

NEWBORN

FOCUS ON SAFETY

Estimated Time: 30 minutes • Debriefing Time: 30 minutes



Scan to Begin



Patient Name: Noah Bailey

SCENARIO OVERVIEW

Level 2 provides videos to stimulate discussion about newborn safety and parent education, in addition to all of the newborn and assessment videos that are provided in Level 1. Students also have the opportunity to administer a Hepatitis B injection.

LEARNING OBJECTIVES

1. Maintain a safe and effective care environment for a newborn patient
2. Integrate evidence-based practice while using the nursing process to care for a newborn
3. Safely administer IM medication to a newborn
4. Provide patient education to family members about common questions regarding newborn care

CURRICULUM MAPPING

WTCS NURSING PROGRAM OUTCOMES

- Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving professional identity as a nurse committed to evidence-based practice, caring, advocacy and quality care
- Demonstrate appropriate written, verbal, and nonverbal communication in a variety of clinical contexts
- Integrate social, mathematical, and physical sciences, pharmacology, and pathophysiology in clinical decision making
- Provide patient centered care by utilizing the nursing process across diverse populations and health care settings
- Minimize risk of harm to patients, members of the healthcare team and self through safe individual performance and participation in system effectiveness
- Use information and technology to communicate, manage data, mitigate error, and support decision-making

NURSING FUNDAMENTALS

- Maintain a safe, effective care environment
- Use appropriate communication techniques
- Use the nursing process
- Adapt nursing practice to meet the needs of diverse patients in a variety of settings

NURSING HEALTH PROMOTIONS

- Use principles of teaching/learning when reinforcing teaching plans
- Apply principles of family dynamics to nursing care
- Plan nursing care for a healthy newborn
- Examine adaptations of nursing care for patients from infancy through adolescence
- Promote safety/accident prevention for patients from infancy through adolescence

SIMULATION LEARNING ENVIRONMENT & SET-UP

ENVIRONMENT

Inside room: Tape measure

Inside or outside room: Hand sanitizer or sink for hand hygiene

PATIENT PROFILE

Name: Noah Bailey

Weight: 3.68 kg (8.1 lbs)

DOB: XX/XX/20XX

Allergies: NKDA

Age: 1 day

Code Status: Full code

MR#: 170511

Ethnicity: Caucasian

Gender: Male

Parents: John and Sara Bailey

Height: 50 cm (20 in)

EQUIPMENT/SUPPLIES/SETTINGS

Patient

- Wearing a diaper; swaddled in a blanket; security band on leg

Monitor Settings

- No monitor

Supplies

- General
 - If available: car seat
 - Variety of syringe and needle selections for students to select correct size for IM injection for a newborn. (In a low-fidelity environment, QR codes for syringes and needles have been provided.)
- Medications
 - Hepatitis B vaccine
 - Acetaminophen drops

QR CODES

START 	REPORT 	PARENT 	FACILITATOR 
PARENT VIDEO A 	PARENT VIDEO B 	PARENT VIDEO C 	PARENT VIDEO D 
PARENT VIDEO E 	PARENT VIDEO F 	CORRECT CRIB 	CORRECT CAR SEAT 
CORRECT SLEEP 	CORRECT TRANSPORTATION 	PATIENT ID 	HEART SOUNDS ◀ 
LUNG SOUNDS ◀ 	BOWEL SOUNDS ◀ 	RESPIRATORY COUNT 	UMBILICUS WITH CLAMP 

SECURITY BAND 	NEWBORN SCREENING CARD 	ANTERIOR HEAD TO TOE 	POSTERIOR HEAD TO TOE 
CHEST CIRCUMFERENCE VIDEO 	HEAD CIRCUMFERENCE VIDEO 	AXILLARY TEMP A 	AXILLARY TEMP B 
HEARING SCREEN 	COMPLETED NEWBORN SCREENING CARD 	HAND GRASP 	TONIC NECK 
STEPPING 	BABINSKI 	LOCATION FOR BLOOD SAMPLE A 	LOCATION FOR BLOOD SAMPLE B 
PARENT/BABY SECURITY BAND 	HOT PACK ON FOOT 	INJECTION SITE (ACCURATE) 	INJECTION SITE (INACCURATE) 

POSITIONING FOR INJECTION 	BLOOD GLUCOSE LOCATION 	SYRINGE INSULIN 	SYRINGE 1 ML 
SYRINGE 3 ML 	SYRINGE 10 ML 	SYRINGE 20 ML 	NEEDLE 18G 1.5IN 
NEEDLE 22G 1.5 IN 	NEEDLE 23G 1IN 	NEEDLE 25G 5/8 IN 	MED PREP CANNULA 
VITAMIN K 	ERYTHROMYCIN OINTMENT 	HEPATITIS B 	ACETAMINOPHEN DROPS 

TEACHING PLAN

PREBRIEF

The facilitator should lead this portion of the simulation. The following steps will guide you through Prebrief.

- Scan the **QR Code: “Scan to Begin”** while students are in Prebrief.
- “Meet Your Patient” (on iPad) and explain how the iPad works in the simulated learning environment including:
 - Explain how to use the iPad scanner and QR codes. Remind students that there are multiple QR codes in the simulation, but they should only scan them if they think it will provide data necessary for their assessment and evaluation of the patient.
 - For some scenarios, it may be helpful to tell students where the QR Code are located. For others, you may want students to “find” the QR Codes during their assessments. This is your choice.
 - Describe how a QR Code sound will work in the scenario. Show them how to use the ARISE “stethoscope” and the symbol on the QR Code that signifies when a QR Code is audio 🔊. Example: **QR Code: Heart** 🔊
 - As the facilitator, you should be aware that throughout the simulation some QR codes are necessary to the programming of the iPad content. Directions for which QR codes are required (to be scanned) in each state are listed under each state of the documentation below. The QR codes are also in **BOLD** type.
 - Level tab – This tab “tells” the content in the iPad to change to what is needed for the next state of a simulation. It is used a few times in this scenario after the provider is notified to display new orders (those just given over the phone) and lab results, etc...
- Discuss the simulation “Learning Objective(s)” (on iPad) as well as any other Prebrief materials
- Get “Report” on iPad
 - Possible Facilitator Questions
 - What is included in the State of Wisconsin newborn screening?

- Describe the hearing screen procedure on a newborn. (May scan **QR code: Hearing Screen** to view a newborn hearing screen)
 - How is transcutaneous bilirubin obtained and interpreted? (may tap on Protocol tab and Bilitool button to review Bilitool)
 - Why is information about infant voiding communicated in report?
 - Why are O2 saturations obtained in the right arm and either right or left leg?
 - Is it necessary to administer Hepatitis B before discharge? Why or why not? Describe the Hepatitis B vaccination series.
 - Is infant weight decreasing by 6% concerning? Why or why not?
 - Describe the car seat check.
- View Parent video
 - How will you respond to the dad's question about the Hepatitis B immunization?
 - The facilitator should allow time for students to look through the information provided on the iPad tabs, which are also described below. Potential guided discussion questions are provided underneath the tabbed data.

PATIENT PROFILE

Patient information is provided here

PROTOCOL

Students may view 4 different protocols:

- **Glucose Screening:** A glucose screening protocol is provided here. It is also available for printing in Appendix A.
- **Bilitool:** This is a link to the online bilirubin calculator at www.bilitool.org
- **Car Seat Tolerance Test:** This is a link to an article describing how to perform this test, what is considered a “fail,” and potential interventions
- **Congenital Heart Disease Screening:** This is a link to the WiSHINE Protocol

Suggested Facilitator Questions:

- Does this newborn qualify for glucose screening according to the information you received in report?
- Are any clinical signs present that indicate hypoglycemia at this time?
- Describe how transcutaneous bilirubin results are entered in the Bilitool to establish risk of jaundice
- When is a car seat tolerance test required before discharge?
- What parameters should be monitored during car seat tolerance testing?
- Describe how a car seat tolerance test is performed and what constitutes a “fail” meaning additional interventions are required.
- What follow-up is required for a baby that fails the car seat tolerance test?
- Describe how oxygen saturations are used to screen for congenital heart disease
- When should screening for congenital heart disease be administered to newborns?
- What criteria indicate failing the critical congenital heart disease (CCHD) algorithm?
- What follow-up is required if the infant fails the CCHD screening?

L&D RECORD

A copy of the L&D record is provided here. It is also available for printing in Appendix B.

Suggested Facilitator Question:

- What information is clinical relevant from the labor and delivery record that might impact the care of the newborn?

GESTATIONAL AGE ASSESSMENT

Students may click on a button that links them to the MedCalc: Ballard Maturation Assessment of Gestational Age.

Suggested Facilitator Questions:

- Review the Ballard Maturation Assessment Scale

- What are the components of neuromuscular and physical maturity?

ORDERS

Provider Orders

Date	Time	Order
Today	Now	Routine Newborn Order Set
		<p>Vital Signs, Monitoring and Nursing Orders:</p> <ul style="list-style-type: none"> -Assess newborn and obtain temperature, heart rate and respiratory rate immediately after birth and every 30 minutes for 2 hours, then every 4 hours for 24 hours, then every shift -Maintain temperature between 36.5 and 37.5 degrees Celsius utilizing one or more of the following interventions: drying; skin to skin contact; overhead warmers; swaddling; holding newborn -If a newborn has a deviation in temperature, pulse or respiratory rate, reassess in 30 and 60 minutes. Notify physician if reassessment is outside normal limits. -After 24 hours of age, perform critical congenital heart disease screening (located in Protocols) -Document weight, length and head circumference -Document if baby is SGA (small for gestational age) or LGA (large for gestational age) -Weight infant daily - Monitor intake and output -Lactation consultation for all breastfeeding mothers -Provide oxygen via mask, hood, cannula or blow by for saturations less than 90%, respiratory distress or cyanosis -Obtain glucose according to hypoglycemia protocol; notify pediatrician if glucose is less than 40
		<p>Prior to Discharge:</p> <ul style="list-style-type: none"> -Newborn screening after 24 hours; if done before 24 hours then make arrangement for repeat screen to be done at physician's office -Car seat monitoring test on infants born prior to 37 weeks gestation; infants less than 2500 grams at time of discharge, or as ordered by physician -Transcutaneous bilirubin level prior to discharge; serum bilirubin PRN -Ensure cardiac screening is documented prior to discharge

		-Hearing screen prior to discharge
		Notify provider for: -Infants less than 37 weeks gestation -Temperature less than 36.5 degrees Celsius after a trial of warming or greater than 38 degrees Celsius -Heart rate less than 80 beats per minute, or greater than 170 beats per minute, or abnormal cardiac rhythm -Respiratory rate less than 30/minute or greater than 60/minute; use of accessory muscles; unequal breath sounds; abnormal breathing patterns; abnormal oximetry; or changes in skin color requiring ongoing oxygen therapy -Lethargy or poor feeding -Jaundice before 24 hours or marked jaundice at any time -Apnea, cyanosis, jitteriness or sluggishness -Abdominal distention -No urine or stool by 24 hours -Feeding intolerance, especially first feeding, with vomiting or aspiration -Any unusual symptoms observed by nursing
		Medications -Phytonadione (Vitamin K) 1 mg IM within 1 hour of birth for prevention of bleeding; if infant is less than 36 weeks give 0.5 mg -Erythromycin 0.5% ophthalmic ointment. Apply 1 cm ribbon to both eyes within one hour of birth for eye infection prophylaxis - Vitamin D 400 international units PO once daily to begin after 24 hours of age - For Hepatitis B surface Antigen negative mothers: After parental permission, give Hepatitis B vaccine 0.5 ml IM any time before discharge -For Hepatitis B surface Antigen positive mothers: Give Hepatitis B vaccine 0.5ml IM and Hepatitis B Immune Globulin 0.5ml within 12 hours of birth -Acetaminophen 15mg per kg PO every 4 hours for procedural pain. Maximum of 4 doses. -Sucrose 24%: Dose according to gestational age, administered orally, every 90 minutes as needed for procedural pain
		Diet/Nutrition: -Breastfeeding on demand -Formula feed 20 cal formula with iron on demand

		-If baby is less than 36 weeks, contact physician for feeding orders
		Labs: -ABO/Rh and DAT blood test (cord blood sample) for newborns of Rh negative mothers -Collect meconium and test for all infants who are at risk for fetal drug exposure -Obtain transcutaneous bilirubin or order fractionated serum bilirubin level on any jaundiced infant PRN
		Circumcision: Inquire regarding circumcision and notify MD if parent desires PRE-PROCEDURE: -Have available Lidocaine 1% without epinephrine or Bupivacaine 0.25% without epinephrine -60 minutes prior to procedure: Apply 1-2 grams of EMLA to the base and distal half of penis 30 to 60 minutes prior to procedure: administer Acetaminophen 15mg/kg PO DURING PROCEDURE: -Have Gel Foam Silver Nitrate Sticks available at bedside -Administer Sucrose 24% 1 ml PO immediately prior to or during procedure PRN for discomfort POST-PROCEDURE: -Check circumcision site for bleeding every 15 minutes x 2 then every 30 minutes x 2 -Apply Vaseline gauze 4x4; reapply with every diaper change x 48 hours -Acetaminophen 15 mg/kg PO every 6 hours PRN for discomfort x 24 hours
		---- P. Datrician, MD

Suggested Facilitator Questions:

- What are some of the diseases included in the State of Wisconsin's newborn screening test?
- Facilitator Note: Student can scan **QR Code: Newborn Screening Card** to view the card and **QR Code: Newborn Screening Completed Card** to view it completed.

- Why does the State of Wisconsin's newborn screening need to occur after 24 hours after birth?
- Describe how transcutaneous bilirubin monitoring, Car Seat Tolerance, and Congenital Heart Disease screening is performed. (Student can view associated protocols under the Protocol tab.)
- Describe how a hearing test is performed on a newborn. (Student may scan **QR code: Hearing Screen** to view a newborn experiencing a hearing test.)
- What is a Direct Antiglobulin Test and why is it performed?
- Describe the different types of circumcision procedures.
- Facilitator Note: Additional information is provided on the Circumcision handout under the Patient Education tab.
- When is a baby considered SGA? LGA? (Student may view to Growth Record tab to view growth charts.)
- When is newborn weight loss % concerning?
- What is normal output during the first week after birth?
- What stool changes are expected the first week of birth?

MAR

Medication Administration Record

Scheduled		
Phytonadione (Vitamin K) 1 mg IM within one hour of birth	Due	Last Given
		Yesterday
Erythromycin 0.5% ophthalmic ointment. Apply 1 cm ribbon to both eyes within one hour of birth	Due	Last Given
		Yesterday
Vitamin D 400 international units PO to begin after 24 hours of age	Due	Last Given
	Due now	
Hepatitis B vaccine 0.5 ml IM before discharge a	Due	Last Given
	Due before discharge	
PRN		
		Last Given

Acetaminophen 15 mg/kg PO for post procedural pain	Post circumcision
Sucrose 24%: 1 ml PO every 90 minutes as needed for procedural pain	Last Given
	During circumcision
Hepatitis B Immune Globulin 0.5 ml within 12 hours of birth if mother is Hepatitis B surface Antigen positive	Last Given
EMLA cream PRN for circumcision pre-procedure	Last Given
	Pre-circumcision

GROWTH RECORD

Growth records are available here for Head-Chest and Age-Weight. Printable versions are available in Appendix D

VITALS

An enterable form is available here for student input.

FLACC SCALE

Categories	Scoring		
	0	1	2
Face	No particular expression or smile	Occasional grimace or frown, withdrawal, disinterested	Frequent to constant quivering chin, clenched jaw
Legs	Normal position or relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Arched, rigid or jerking
Cry	No cry (awake or asleep)	Moans or whimpers, occasional complaint	Crying steadily, screams or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging or being talked to, distractable	Difficult to console or comfort
Each of 5 categories is scored from 0-2 which results in total score between 0-10			

Suggested Facilitator Question:

- How is pain assessed in infants?

DAILY RECORD

Vitals	Yesterday	Today - 2 hours ago			
Pulse	148	132			
Resp. Rate	56	48			
Temp (°C)	37 axillary	37.1			

Assessments	
FLACC Scale	2
Weight	Decreased 6% from birth weight
Respiratory status	Lungs clear bilaterally
Cardiac status	Apical heart rate strong, slight acrocyanosis present
Musculoskeletal	No caput, no cephalohemtoma noted, clavicles intact, anterior, post fontanel present
Neuro	Awake and alert, palmar and plantar grasp noted
Urogenital	Voided, testes descended bilaterally
GI	Meconium stool noted, bowel sound present all 4 quadrants, abdomen soft
Skin assessment	Color pink, no rashes noted
Nutrition	Breastfed X20 minutes, with occasional swallow heard at breast
Safety assessment	ID bracelets, safety secure band on, on back in crib
Bonding	Mother holding infant

Suggested facilitator questions:

- What are the parameters for normal vital signs in infants?
- Describe important focused newborn assessments.

LABS

Newborn Panel					
	On birth	20 hours of age		Units	Reference Range
ABO Group	A				A,B, AB, O
Rh Typing	Positive				Pos or Neg
Direct Antiglobulin Test (Coomb's test)	Negative				Negative
Transcutaneous bilirubin		4.3		mg/dl	Low risk See http://www.bilitool.org for reference ranges

Suggested Facilitator Question:

- Interpret the meaning of the newborn lab results.

PATIENT EDUCATION

Handouts on breastfeeding, car seat safety, and sleep safety are available here. Printable versions are located in Appendix E, F, and G.

INFORMED CONSENT

A signed informed consent form for circumcision is located here. A printable version is available in Appendix H.

PARENT SIMULATIONS

The facilitator may choose to select one or more parent videos under this tab to stimulate discussion and patient education on the following topics. Please note that these are also

available as QR codes for scanning. Each video is associated with a QR code image of the “correct result” which can be displayed to students after correct parent education is provided.

Suggested facilitator questions are provided under each simulation video below.

- Crib Safety
 - “Identify potential safety hazards in crib.”
 - Correct image: **QR code: Correct Crib**
- Car Seat
 - “What teaching should be provided to the parents regarding the safety of this car seat?”
 - Correct image: **QR code: Correct Car Seat**
 - Patient education handout also available on car seats
- Safe Sleep
 - “Review safe sleep guidelines.”
 - Correct image: **QR code: Correct Sleep**
 - Patient education handout also available on Safe Sleep
- Hallway Transportation
 - “How should babies be transported in hallways? Why?”
- Postpartum Depression
 - “How does postpartum depression and bonding affect maternal-newborn interactions and cares?”

LEVEL

Level 1 is displayed.

SCANNER

Use this to scan available QR Codes.

EXIT

The message, “Are you sure you want to exit? All data will be lost? Yes/No” is displayed until the **QR Code: Facilitator** is scanned

STATE 1

ASSESSMENT AND EDUCATION

- Patient Overview
 - Students may perform newborn assessments incorporating associated QR codes of newborn assessments and reflexes, or the facilitator may proceed directly to administering a Hepatitis B injection and/or patient education about various infant safety topics.
- Expected Student Behaviors
 - Provide appropriate hand hygiene throughout scenario
 - Introduce themselves to the parent(s)
 - Verify patient identity using security band and compare to parent band by scanning **QR code: Parent/Baby Security band**
 - Accurately prioritize and implement Newborn Orders based on information received in report
 - (Optional): Perform assessments or discuss simulated assessment videos with associated **QR Codes: Head to Toe Anterior, Head to Toe Posterior, Heart Sounds, Lung Sounds, Bowel Sounds, Respiratory Rate, Head Circumference, Chest Circumference, Axillary Temperature, Umbilicus, Hand Grasp, Babinski, Tonic Neck, Stepping reflexes**
 - Administer a Hepatitis B injection using appropriate size syringe and needle and correct anatomical location in an infant
 - Note: Optional **QR codes** are available with various **syringe** sizes and **needle** sizes for use in low fidelity simulation.
 - A **QR Code: Hepatitis B** is available to view an image of the vial
 - Students may scan **QR Code: Positioning for Placement** to select the correct anatomical placement of the injection
 - Educate parent about various safety topics
 - Facilitator note: Several simulated parent videos are located under the “Parent Simulations” tab as well as accessible by **QR code** scanning. Students should recognize whatever is “unsafe” in the video and provide appropriate parent education. “Correct”

images can then be displayed by scanning the appropriate **QR code**.

- Available safety topics:
 - Crib safety
 - Car Seat safety
 - Safe sleep
 - Safe hallway transportation in the hospital
 - Postpartum depression
- Technician Prompts
 - As role play the father, continue to ask questions about why Noah needs immunizations:
 - “Why does he need a Hepatitis B injection now? He’s so young.”
 - “I heard that immunizations can cause autism. Is that true?”
 - “Some of my friends didn’t immunize their kids and they’re fine.”
 - “Can we wait until he’s older to get the Hepatitis vaccine?”
- Suggested Facilitator Questions
 - Scan **QR code: Parent/Baby Security band** and view the image
 - How is infant safety managed using the security bands?
 - View Parent Video Crib Safety
 - What do you notice that is unsafe in the baby’s bassinette?
 - What will you teach the parent about crib safety?
 - How will you do so in a therapeutic manner?
 - View the Parent Video: Car Seat
 - What do you notice is unsafe about the car seat?
 - What will you teach the parent about car seat safety?
 - Note: There is a patient education handout available on car seat safety
 - View the Parent Video: Safe Sleep

- What do you notice is unsafe about the sleeping arrangement?
- What will you teach the parent about safe sleep?
- Note: There is a patient education handout available on Safe Sleep
- View the Parent Video: Hallway Transportation
 - What do you notice is potentially unsafe in this video?
 - Why are bassinets used to transport newborns in hospitals?
 - How will you teach the parent in a therapeutic manner?
- View Parent video: Postpartum Depression
 - Based on the husband's report, do you suspect postpartum depression?
 - How can postpartum depression affect the safety of the newborn?
- Tabbed iPad content and changes:
 - When student has performed expected behaviors, scan the **QR Code: Facilitator**. A message will appear "You have been approved to proceed. You have completed the learning objectives for this scenario and may exit."

EXIT

- Students may then tap on Exit and view the message, "Scenario objectives have been met. Are you sure you want to exit the game? Yes/No."

DEBRIEF

Nothing needed from the iPad.

QUESTIONS

1. How did you feel this scenario went?
2. Review learning objective: Maintain a safe and effective care environment for a newborn patient
 - a. How did you maintain a safe, effective environment today?
3. Review learning objective: Integrate evidence-based practice while using the nursing process to care for a newborn
 - a. Discuss which assessments and interventions you performed today are based on evidence-based practices.
4. Review learning objective: Safely administer IM medication to a newborn
 - a. Discuss correct anatomical placement, syringe size, and needle size for a Hepatitis B injection to a newborn
5. Review learning objective: Provide patient education to family members about common questions regarding newborn care
 - a. Review the parent safety videos viewed today and the safety interventions and education provided for each
6. Tie this scenario to the nursing process:
 - a. Identify 3 actual or risk nursing problems for the newborn.
 - b. Create a patient centered goal for each nursing problem you identified.
 - c. Describe focused assessments for each nursing problem.
 - d. Discuss nursing interventions for each nursing diagnosis.
 - e. Re-evaluate the simulation in terms of the nursing process; what was actually accomplished? What could be improved in the future?
7. Summarize/Take Away Points: “In this scenario you provided patient education about safety topics to parents of a newborn patient. What is one thing you learned from participating in this scenario that you will take into your nursing practice?” (Ask each student to share something unique from what the other students share.)

NOTE: Debriefing technique is based on INASCL Standards for Debriefing and NLN Theory-Based Debriefing by Dreifuerst.

SURVEY

Print this page and provide to students.

Students, please complete a brief (2-3 minute) survey regarding your experience with this ARISE simulation. There are two options:

1. Use QR Code: Survey
 - a. Note: You will need to download a QR Code reader/scanner onto your own device (smartphone or tablet). There are multiple free scanner apps available for both Android and Apple devices from the app store.
 - b. This QR Code will not work in the ARIS app.



2. Copy and paste the following survey link into your browser.
 - a. https://ircvtc.co1.qualtrics.com/SE/?SID=SV_6Mwfv98ShBfRnBX

APPENDIX A: GLUCOSE SCREENING PROTOCOL

GLUCOSE SCREENING PROTOCOL

Glucose screening is to be completed for infants in the following categories who are at **increased risk** for hypoglycemia:

- Born to mothers with gestational diabetes or diabetes mellitus
- Large for gestational age (LGA) (>8 pounds 12 ounces or >3969g)
- Small for gestational age (SGA) (<5 pounds 12 ounces or <2608g)
- Premature (<37 weeks gestation)
- Low birth weight (<2500g)
- Smaller twin when sizes are discordant
- Polycythemia (hct >70%)
- Hypothermia
- Low Apgar scores (<5 at one minute, <6 at five minutes)
- Stress (sepsis, respiratory distress, etc.)

Glucose screening is to be completed for infants with **clinical signs** consistent with hypoglycemia:

- Tremors, jitteriness, irritability
- Exaggerated Moro reflex
- High pitched cry
- Lethargy, listlessness, hypotonia
- Cyanosis, apnea, tachypnea
- Hypothermia, temperature instability
- Poor suck, refusal to feed


For an at risk or symptomatic infant:

☐ Obtain blood sugar within 30-60 minutes of birth

- If bedside blood sugar is less than 40: order serum blood glucose
 - If bedside blood sugar is 26 to 40 mg/dL and the infant is asymptomatic: give 20cc expressed breastmilk or formula via nipple or gavage.
 - If the bedside blood sugar is less than 25 mg/dL, administer intravenous glucose minibolus 200 mg/kg (dextrose 10% at 2 mL/kg) and/or intravenous infusion at 5 to 8 mg/kg per minute (80 - 100 mL/kg/day) as needed to reach the target of 45 mg/dl.
 - Repeat bedside blood sugar 30 minutes after feeding.
 - If the level is 35 to 45 mg/dL: refeed and check again in 1 hour.
 - Feeds should be continued every 2 to 3 hours, with glucose screening taking place before each feed. The target glucose level is 45 mg/dL or higher before routine feeds.

APPENDIX B: LABOR AND DELIVERY RECORD

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MNRS
Maternal/Newborn
Record System™

Labor and Delivery Summary Page 1 of 2

To order call: **1.800.245.4080** Re-order No. **5712N**

Patient Name: Olivia Brooks
DOB: 1/29/19xx
MR#: 12919

Labor Summary

G	T	Pt	A	L	Type and Rh	EDD
2	0	0	1	0	A neg	xx/xx/20xx

Prenatal Events None

No Prenatal Care Late Prenatal Care
 Preterm Labor (less than or equal to 37 Weeks)
 Postterm Labor (greater than or equal to 42 Weeks)
 Previous Cesarean
 Prenatal Complications Refer to Prenatal Records

Intrapart Events

Maternal

Febrile (greater than or equal to 100.4°F/38°C)
 Bleeding—Site Undetermined
 Preeclampsia (mild) (severe)
 Seizure Activity See Labor Progress Chart
 Medications None

Date	Time	Medication	Dose	Route
Yesterd	0830	Penicillin	5 mil	IV
Yesterd	1230	Penicillin	2.5 mil	IV
Yesterd	1630	Penicillin	2.5 mil	IV
Yesterd	2030	Penicillin	2.5 mil	IV
Yesterd	1930	Fentanyl	100 mcg	IV

Transfusion _____ units
 Blood Component _____

Amniotic Fluid

■ SROM AROM Date yesterday
 Time 0900
 Premature ROM Prolonged ROM
 ■ Clear
 Meconium-Stained (describe) _____
 Bloody
 Foul Odor
 Cultures Sent _____ Time _____
 Polyhydramnios
 Oligohydramnios

Placenta

Placenta Previa
 Abruptio Placenta

Labor

Precipitous Labor (less than 3 hrs)
 ■ Prolonged Labor (greater than or equal to 20 hrs)
 Prolonged Latent Phase
 Prolonged Active Phase
 Prolonged 2nd Stage (greater than 2.5 hrs)
 Secondary Arrest of Dilatation
 Induction None Cervical Ripening
 AROM Oxytocin
 Augmentation None
 AROM Oxytocin

Labor Summary (Cont'd.) Fetus

Gestational Age (Wks) 40 By Dates
 40 By Ultrasound

Presentation
 ■ Vertex
 Face/Brow
 Breech Frank Complete
 Single Footling
 Double Footling
 Transverse Lie Back-up Back-Down
 Compound
 Unknown
 Cephalopelvic Disproportion (CPD)
 Cord Prolapse
 Dystocia

Position

R	O	A
---	---	---

Monitor None FHR x UC x
 External
 Internal

Fetal Bradycardia
 Fetal Tachycardia
 Sinusoidal Pattern

■ Accelerations ■ Spont. Uniform
 Decelerations ■ Early Late
 Variable Prolonged

Scalp pH less than or equal to 7.2

FM Discontinued _____ Time _____
 FHR Prior to Delivery _____ bpm Time _____

Delivery Data

Support Person Present Yes No
 Delivery Location
 ■ LDR ☐ LDRP ☐ DR ☐ OR
☐ Birthing Center ☐ _____

Method of Delivery

■ Vaginal ☐ VBAC
 Number Previous Cesareans _____

■ Vertex
 ■ Spontaneous
☐ Assisted _____ to _____
☐ Manual Rotation
☐ Forceps (type _____)
☐ Outlet ☐ Low ☐ Mid
☐ Vacuum Extraction Duration 10 _____ Min.
 Degree of suction _____ kg/cm²
☐ Breech (type _____)
☐ Spontaneous
☐ Partial Extraction (assisted)
☐ Total Extraction
☐ Forceps Assist
☐ Piper ☐ _____

Method of Delivery (Cont'd.)

☐ Cesarean
☐ Scheduled ☐ Emergency
☐ Primary ☐ Repeat (x _____)
☐ Other

Operative Indication
☐ Previous Uterine Surgery
☐ Failure to Progress
☐ Placenta Previa
☐ Abruptio Placenta
☐ Fetal Malpresentation
☐ Non reassuring FHR Pattern
☐ Other

Uterine Incision
☐ Low Cervical, Transverse
☐ Low Cervical, Vertical
☐ Classical

Hysterectomy ☐ No ☐ Yes
Tubal Ligation ☐ No ☐ Yes

Skin Incision
☐ Vertical
☐ Pfannenstiel

Episiotomy ☐ None
☐ Midline
☐ Mediolateral L R
 Laceration/Episiotomy Extension ☐ None
 ■ Perineal
☐ Vaginal
☐ Cervical
☐ Uterine
 Perineal ☐ 1" ☐ 2" ☐ 3" ☐ 4"
 Repair Agent Used
☐ Vagina free of sponges


Placenta Delivery Time _____
 ■ Spontaneous
☐ Expressed
☐ Manual Removal
☐ Adherent (type _____)
☐ Uterine Exploration
☐ Curettage
 Configuration
☐ Normal
☐ Abnormal _____
 Weight _____ gms
 Disposition _____

Cord
 ■ Nuchal Cord (x 1 _____)
☐ True Knot Length _____ cms
☐ 2 Vessels
 ■ 3 Vessels
 Cord Blood ☐ To Lab ☐ Refrig ☐ Discard
 Lab ☐ Type + Rh ☐ Cultures ☐ Coombs
☐ pH ☐ _____

Surgical Data
 Sponge Counts Correct
☐ N/A ☒ Yes ☐ No
 Needle Counts Correct
☐ N/A ☒ Yes ☐ No

Date
 Kathy Smith, RN Completed xx / xx / xx
 (Signature)

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MNRS
Maternal/Newborn
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Labor and Delivery Summary Page 2 of 2

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Olivia Brooks
DOB: 1/29/19xx
MR#: 12919

Delivery Data (Cont'd.)

Surgical Data (Cont'd.)

Vaginal Pack Count Correct
☐ N/A ☐ Yes ☒ No
 Estimated Blood Loss 300 mL

Delivery Anesthesia ☐ None

☐ Local ☐ Pudendal ☐ General
☒ Epidural ☐ Spinal

Date	Time	Medication	Dose	Effect
Yesterday		per anesthesia		

Complications ☐ None

Delivery Medications ☐ None

Date	Time	Medication	Dose	Route Site	Init
Today	1015	pitocin	10	IV	KS

Chronology

Date	Time	
EDD	xx/xx	
Admit to Hospital	yesterday	0800
Membranes Ruptured	yesterday	0900
Onset of Labor	yesterday	0800
Complete Cervical Dilatation	today	0800
Delivery of Infant	today	1000
Delivery of Placenta	today	1010
		26 10

Infant Data ☐ Male ☒ Female

ID/Band No. 90518

Condition ☒ Alive ☐ Stable ☐ Fair ☐ Critical

☐ Stillbirth ☐ Antepartum
☐ Intrapartum ☐ Neonatal Death

Birth Order 1 of 1 2 3 4

Repeat Apgar every 5 min until score greater than or equal to 7

Apgar Score	1 min	5 min	10 min
Heart Rate	2	2	
Respiratory Effort	2	2	
Muscle Tone	2	2	
Reflex Irritability	2	2	
Color	1	1	
Total	9	9	

Scored by Kathy Smith, RN

Infant Data (Cont'd.)

Airway

☒ Bulb Suction
☐ Suction Catheter Size ____ Fr
☐ Mouth Pressure ____ mmHg
☐ Nose
☐ Pharynx ☐ At Delivery
☐ Endotracheal Tube Size ____ Fr
☐ Meconium Below Cords Times ____

Breathing

☒ Spontaneous
☐ O₂ ____ Liters
☐ Free Flow Time Init. ____
☐ PPV
☐ Bag/Mask Time Init. ____
☐ ET Tube Size ____ Fr Time Init. ____
☐ CPAP ____ millimeters
 ____ minutes to First Gasp
 ____ minutes to Sustained Respiration

Circulation

☒ Spontaneous
☐ External Cardiac Massage
 Time Initiated ____ Time Completed ____
 ____ minutes for HR greater than 100
 Heart Rate (bpm) ____
 Time ____
 Time ____
 Time ____

IV Access

☐ Umbilical Catheter
☐ Peripheral Line

Person Managing Resuscitation: _____

Neonatal Medications ☐ None

Date	Time	Medication	Dose	Route Site	Init
Today	1030	Vitamin K	1mg	IM	KS
Today	1030	Erythromycin	0.5	eyes	KS

Lab Data ☐ None

Blood Gases	Sent	Umb Art	Umb Vein
pH			
pO ₂			
pCO ₂			
HCO ₃			

Test Result

Dextrostix _____

Initial Newborn Exam

Weight 3742 gms 8 lbs 4 ozs ☐ Deferred
 Length 50.8 cms 20 ins ☐ Deferred
 Head 33 cms 13 ins ☐ Deferred
 Chest ____ cms ____ ins ☐ Deferred
 Abdomen ____ cms ____ ins ☐ Deferred
 Temp 98.6 ☐ Rectal ☒ Axillary
 AP 120 Resp 44 BP n/a
☒ No Observed Abnormalities

Initial Newborn Exam (Cont'd.)

☐ Abnormalities Noted
☐ Meconium Staining ☐ Cephalhematoma
☐ Petechiae ☐ Other

Describe _____

Intake ☐ None

☒ Breast Fed ☐ Formula ☐ Glucose Water
 Output ☒ None
☐ Urine ☐ Stool (type ____)
☐ Gastric Aspirate ____ mL per hour

Examined By Kathy Smith, RN

Transfer ☒ With Mother

☐ To Newborn Nursery
☐ To NICU
☒ mom's room

Date ____/____/____ Time ____

Mode of Transport _____

Delivery Personnel

RN (1) Kathy Smith, RN
 (2) Joe Olson, RN
 Anesthesiologist/CRNA Mary Schneider
 CNM _____
 Physician—Attending B. Barker, MD
 Physician—Assist (1) _____
 (2) _____
 Technician _____
 Pediatric Provider _____
☒ Notified ☐ Present at Birth

Others Present _____

Remarks _____

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LABOR AND DELIVERY SUMMARY (Page 2 of 2)

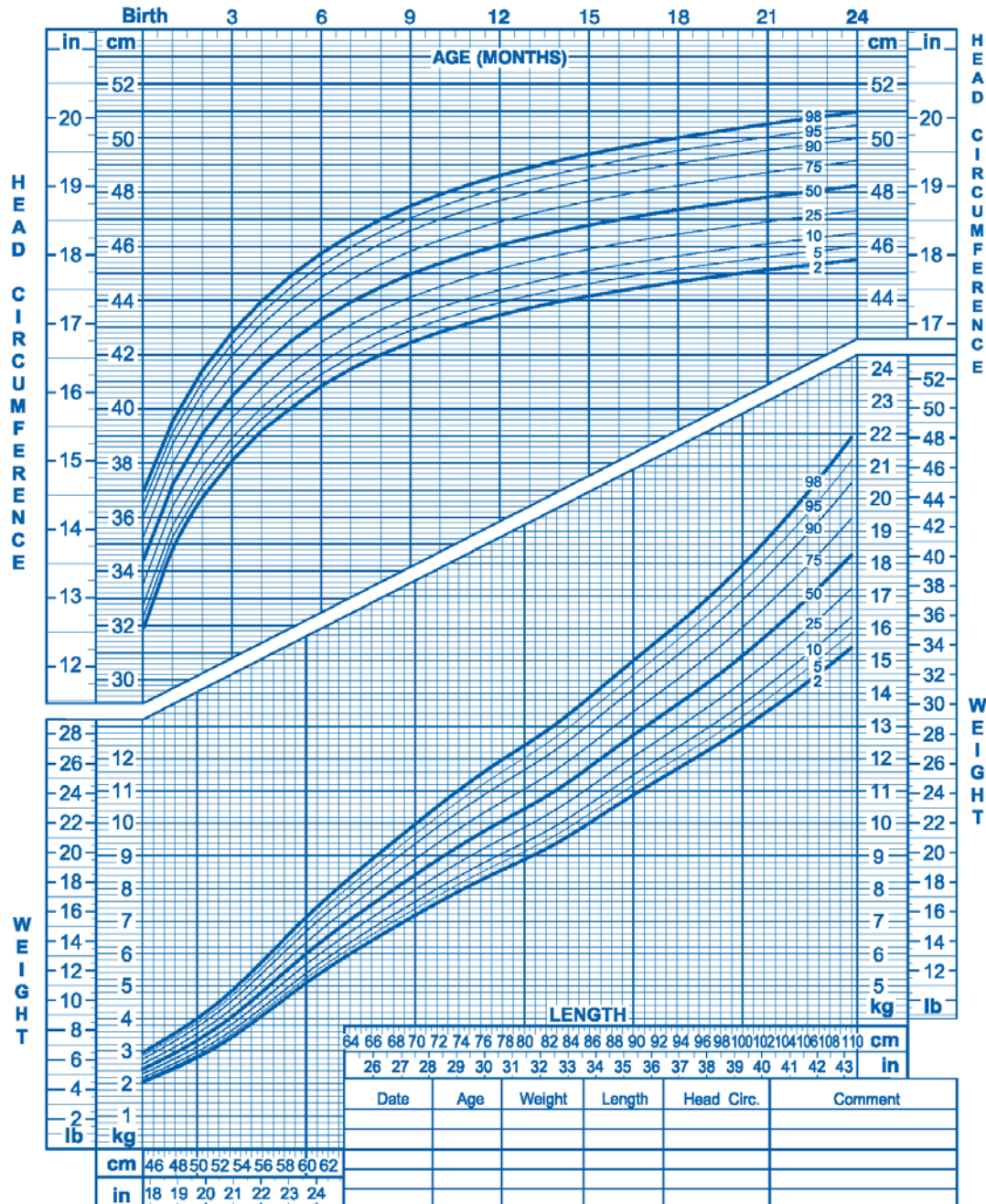
Kathy Smith, RN Date
(Signature) Completed __/__/__

APPENDIX C AND D: GROWTH CHARTS

Birth to 24 months: Boys
Head circumference-for-age and
Weight-for-length percentiles

NAME _____

RECORD # _____



Published by the Centers for Disease Control and Prevention, November 1, 2009
 SOURCE: WHO Child Growth Standards (<http://www.who.int/childgrowth/en>)

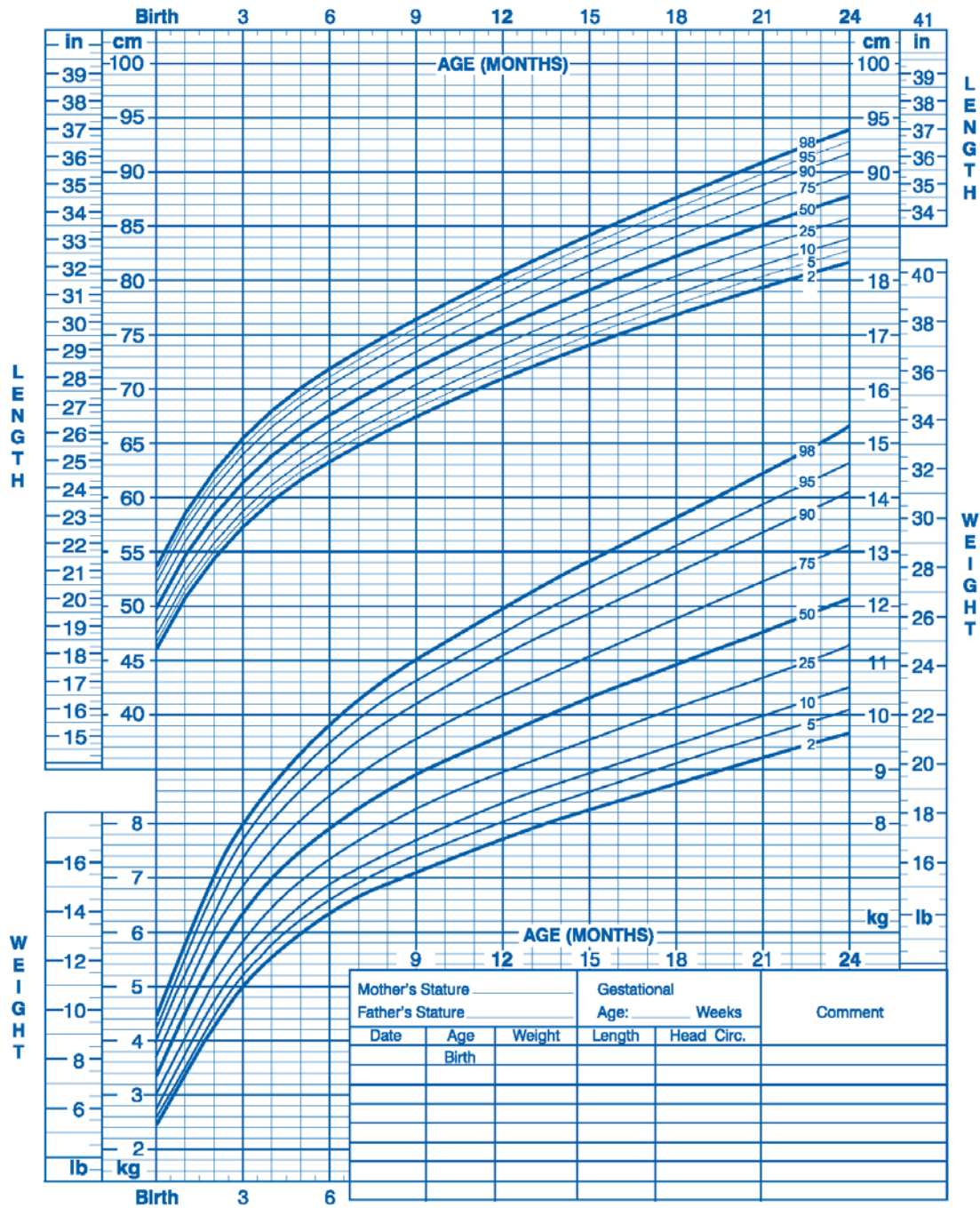


Birth to 24 months: Boys

Length-for-age and Weight-for-age percentiles

NAME _____

RECORD # _____



Published by the Centers for Disease Control and Prevention, November 1, 2009
 SOURCE: WHO Child Growth Standards (<http://www.who.int/childgrowth/en>)

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APPENDIX E: BREASTFEEDING HANDOUT

SUCCESSFUL BREASTFEEDING FOR YOU AND YOUR BABY

START WITH A CALM BABY AND MOTHER

1. **Feed Regularly.** Feed your newborn regularly and often. Start with a feeding in the first hour of birth. All newborn babies need to eat frequently, watch the baby not the clock. Watch for feeding cues like sucking and rooting. Bring the baby to the breast frequently. Babies vary for time they take to nurse at each feeding.
2. **Positioning.** Allow your baby to take the lead. Support your baby's body with your arms. Allow your breast to fall naturally and help the baby line up under your breast with your nipple toward the baby's nose.
3. **Skin to Skin.** Hold your baby skin to skin for the first hour after birth and have the baby in your room during the hospital stay. Skin to skin has many benefits including bonding for mothers and babies, breastfeeding success, keeping the baby warm, stabilizing blood sugar levels. Nursing and medical procedures can be completed while the infant is skin to skin. Support people can assist with skin to skin too.
4. **Breast Compression** is a technique that can increase milk supply and get milk to a baby that is not latching as well. Place your hand behind the nipple and areola and compress your breast in a rhythmic fashion. This technique takes practice and a



lactation consultant can assist you with this. You can do it before, during and after infant feedings.

5. **Aim your nipple toward the baby's nose.** The baby will then reach for the nipple. Make sure your baby's mouth is open wide. The baby's upper lip should barely brush past the top of the nipple. Support the baby's upper back and shoulders with your palm. Do not put pressure on the back of the baby's head.



6. **Latching on.** Let your baby feed as long as he wants to on the first breast. Some babies are more "efficient" than others, some like to nurse longer. Depending on how much milk a mother makes, a baby may not take the second side. Just make sure to switch between breasts when you start a new feeding. Listen for rhythmic, regular suck/swallow pattern that will let you know the baby has latched properly and milk is being exchanged between mother and infant.



- a. When your baby feeds from your breast, it should feel like a gentle pull, not a pinch or a bite. Look at your nipple after the feeding if your nipple changes shape when in the baby's mouth your infant may be pinching the nipple. Help your baby achieve a deeper latch.
- b. Baby's need to latch onto the underside of the breast, not the nipple.
- c. When your baby is done feeding on a breast, you shouldn't pull or even yank him away. Instead, insert your finger in his mouth so that his mouth releases your breast.

7. **Burp your baby** (optional). This isn't always necessary. Depending on how much air the baby takes in through the nose while it is nursing, you may or may not need to burp baby. If your baby is arching his back, squirming around, and looking uncomfortable, then he may be ready to get burped. Try to burp him in one of these ways:

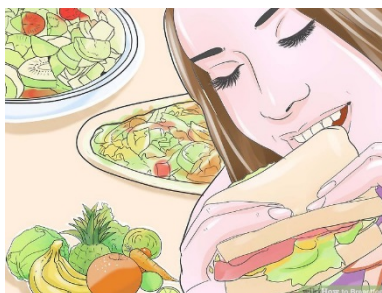


- a. Lift your baby toward your shoulder, with your hand on his head and neck for support. He should be facing the area behind you. Rub your baby's back with a firm and open hand to release the trapped air.
- b. Sit your baby on your lap and lean him forward, supporting his chest with the base of your hand and his chin and neck with your fingers. Massage his stomach with your front hand and gently pat his back with the hand on his back.
- c. Lie your baby on your lap with his head raised higher than his stomach. Gently pat his back until he burps.

8. **Getting enough milk.** A newborn baby will mostly nurse and sleep. You know when the baby is "getting enough" when there are 8-10 wet and or dirty diapers by the end of the week.

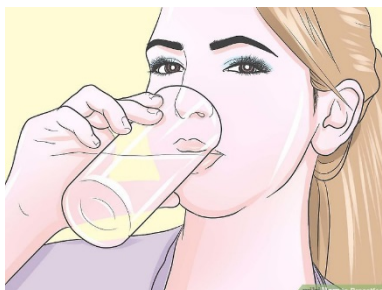


9. **Maintain a healthy diet.** Eat a wide variety of foods that are low in sugar, caffeine, fat and salt and be active. Foods high in iron like beans, leafy greens, and broccoli. Include high fiber foods and whole grains. Many mothers also continue to take prenatal vitamins or should take daily multivitamins to stay healthy. Eat foods with nutritional value. A



handful of veggies and dip, a bran muffin or whole wheat grains are quick healthy snacks.

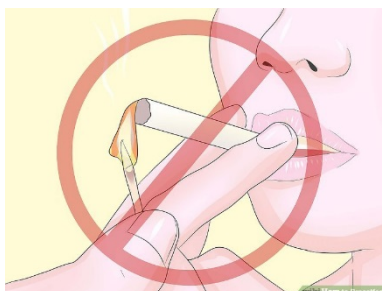
10. Stay hydrated. If you want to be healthy and produce enough milk for your baby and to remain healthy, then you have to stay hydrated. Drink at least 8 oz. of water eight times a day, and add some juice, milk, or other healthy drinks into your routine



11. Avoid alcohol at least two hours before you breastfeed. The American Academy of Pediatrics view is while you are nursing; avoid drinking alcohol because it can pass through your milk to your baby. Levels of alcohol peak at approximately 30-60 minutes following ingestion then decline rapidly thereafter. Alcohol can inhibit the release of milk from the breast.



12. Avoid smoking. Smoking not only changes the amount of your breast milk supply, but it can change the taste of your breast milk, and can make it much less appealing to your baby. If you are unable to stop smoking cut down the amount of smoking you do. Do not smoke immediately before or during breastfeeding. Discuss the possibility of nicotine replacement therapy and breastfeeding with your health care provider.



13. Medications. Be careful with the medication you take. You should always check with your doctor or a lactation consultant to make sure it's okay to take any of your medications, or a new medication, while you're breastfeeding. Call the Infant Risk Center if you need more information www.infantrisk.com/



14. Consult a lactation consultant, midwife or health care provider if:

- Baby is still fussy after nursing.
- Baby is not urinating or having regular bowel movements.
- Breasts are sore, or cracked and nipples are bleeding, this may be sign that baby is not latching correctly or could indicate a more serious problem, such as mastitis.
- Baby is not gaining weight.
- Baby's skin and/or fingernail and/or toenail beds appear to have a yellowish tinge.



Images adapted from: <http://www.wikihow.com/Breastfeed>

References:

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APPENDIX F: CAR SEAT SAFETY HANDOUT

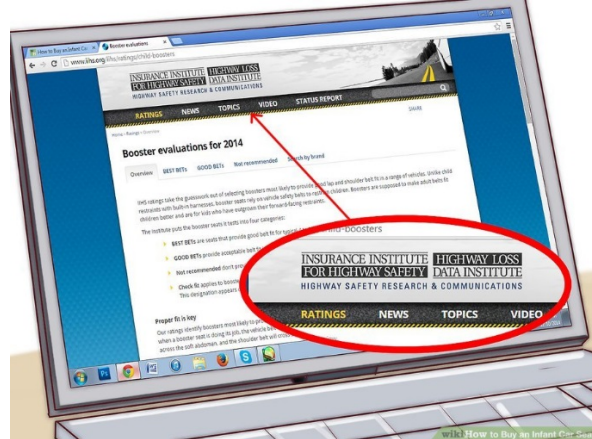
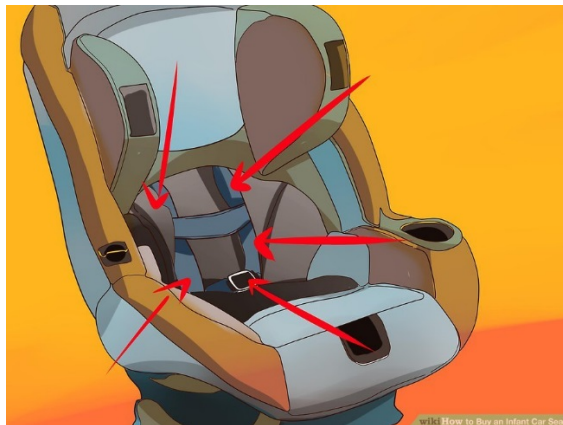
CAR SEAT TIPS

The birth of a new child brings many new things to learn, one of which is ensuring your baby stays safe. Incorrect installation of a car seat is often overlooked, resulting in putting your newborn's life in danger. By following the steps set forth in this article, you can travel while knowing that each trip your baby goes on is a safe one.

Road injuries are the leading cause of unintentional deaths to children in the United States. Correctly used child safety seats greatly reduce the risk of injury.

RIGHT SEAT

Check the label on your car seat to make sure it's appropriate for your child's age, weight and height. Check your car seat has an expiration date. Just double check the label on your car seat to make sure it is still safe. Do not buy a used car seat. If it has been in an accident you do not want to use the car seat. Register the car seat so you are updated on any recalls.



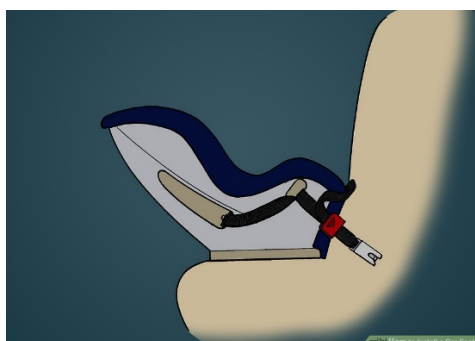
RIGHT PLACE

Kids are Very Important Persons, just ask them. And all VIPs ride in a back seat, so keep all children in a back seat until they are 13.



RIGHT DIRECTION

Keep your child in a rear-facing car seat until at least age 2. When he or she outgrows the seat, move your child to a forward-facing car seat and make sure to attach the top tether after you tighten and lock the seat belt or lower attachments (LATCH).



INCH TEST

Once your car seat is installed, give it a good shake at the base. Can you move it more than an inch side-to-side or front-to-back? A properly installed seat will not move more than an inch.

PINCH TEST

Make sure the harness is tightly buckled and coming from the correct slots (check car seat manual). Now, with the chest clip placed at armpit level, pinch the strap at your child's shoulder. If you are unable to pinch any excess webbing, you're good to go.

Source: National Institute of Health: <https://www.nichd.nih.gov/sts/about/environment/Pages/look.aspx>

APPENDIX G: SAFE SLEEP HANDOUT

NEWBORN SAFE SLEEP



- Put your baby to sleep on his back on a flat, firm surface, like a crib or bassinet.
- Don't bed-share. Put your baby to sleep in his own crib or bassinet.
- Safe sleep can help protect your baby from sudden infant death syndrome (also called SIDS) and other dangers
- The American Academy of Pediatrics recommends that you and your baby sleep in the same room, but not in the same bed, for the first year of your baby's life but at least for the first 6 months.
- Use a bassinet, crib or play yard that meets current safety standards. Don't use cribs with drop-side rails.
- Keep crib bumpers, loose bedding, toys and other soft objects out of your baby's crib. They put your baby in danger of getting trapped, strangled or of suffocating.
- Put your baby to sleep on his back every time until he's 1 year old. It's not safe for a baby to sleep on his side or tummy. If your baby can roll over from his back to his side or tummy and over to her back again, don't worry if he changes positions while sleeping. Give your baby tummy time every day. Tummy time helps your baby develop his neck, shoulder and arm muscles.
- Dress your baby in light sleep clothes. Remove any strings or ties from his pajamas and don't cover his head. A blanket sleeper (a kind of infant clothing used for sleeping) can help keep your baby warm without covering his head or

face. Keep the room at a temperature that's comfortable for you. If your baby is sweating or his chest feels hot, he may be overheated.

Use a firm sleep surface, such as a mattress in a safety-approved* crib, covered by a fitted sheet.

Do not use pillows, blankets, sheepskins, or crib bumpers anywhere in your baby's sleep area.

Keep soft objects, toys, and loose bedding out of your baby's sleep area.

Do not smoke or let anyone smoke around your baby.



Make sure nothing covers the baby's head.

Always place your baby on his or her back to sleep, for naps and at night.

Dress your baby in sleep clothing, such as a one-piece sleeper, and do not use a blanket.

Baby's sleep area is next to where parents sleep.

Baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.

Image courtesy of the Safe to Sleep® campaign, for educational purposes only; Eunice Kennedy Shriver National Institute of Child Health and Human Development, <http://safetosleep.nichd.nih.gov>; Safe to Sleep® is a registered trademark of the U.S. Department of Health and Human Services.

APPENDIX H: INFORMED CONSENT FOR CIRCUMCISION



AUGMENTED REALITY INTEGRATED SIMULATION EDUCATION

1. I consent to, authorize and direct Dr. Barker (my physician) and his/her chosen associates or assistants to perform the following procedure(s) circumcision on my son and to do such other procedures as are in their professional judgment, necessary and desirable. I understand that it is or may be foreseeable that during the course of the surgical or other procedure, unanticipated conditions may be revealed that require an extension of the original procedure and therefore, I consent to and authorize my physician and his/her associates to remedy conditions that are not known at the time the procedure is commenced, but are necessary in his/her professional judgment to remedy.
2. The procedure discussed above, and its risks and benefits have been fully explained to me and I understand its nature and consequences. I understand the risk of complications, including failure, and that serious injury or even death may result from both known and unknown causes during the procedure(s). My physician has explained to me and discussed available alternate viable modes of treatment, their benefits and risks, and possible effectiveness. No guarantee or assurance has been given to me by anyone as to the results that maybe obtained, but the likely result of no treatment have been explained to me.
3. I consent to, authorize and request the administration of such anesthetic or anesthesia that is deemed suitable by my physician/surgeon/anesthesiologists, for the procedure(s) described above.
4. I have had sufficient opportunity to discuss my condition and treatment with my physician, and his/her associates, and all of my questions have been answered to my satisfaction. I believe I have adequate information on which to base an informed consent to the procedure(s).

Sara Bailey
Signature of patient or authorized person

mother
Relationship

Sue Smith, RN
Witness

1/11/2011
Date/Time

CREDITS

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