

Vitamin K Ordering at a Non-Connect Care Site

The current standard for prevention of newborn vitamin K deficiency bleeding remains administration of intramuscular vitamin K within 6 hours of birth, and ideally within the first hour of life. This must be ordered specifically for an identified newborn by the most responsible health practitioner (MRHP) before a nurse can administer the medication, as per the Alberta legislation that regulates health professions' scope of practice. To minimize any disruption to routine workflows that may occur with the requirement for a patient-specific vitamin K order from an MRHP absent from the acute care setting, the following scenarios describe practice options for non-Connect Care sites.

Please note: These are examples only, meant to demonstrate how Vitamin K ordering and order sets could be managed in a non-Connect Care environment. Teams will need to meet and discuss optimum workflow.

Fictional Non-Connect Care Site

Shady Valley Hospital, a regional level 2 site with a five bed NICU and C-section capability, will not implement Connect Care for some time but has become aware that a patient-specific order for Vitamin K is required to align with scope of practice in the Health Professions Act. The pediatricians were worried that they would now have too many interruptions throughout their clinic days and nights. The healthcare team developed a system of scheduled check-in calls for the pediatricians to receive reports for newborns who would be admitted under them pre-delivery, and those who had been delivered. This allowed the pediatricians to order Vitamin K for those babies who had been admitted and born between scheduled calls. The schedule reduced the number of interruptions to the pediatricians and allowed the nurses to provide uninterrupted care within their scope of practice. Below are some examples of how Vitamin K ordering occurs at Shady Valley Hospital.

Scenario 1: Vitamin K batch ordering

Dr. Francis Mountain is a pediatrician on call through the night. He has a full day of clinic starting in the morning. It is 2130 and he is getting ready to lay down for a rest and calls the L&D unit for an update. The charge nurse gives a report on the obstetrician's three labouring patients and one patient who just delivered 30 minutes ago. The charge nurse and the newborn's MRHP review the patients' histories and agree that the three pending deliveries are



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likely to be well at birth. The pediatrician provides a telephone order for Vitamin K for the newborn that was delivered. Based on Shady Valley Hospital's agreed upon process, Dr. Mountain also provides telephone orders for Vitamin K for the anticipated deliveries. This is documented as an order received via telephone with readback before delivery in the newborn's chart.

At 0037, one of the anticipated deliveries occurs. The primary nurse initiates the *MNCY Postpartum and Newborn Pathway* and sends the collected specimens from the birth (cord blood and gases). After the nurse obtains consent from the newborn's parent/guardian, the nurse administers the Vitamin K ordered by the pediatrician.

Scenario 2: MRHP is the same for the pregnant patient and newborn

At 0045 Maria Bejeweled arrives to the L&D unit. She is a G4P3 (40 weeks gestation) with a history of precipitous delivery. Her delivery physician is her family doctor, Dr. Anouk Field. Maria delivers her newborn at 0142. Dr. Field is also the MRHP for the newborn, so she writes and signs her own orders for the newborn post-delivery that includes a patient-specific order for Vitamin K.

Scenario 3: Vitamin K order not obtained pre-delivery

At 0200, Chloe Battleship comes to the L&D unit. She is a G3P2 (38 weeks gestation). She is grunting on arrival and is quickly taken to a L&D room where she promptly delivers a healthy female newborn. The nurse initiates care according to the *MNCY Postpartum and Newborn Pathway* and proceeds to send collected laboratory specimens (cord gases and cord blood). The newborn remains well, meaning there are no obstetrical or newborn assessment parameters that might require urgent notification of the newborn's MRHP. The nurse recognizes there is no order for Vitamin K in place and the usual time of contact on the unit will be within 6 hours of the newborn's birth; so, the nurse waits until Dr. Mountain calls the unit at 0600. The charge nurse gives report on Chloe and the newborn and obtains a patient specific-order for Vitamin K. This allows the nurse to administer the medication to Chloe's newborn. This order is documented as a telephone order in the newborn's chart.

NOTE: if the pre-arranged (or site process) contact time is greater than 6 hours after the delivery for a newborn without orders, MRHP notification will be required, as Vitamin K must be administered within 6 hours of birth.