRC published the 'Review of services offered by midwives' to acknowledge and address the existing and evolving roles and responsibilities of the midwife in caring for women experiencing a normal pregnancy, labour, birth and puerperium. Recommendations from this document included: <i>Recommendation 2: The practice of midwives initiating, under agreed protocols, the use of a limited range of pharmacological substances should be supported as a part of midwifery practice in Australian public maternity services for uncomplicated pregnancy, labour, birth and postnatal care.</i> <i>Recommendation 3: The initiating rights of midwives, under agreed protocols, should be limited to pharmacological substances for which there is evidence of benefit for uncomplicated pregnancy, labour, birth and postnatal care; including Vitamin K.</i></p> <p>In 1996 the NHMRC recommended a universal immunisation program for Hepatitis B for infants and adolescents. Since 2000, the universal infant program for immunisation at birth has been added to the recommended immunisation schedule and is available nationally. Immunisation against Hepatitis B is a component of normal newborn care during the postnatal hospital stay.</p> <p><u>Reference</u> National Health and Medical Research Council (1998) <u>Review of Services Offered by Midwives</u> Commonwealth of Australia. Canberra.</p> <p>Australian Government. Department of Health and Ageing http://immunisehealth.gov.au</p> <p>National Health and Medical Research Council (2003) Australian Immunisation Handbook 8th Edition</p>
<p>Groups consulted</p>	<p>Pharmacy Committee</p>
<p><u>APPLICATION OF STANDING ORDER</u></p>	
<p>Areas where standing order applicable</p>	<p>Birthing Suite Family Birth Centre Postnatal Units Mercy@Home</p>
<p>Areas where standing order not applicable</p>	<p>The unwell newborn Where postnatal & newborn care is overseen by medical officer</p>
<p>Reference to other Standing Orders:</p>	<p>Drug administration in labour and birth Drug administration for immediate management of primary postpartum haemorrhage</p>
<p>Other Relevant Standing orders of Interest:</p>	
<p>External Links</p>	<p>National Health and Medical Research Council Australian Government. Department of Health and Ageing</p>
<p><u>STAFF AUTHORISATION</u></p>	
<p>Staffing requirements</p>	<p>Division 1 Registered Nurse with Midwifery Endorsement Division 1 Registered Midwife</p>
<p>Staff credentialing requirements (provide training details, minimum standards required)</p>	<p>Division 1 Registered Nurse with Midwifery Endorsement Division 1 Registered Midwife</p>
<p>Register of credentialed staff (detail mechanism of register maintenance)</p>	

<u>STANDING ORDER</u>	
Background	In the daily care of postnatal women and their newborn the midwife is often responsible for the routine care. This standing order is to enable midwives providing care in the postnatal episode to initiate the following medications, as recommended by the NHMRC 'Review of services offered by midwives', and the National Immunisation schedule.
Purpose and scope	The administration of the medications herein are considered appropriate in the management of normal newborn
Precautions	The pharmacological therapies are only to be used within the framework of the standing orders and in accordance with hospital policies.
Clinical Condition and circumstances for use	Administration of Phytomenadione (Vitamin K) Prophylactic administration for prevention of haemorrhagic disease of the newborn
Limitations	Use with caution in premature infants < 2.5kg
Site of care considerations	May be administered in the home (doses 2 and 3).
Contra-indications	Known sensitivity to ingredients
Monitoring requirements	Nil
Procedure	Administration of one dose by intra-muscular injection at birth according to drug administration policy of MHW. or Administration of three doses orally; at birth, 3-5 days of age and 4 weeks of age
Documentation	All drugs administered are to be recorded and signed on the medication chart, within the newborn clinical pathway and child health record book.
Dosage	IMI dose – 1mg – single dose or Oral dose – 2mg – series of 3 doses in total
Adverse effects	Local effects, flushing, sweating, unusual taste
Management of Complications	Report to Paediatric registrar
General	Oral doses: Repeated doses are advised if the infant spits out or vomits an oral dose or alternatively diarrhoea occurs within 24 hours of administration
Clinical Condition and circumstances for use	Administration of H-B-Vax II (Hepatitis B Vaccination) Immunisation against infection caused by Hepatitis B
Limitations	To gain full benefit from protective levels of antibodies a full regime of three doses are required. The birth dose is an additional dose and needs to be followed by immunisation at 1, 2 and 6 months as recommended by the National Immunisation Schedule.
Site of care considerations	Birth dose to be administered in hospital only
Contra-indications	Yeast hypersensitivity
Monitoring requirements	Nil
Procedure	Administration of dose by deep intra-muscular injection according to drug administration policy of MHW.
Documentation	All drugs administered are to be recorded and signed on the medication chart, within the newborn clinical pathway and child health record book
Dosage	5 micrograms in 0.5mls (Paediatric formulation)
Adverse effects	Local pain and reactions, fatigue, headache, fever, GI upset, pharyngitis, URTI, irritability, insomnia in infants
Management of Complications	Report to Paediatric registrar
General	If the mother of the infant is Hepatitis B Surface Antigen positive the dose of HB Vac should be given at birth following the immunoglobulin administration

REFERENCES	
References	<p>National Health and Medical Research Council (1998) <u>Review of Services Offered by Midwives</u> Commonwealth of Australia. Canberra.</p> <p>Australian Government. Department of Health and Ageing http://immunisehealth.gov.au</p> <p>MIMS OnLine Prescribing Information http://mims.hcn.net.au</p> <p>National Health and Medical Research Council (2003) Australian Immunisation Handbook 8th Edition</p>
Keywords	