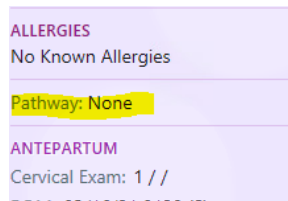


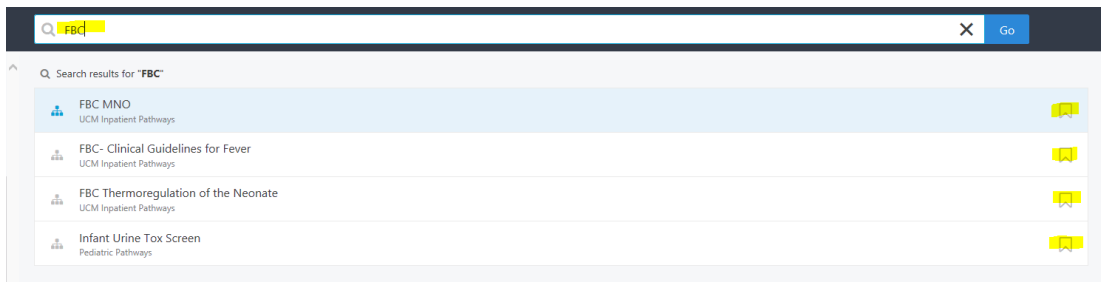
TIP SHEET: Agile MD Pathways

7 pathways available for FBC: MNO, Thermoregulation of the Neonate, Unaccompanied Minor Workflow, Clinical Guidelines for Fever, Infant Urine Tox Screen, COVID-19, Neonatal Hypoglycemia – Glucose Gel Administration

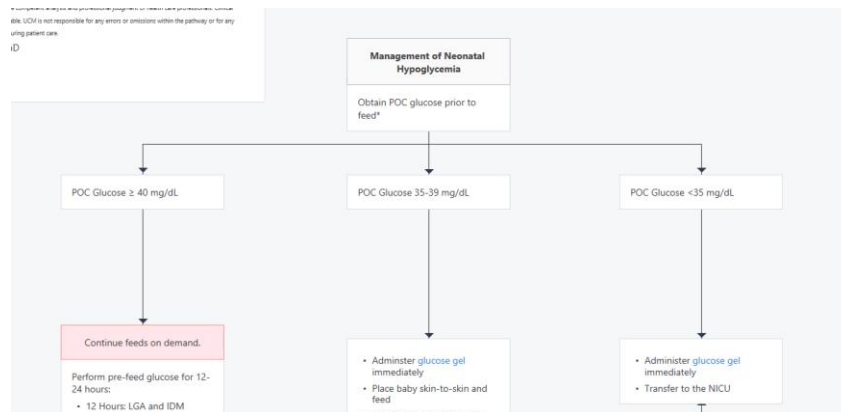
From the Epic storyboard, click the hyperlink “pathway”



Can type FBC in the search bar, or any word from the pathway title, can also save favorites by clicking the flag (highlighted) to the right of the pathway



Opening the pathway will give step by step guidance in care including links to policies, procedures, flowsheets, etc.





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Pathway Contacts: April Caruso, FBC CNS
QPI Contact:

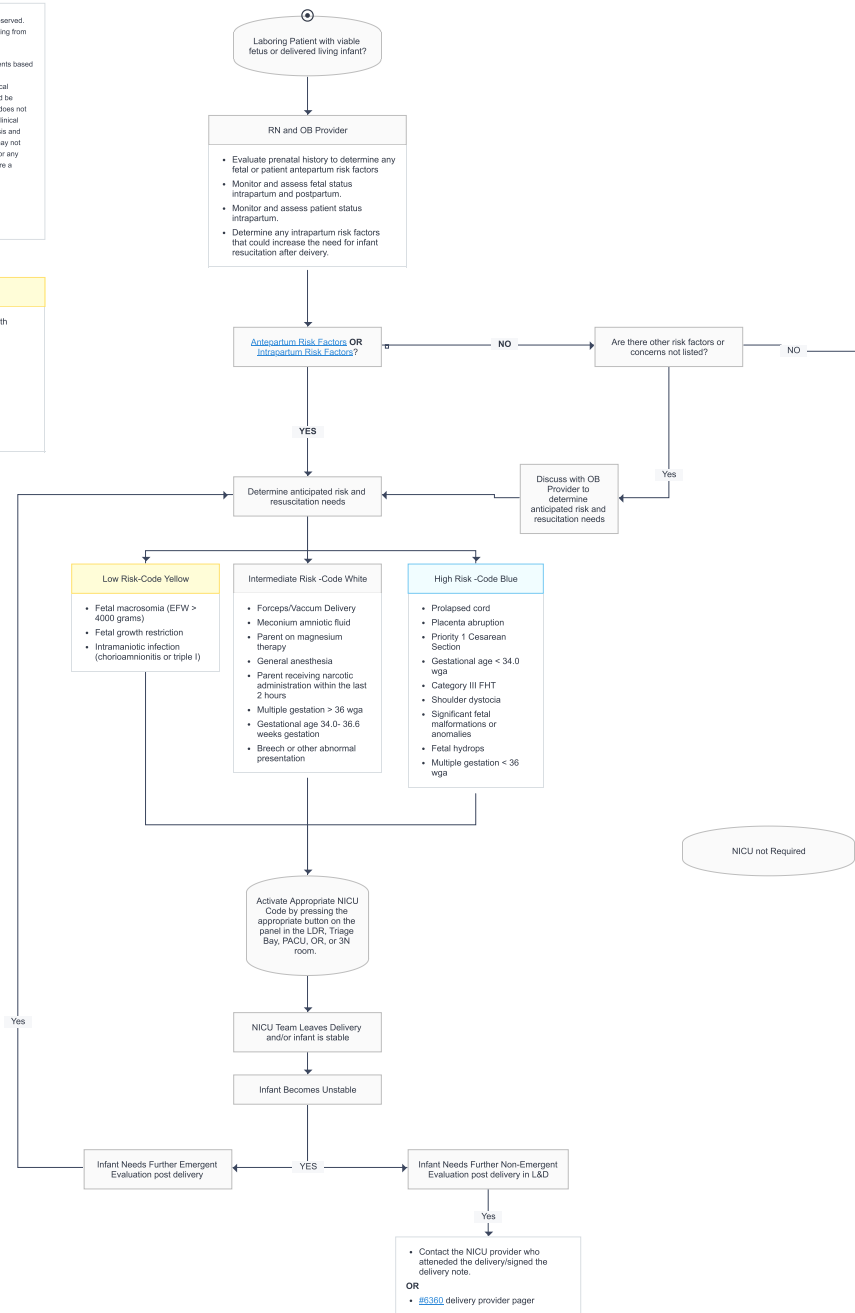
Last Updated: 11/22/2021

Resources & Recent Updates

FBC 27- Codes for Neonatal Resuscitation in the Family Birth Center

Recent Updates

- 11/22/2021
 - Cosmetic changes made to pop-up boxes
- 8/27/2021
 - Pathway launched
- 7/26/2021
 - Initial version of pathway created



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Pathway Contacts: April Caruso, FBC CNS
OPI Contact:
Last Updated: 9/22

Resources & Recent Updates

Resources

- Patient Education Provided via Get Well Network Video & discharge education that begins at admission through discharge. Home BP monitors provided and 2weeks follow-up appointment scheduled prior to discharge.
- [FBC 36 Management of Severe Hypertension](#)

Recent Updates

- **08/16/2021**
- Updated the FBC 36 Management of Severe Hypertension resource link

Is SBP \geq 160 mmHg or DBP \geq 110mmHg?

- Ensure proper BP cuff form and cuff size: utilize the guide on the BP cuff for measurement
- Patient should straighten arm and remain still if possible
- Blood pressures (BP) should be validated in as close to real time as possible
- SBP goal 140-150mmHg, DBP goal 90-100mmHg
- **Erroneous BP's should not be validated.**
- [Severe Hypertension](#)

YES
Repeat BP in 15 Minutes

Is SBP \geq 160 mmHg or DBP \geq 110mmHg?

No
Continue close maternal and fetal monitoring if undelivered and fetus is viable

Yes
Notify OB provider for urgent antihypertensive therapy order

- Hypertensive emergencies require expeditious treatment with first line medication agents
- Medication should be administered as soon as possible within 30-60 minutes of confirmed BP
- Evaluate Patient History
 - Does the patient have a history of asthma or heart failure? **YES**
 - Does the patient have a history of rheumatic fever, mitral valve disease, dissecting aortic aneurysm, tachycardia, palpitations? **YES**
- [Consider Severe Preeclampsia](#) with Magnesium Sulfate

Does patient have an IV?

First Line Management with Labetalol

HTN Order Set

- 20 mg Labetalol slow IV push over 2 minutes
- Recheck BP in **10 minutes** after dose is completed

First Line Management with Hydralazine

HTN Order Set

- 5-10 mg Hydralazine slow IV push over 2 minutes
- Recheck BP in **20 minutes** after dose is completed

Nifedipine

HTN Order Set

- **Obtain IV Access**
 - Consider Anesthesia consult if IV is not obtained
- Proceed with caution if patient is receiving Magnesium Sulfate therapy
- Administer 10 mg oral immediate release Nifedipine
- Recheck BP in **20 minutes**

Is SBP \geq 160 mmHg or DBP \geq 110mmHg?

Is SBP \geq 160 mmHg or DBP \geq 110mmHg?

Is SBP \geq 160 mmHg or DBP \geq 110mmHg?

Yes
Continued Management with Labetalol

- 40 mg Labetalol slow IV push over 2 minutes
- Recheck BP in **10 minutes** after dose is completed

Yes
Continued Management with Hydralazine

- 10 mg Hydralazine slow IV push over 2 minutes
- Recheck BP in **20 minutes** after dose is completed

IV Access?

Is SBP \geq 160 mmHg or DBP \geq 110mmHg?

Is SBP \geq 160 mmHg or DBP \geq 110mmHg?

NO
Continued Management with Immediate release Oral Nifedipine

Yes
Continued Management with Labetalol

- 80 mg Labetalol slow IV push over 2 minutes
- Recheck BP in **10 minutes** after dose is completed

NO
Second Line Management from Hydralazine to Labetalol

- 20 mg Labetalol slow IV push over 2 minutes
- Recheck BP in **10 minutes** after dose is completed

NO
Continued Management with Immediate release Oral Nifedipine

Is SBP \geq 160 mmHg or DBP \geq 110mmHg?

Is SBP \geq 160 mmHg or DBP \geq 110mmHg?

Is SBP \geq 160 mmHg or DBP \geq 110mmHg?

Yes
Repeat Management with Labetalol

- 80 mg Labetalol slow IV push over 2 minutes
- Recheck BP in **10 minutes** after dose is completed

NO
Continued second line management with Labetalol

- Administer 40mg Labetalol Slow IVP over 2 minutes
- Recheck BP in **10 minutes** after dose is completed

NO
Continued Management with Immediate release Oral Nifedipine

Is SBP \geq 160 mmHg or DBP \geq 110mmHg?

Is SBP \geq 160 mmHg or DBP \geq 110mmHg?

NO
Continued Management with Immediate release Oral Nifedipine

Yes
Second line Management from Labetalol to Hydralazine

- Administer 10mg of Hydralazine slow IVP over 2 minutes
- Recheck BP in **20 minutes** after dose is completed

NO
Is SBP \geq 160 mmHg or DBP \geq 110mmHg?

NO
Continued Management with Immediate release Oral Nifedipine

Is SBP \geq 160 mmHg or DBP \geq 110mmHg?

Is SBP \geq 160 mmHg or DBP \geq 110mmHg?

NO
Second line management from Oral Nifedipine to Labetalol

Yes
Second line Management from Labetalol to Hydralazine

- Administer 20mg Labetalol Slow IVP over 2 minutes
- Recheck BP in **10 minutes**

NO
Obtain Consultation from Maternal Fetal Medicine & Anesthesia, Consider Internal Medicine & Critical Care Subspecialties, [Complete Dabrief Tool](#)

NO
Second line management from Oral Nifedipine to Labetalol

Once BP goal is achieved

- Repeat BP measurement every ten minutes for one hour
- Then every fifteen minutes for one hour
- Then every thirty minutes for one hour
- Then every hour for four hours

NO
Second line management from Oral Nifedipine to Labetalol

NO
Second line management from Oral Nifedipine to Labetalol

NO
Second line management from Oral Nifedipine to Labetalol

NO
Second line management from Oral Nifedipine to Labetalol

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Second line management from Oral Nifedipine to Labetalol

NO
Second line management from Oral Nifedipine to Labetalol

NO
Second line management from Oral Nifedipine to Labetalol

OB Triage Nursing - Initial Order Set

- Vital Signs—routine every 4 hours as needed
- Ambulate
- Notify Scribe
- Nursing Care: Oxygen Therapy
- POCT Urine Dipstick (PRN)
- Continuous External FHRM
- Continuous Uterine Monitoring
- Intermittent External FHRM

OB Triage Nursing - Chief Complaint Order Sets

Labor Pain/Labor Evaluation

- IV access
- LR bolus 1000 mL
- PO hydrate (unless breach or anticipated need for C-section)

Nausea/Vomiting

- IV Access
- LR bolus 1000 mL at 999 mL/hr
- Labs: CBC, CMP, Coags, RVP
- Glucose check (for a patient with diabetes)
- Zofran 4 mg PO every 8 hours
- Zofran 4 mg IV every 8 hours
- Nursing Communication: PO challenge

Blood Pressure Problem

- VB blood pressure every 15 minutes
- IV Access + saline lock
- Labs: CMP, CBC, PC ratio

Abdominal Trauma

- IV Access
- LR @ 125 mL/hr
- Labs: CBC, TAs, PT, PTT, INR, total hemoglobin (FHGB-1), (Ironovgen)

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Pathway Contacts: April Casuso, FBC CNS Anna Blomgren, Perinatal Services Quality Specialist

QIP Contact:

Last Updated:

Resources

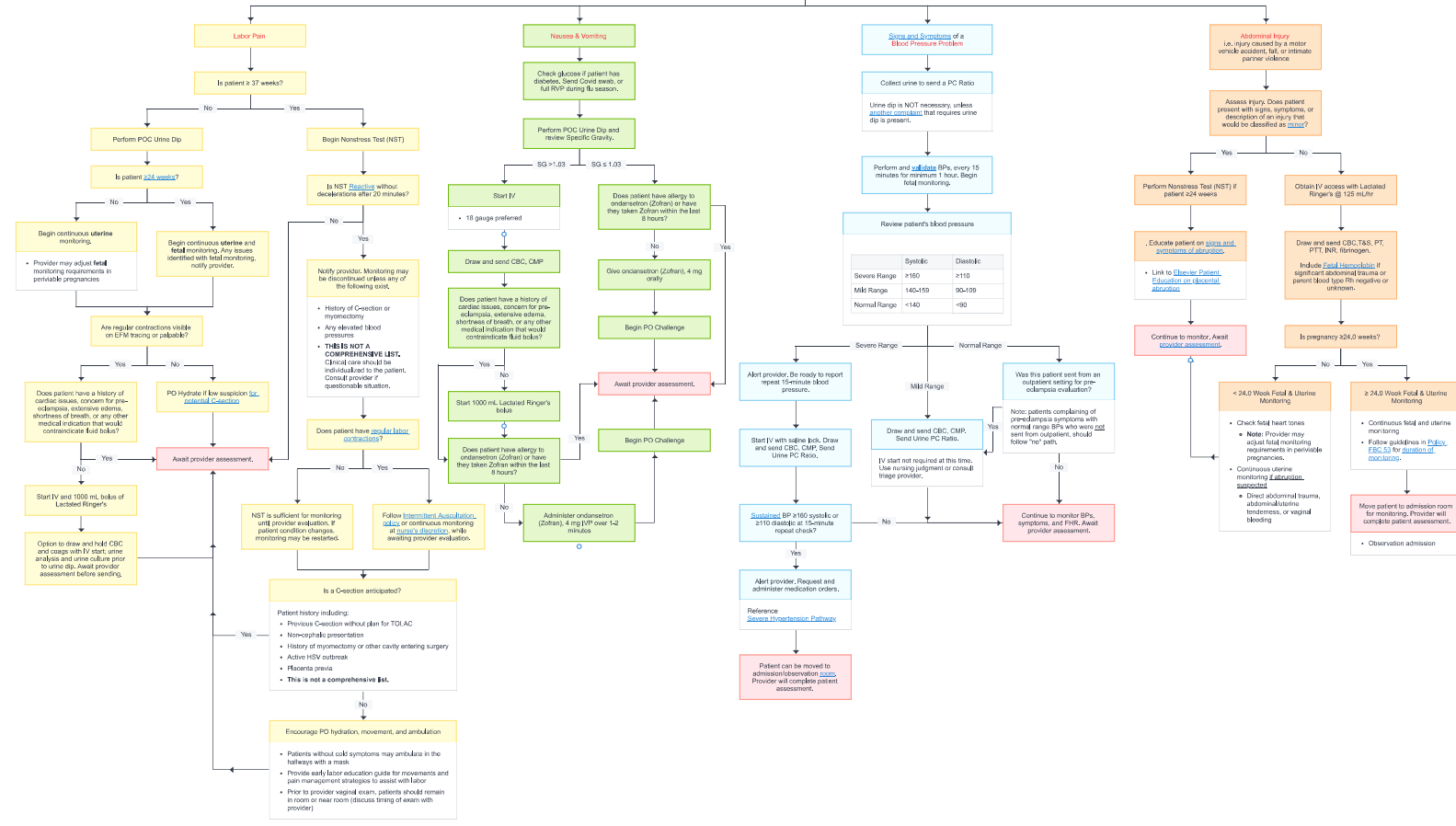
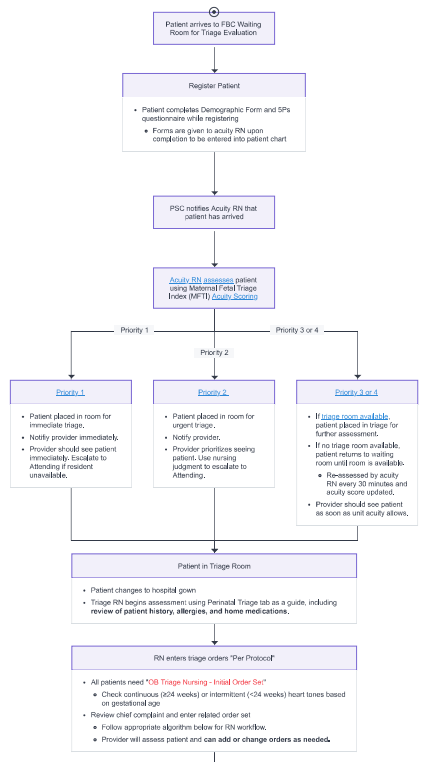
- Behavior Performance Manager Clinical Skills
- AWHONN MFTB Acuity Scoring
- ACOG's Practice Bulletin No. 189: Nausea and Vomiting of Pregnancy

POC Urine Dip Recommended

These are guidelines that can be adjusted at the discretion of the provider.

Classifications:

- Nausea & Vomiting
- Glucose management
- Dysuria (or other UTI symptoms)
- Flank or back pain
- Patient contraindications



DELIVERY ENCOUNTER CHARGE CAPTURE

Charge capture is a crucial part of the healthcare experience, as healthcare organizations that fail to accurately document information on the care provided at their facilities can potentially lose millions in revenue. Missed, incorrect, and inconsistent charges is akin to leaving money on the table.

Nurses/clinical staff are responsible for entering charges for all services, including bedside procedures. All chargeable items and services provided to the patient must be entered regardless of the patient's ability to pay.

Nurses/clinical staff will make every attempt complete documentation and charging within seventy-two (72) hours of the date of service. UCM performance metrics (<5% missed charges) will enable us to track your department's performance.

Charge: An entry in the patient billing system that represents a service rendered or goods supplied. Charges are used to measure the revenue earned by each hospital department.

The next page is a tip sheet to ensure all appropriate charges are captured with questions to ask and screen shots of our charge capture screen.

Any questions regarding charging should be directed to Angela Slater at angela.slater@uchospitals.edu or to the nurse manager.

Questions to ask before entering charges?

1. Did patient deliver at the UCM?
2. What Labor level did patient deliver? (There are 4 levels of Labor)
3. How was baby delivered? (There are 3 levels of Delivery)

NOTE: As of July 2020, all Delivery Levels are captured by Physician. YOU DO NOT NEED TO CAPTURE DELIVERY CHARGE!!!!

NOTE: ALL deliveries should include at least 1 labor level except for scheduled C-section deliveries not involving labor prior to C-section.

NOTE: All Multiple Vaginal births should incur labor level and delivery level charge for each birth. Multiple C-Section deliveries incur only 1 delivery charge.

4. Were any additional billable procedures involved?

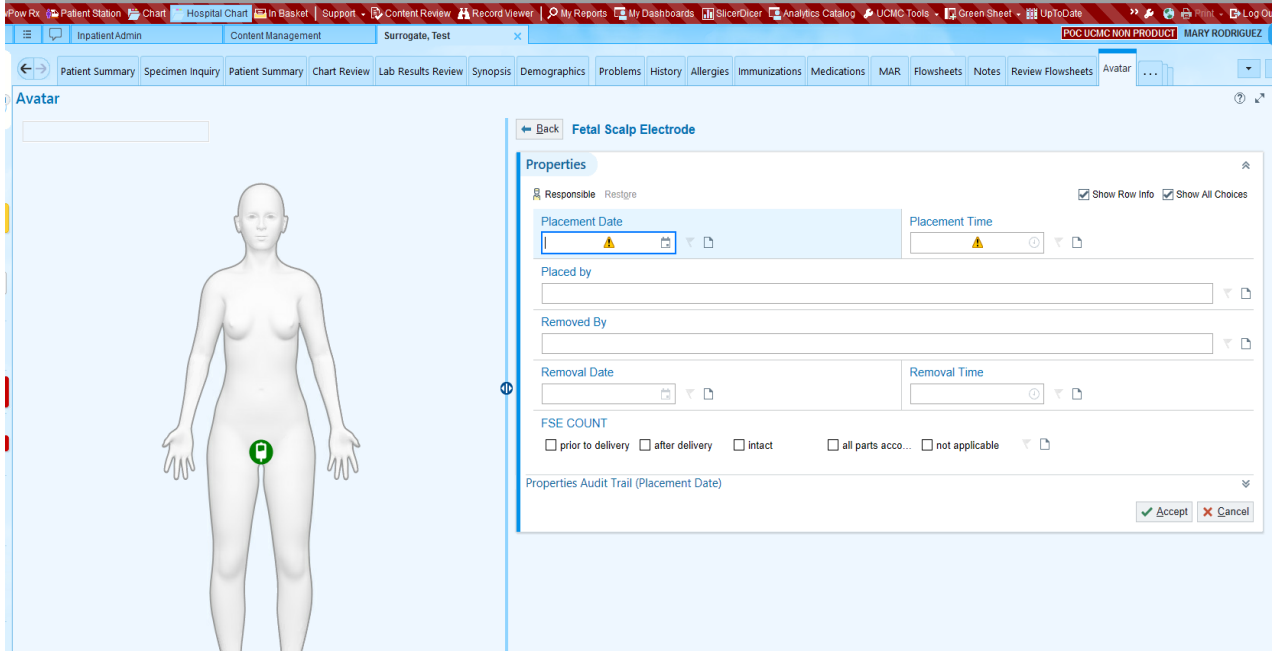
INPATIENT	
Labor	
Delivery	
Procedures	
<input type="checkbox"/> Amniocentesis With Therapeutic Amniotic Fluid Reduction - 49059001 (390671)	<input type="checkbox"/> Induced Abortion - 72059850 (598550)
<input type="checkbox"/> Amnioinfusion Including Ultra Sound Guidance - 72059070 (590700)	<input type="checkbox"/> Induced Abortion With D&C or D&E - 72009050 (590500)
<input type="checkbox"/> Blood Transfusion - Only 1 Charge Per Day - 36430 (36430A)	<input type="checkbox"/> Insertion Of Cervical Dilator (Cook/Laminaria) - 49059000 (590900)
<input type="checkbox"/> Cath (BARD) Potassium Balloon - 27201727 (C17270)	<input type="checkbox"/> Insertion of Intrauterine Device (IUD) - 75133200 (583000)
<input type="checkbox"/> Cerclage Of Cervix During Pregnancy - Vaginal - 49059520 (595200)	<input type="checkbox"/> Lig/Ty Fallopian Tube Hospital - 72058600 (586000)
<input type="checkbox"/> Cerclage Removal - With or Without Anesthesia - 48028071 (58071A)	<input type="checkbox"/> Puncture Approach of Abscess, Hematoma, Bulb or Cyst - 49010160 (50160A)
<input type="checkbox"/> D & C General - 49050120 (501200)	<input type="checkbox"/> Version - 72059412 (594120)
<input type="checkbox"/> D & C Cervical Stump - 72057550 (575500)	<input type="checkbox"/> Cell Saver - 30006201 (602010)
<input type="checkbox"/> Dilatation Cervical Canal Instrumental - 49057900 (579000)	<input type="checkbox"/> Echo-Rbd B-Scan with Image Documentation Complete - 40276700 (767000)
<input type="checkbox"/> Fetal Fluid Drainage Including Ultrasound Guidance - 49059074 (590740)	<input type="checkbox"/> Abdominal Ultrasound Limited - 40276705 (767050)
<input type="checkbox"/> Fetal Scalp Blood Sampling - 72059050 (590500)	<input type="checkbox"/> Amniocentesis - 49059000 (590000)
<input type="checkbox"/> Hysterectomy After C-Section - 72058625 (586250)	<input type="checkbox"/> Blood Patch (49062273)

1. Sterilization: Tubal Ligation
2. Cervical Dilatation (Cook, Catheter)
3. Contraception: IUD insertion, Nexplanon, etc.
4. External Cephalic Version
5. Amnioinfusion
6. D&C or D&E
7. Blood Transfusion/Cell Saver

Activating a Dr. CART/Code in Women and Children's Areas

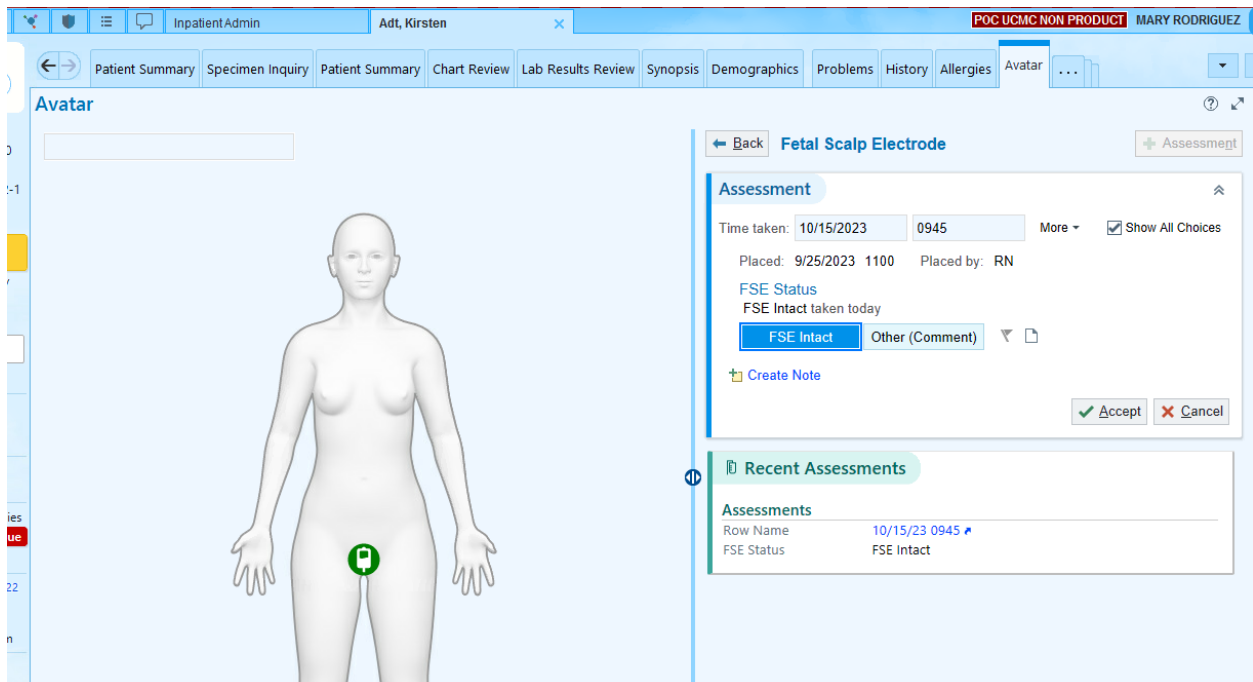
Unit	Instructions
Comer 5/Comer 6	<p>Pediatric Dr. CART= call 1-4-7 and specify if Pediatric Dr. CART and location. Staff can still push Code Blue (Dr. CART) button on the wall, but staff MUST still call 1-4-7 and report Pediatric Dr. CART</p> <p>Adult Dr. CART=Dial 1-4-7, state Adult Dr. CART & location</p>
PICU	<p>Pediatric Dr. CART= call 1-4-7 and specify if Pediatric Dr. CART and location. Staff can still push Code Blue (Dr. CART) button on the wall, but staff MUST still call 1-4-7 and report Pediatric Dr. CART</p> <p>Adult Dr. CART= Dial 1-4-7, state Adult Dr. CART & location</p> <p>*In Critical Care areas (NICU, PICU, ED), internal codes are called Dial 1-6-7</p>
NICU	<p>Neonatal Code in NICU (2nd & 4th Floor) – Push the staff assist button on the wall at bedside</p> <p>If Neonatal code is outside of NICU - Dial 1-5-9</p>
Family Birth Center (L&D and Mother/Baby)	<p>Adult Dr. CART = Dial 1-4-7, state Adult Dr. CART & location or on NURSE CALL system hit button that reads: emergency layer then hit the button that reads Adult Code Blue</p> <p>Neonatal code : Dial 1-5-9 or NURSE CALL system hit button that reads: NICU Code</p>
Comer Emergency Department	<p>Adult: Dr. CART = Dial 1-4-7, state Adult Dr. CART & location.</p> <p>In the Comer ED ONLY: Pediatric ED Cardiac Arrest Alert = Dial 1-6-7 and specify “Pediatric ED Cardiac Arrest Alert” in the Comer ED.</p> <p>Outside of the Comer ED call 1-4-7 and specify location.</p> <p>SEPSIS Alert: Dial 1-6-7 and specify location.</p>

Fetal Scalp Electrodes (FSEs) will now be added to the WALDO when placed and is considered required documentation.



Note that placement date, time and provider must be included.

Removal date and time should be documented at time of delivery for both NSVD and c/s cases – note that you will need to indicate if it was removed prior to or after delivery and if the FSE was intact and all pieces are accounted for.



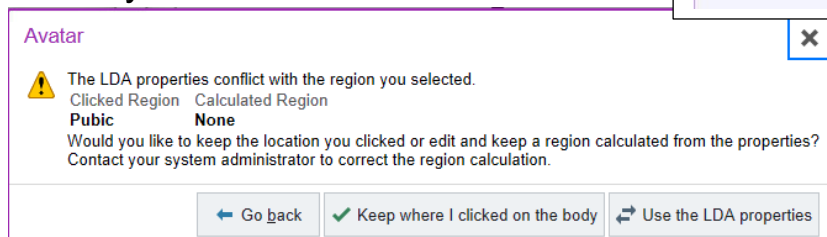
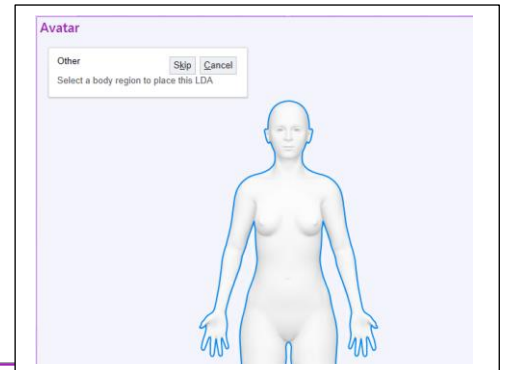


The screenshot displays the Epic EMR interface for patient Section D. Ingalls. The patient's information includes: Female, 32 years old, born 3/9/1991, MRN: 5014009, Language: Unknown (Written), Bed: IMH OB-W365-W365-1, Cur Location: ING POSTPARTUM IMH, Code: Assume Full (no ACP docs), Prim Coverage: None, FCP: None, and PCP: None. The patient is currently in the 'Avatar' view, showing a 3D model of the patient with a green icon on the lower abdomen. On the right side of the screen, there is a panel titled 'Removed LDAs and Finalized Wound Care' with a 'Removed' button. Below this, a list shows a removed fetal scalp electrode (FSE) with the following details: [REMOVED] Fetal Scalp Electrode, Removal Date/Time: 10/12/23 1600, Placement Date/Time: 10/12/23 0927, Placed by: RN FSE, and COUNT: all parts accounted for, after delivery.

As a reminder, the correct process for removing a FSE is to grasp and turn the FSE counter clockwise until it releases from the presenting part – providers should NOT be cutting and pulling apart the wires. Please notify your unit leadership if this is occurring.

Jada Documentation

- Epic updates are currently in process to add Jada to the WALDO as well as a flowsheet for documentation
- In the meantime.....
 - Type "other" within the Avatar, it will ask to select a body region, which you can choose directly on the Avatar
- You will receive a warning when you choose the pubic region, choose to "keep where I clicked on the body"



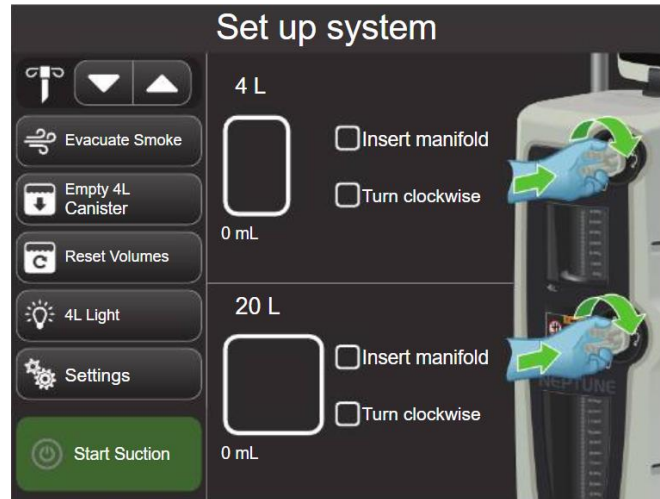
- You will then see the following, which will allow you to document a date/time of placement as well as removal; in the "brand name" box, please type "Jada to 80mmHg continuous wall suction" and click accept

Hourly Documentation

- Jada output (to add to cumulative QBL)
- Nursing note to include:
 - Confirmation that wall suction remains at 80mmHg; corrective action if necessary
 - Any bleeding noted around the device?
 - Uterine tone
 - Uterine location
 - Uterine laterality
 - Pain with associated interventions PRN

Neptune Suction and Jada in the OR

Insert a suction manifold into the 4L canister



Just as you set your suction for the c/s case in the 20L canister, you need to choose and set the suction for the top, 4L canister to 80mmHg

****This is an imperative step as suction set too high adds a risk of uterine inversion!**



Please direct questions to L&D leadership!

University of Chicago Medical Center

Policy and Procedure

POLICY NAME: Prioritization of Cesarean Sections

POLICY NUMBER: FBC 07 (Formerly WCC-56.01)

ISSUE DATE: June 2016

REVISED DATE: February 2023

POLICY:

1. A priority level should be assigned to all patients who require a cesarean delivery.
2. Once the decision is made to perform a cesarean delivery, a resident or attending physician should assign the priority level based upon birth parent and/or fetal factors.

PURPOSE:

1. To provide a prioritization system for all cesarean deliveries.
2. To define each priority level.
3. To set approximate goal decision-to-incision times based upon the priority level.

BACKGROUND:

The American College of Obstetrics and Gynecologists has previously defined “emergency cesarean delivery efficiency” as the ability to perform a cesarean section from decision to incision within 30 minutes. This “30-minute rule” was meant to apply to the most emergent clinical scenarios, such as umbilical cord prolapse, placenta previa with hemorrhage, placental abruption, and uterine rupture. There are, however, data showing worse outcomes occurring among patients with the shortest time interval, suggesting that some clinical scenarios will inevitably have bad outcomes. In all cases decision-to-incision interval should be based on the timing that best incorporates birth parent and fetal risks and benefits.

PROTOCOL:

The following table is a general guideline to assist with the prioritization of a cesarean section. For scenarios that are not listed in the chart, it is the responsibility of the physician to use their clinical judgment after assessing both birth parent and fetal factors. Although goal times have been ascribed to each priority, these times represent approximations only and individual clinical scenarios or circumstances on the unit may require more or less expeditious delivery.

Priority	Urgency	Decision to Incision Goal Time (min)*	Potential Scenarios	Communication
1	Immediate threat to life of mother or fetus	15	<ul style="list-style-type: none"> • Umbilical cord prolapse • Category 3 tracing • Fetal terminal bradycardia • Placental abruption • Suspected uterine rupture • Maternal hemorrhage with hemodynamic instability 	“CS Priority 1” Page
2	Birth Parent or fetal compromise; not immediately life-threatening	30	<ul style="list-style-type: none"> • Non-reassuring fetal heart tracing • Arrest of dilation or descent with chorioamnionitis • Birth Parent hemorrhage without hemodynamic instability • HIV patient, planned cesarean section with ruptured membranes 	“CS Priority 2” Page
3	No Birth Parent or fetal compromise but requires delivery via cesarean section	75	<ul style="list-style-type: none"> • Arrest of labor • Planned cesarean section in active labor 	“CS Priority 3” Page
4	Delivery can wait for provider, proper NPO timing and availability of unit staff	--	<ul style="list-style-type: none"> • Scheduled cesarean sections not in active labor • Scheduled cesarean section presenting with rupture of membranes not in active labor 	“CS Priority 4” Page

CROSS REFERENCE:

FBC 15- Preparation of the Surgical Patient

FBC 18- Communication during Obstetric Emergencies

REFERENCES:

De Regt et al. Time from Decision to Incision for Cesarean Deliveries at a Community Hospital. Obstet Gynecol 2009;113:625–9.

American Academy of Pediatrics and American College of Obstetricians and Gynecologist. Guidelines for perinatal care. 8th ed. ACOG; Sept. 2017.

Family Birth Center Maternal Urgency & Cesarean Delivery Guidelines. Mayo Clinic. June 2014.

INTERPRETATION, IMPLEMENTATION, AND REVISION:

The Family Birth Center shall be responsible for interpretation, implementation, and content revision of this policy.

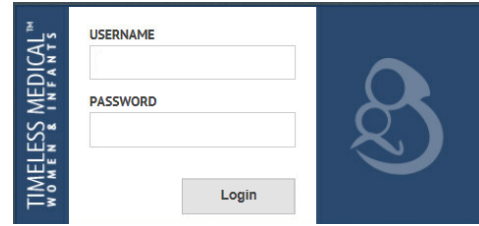
REVIEWED AND APPROVED BY:

Abbe Kordik, MD
Executive Medical Director, Family Birth Center

Jilliane Krause MSN, RN, C-ONQS
Clinical Director, Perinatal Services

Timeless Women & Infants Human Milk Tracking for 3NON

Logging in:



- 1) Log into the **Clinical Desktop**
- 2) Click on icon: **'Timeless Women and Infants'**

- 3) Login with **UCHAD credentials**

Timeless Quick Access Menu:

The main functions of Timeless may be accessed in the **Quick Access Menu**. The functions are:



- **Print Labels:** Print bottle collection labels
- **Prepare Bottles:** Simple prep
- **Feed Baby:** Administer feed

Print Labels

- 1) **Click on the 'Print Labels'** icon in the quick access menu
- 2) **Scan the baby's or mom's CSN bar code** into the appropriate field
- 3) **Select the number of bottle labels** to print
- 4) **Select the appropriate printer** to which labels will be sent
- 5) **Click 'Next'**

Home > Print Bottle Labels

PRINT BOTTLE LABELS

Scan the Mother's barcode

Scan the Patient's barcode

How many new labels?

Language to use for date and time pumped:
 English Spanish

Select/Scan Printer:

Cancel Next >>

- 6) The **Confirmation Screen** will confirm the mother and baby's information, the identifiers of each label printed, and the printer to which the job was sent



Select/Scan Printer:

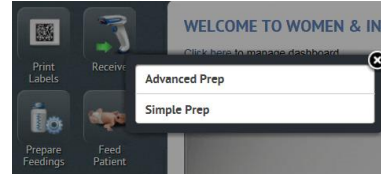
Choose an option

- Labor & Delivery (F3511) Printer : PRT0012
- Labor & Delivery (F3505) Printer : PRT0013
- Mother Baby Nursery Printer (TN310) : PRT0014
- Mother Baby East Printer : PRT0033
- Mother Baby West Printer : PRT0032
- MTCU Printer (TN306B) : PRT0015
- NICU Desk Printer (K242) : PRT0016
- NICU Pod 1 Printer 1 (K230) : PRT0017
- NICU Pod 1 Printer 2 (K230) : PRT0018

WOMEN

Prepare Bottles

- 1) Click on the **'Prepare Bottles'** icon in the **Quick Access menu** and select **'Simple Prep'**
- 2) Scan the **bottle(s) to be administered** into the **'Scan Base'** field
- 3) Select the **radio button** next to the corresponding **feed order** to prepare
- 4) Click **"next"**
- 5) Check that the **appropriate number of Containers** were **defaulted** in the **'Number Of containers being prepared'** field
- 6) Confirm the **volume of base** indicated is Enough to fill the order
- 7) Populate the **'Location'** in the **'Container #'** section with the appropriate storage location by selecting it from the drop down menu
- 8) Enter the **appropriate amount** for the first container into the **'Volume'** field; the subsequent containers will **auto-fill** with the **same amount**
- 9) Add any **additional notes** that should appear on the label
- 10) If additional milk is left in the last Section, **confirm the amount** and **select the Location** where the remaining milk should be stored
- 11) Select the **printer** to which the new labels should be sent



SIMPLE PREPARE

Add Sterile Water Base

Scan Base

Total Scanned 0

Base Scanned NONE

Cancel Next >>

SIMPLE PREPARE

Selected Patient:
Name: STORTEST, TH98ABYSRPTTWO (AT8301228) 04/01/2017
Unit: Comer Transitional Care Unit

Select an order

130 NAMEY

Last prepared on 07/14/2017 15:34:47

Order Type: Standard
Use Breastmilk: No
Colostr: 20
Feeding Volume: 2.0oz
Frequency: EVERY 3 HOURS

Notes:
POJ All: No
Order Type: BCLUS
Is Mom Breastfeeding Exclusively? No
Bottle Limit: 40
Strength of Feed: Full
Duration of Feeding: As Tolerated

130111 COMBINATION

Not editing additional feeders

Cancel Previous Next >>

SIMPLE PREPARE

Selected Patient:
Name: STORTEST, TH98ABYSRPTTWO (AT8301228) 04/01/2017
Unit: Comer Transitional Care Unit

Last prepared on 07/14/2017 15:34:47

Order Type: Standard
Use Breastmilk: No
Colostr: 20
Feeding Volume: 2.0oz
Frequency: EVERY 3 HOURS

Notes:
POJ All: No
Order Type: BCLUS
Is Mom Breastfeeding Exclusively? No
Bottle Limit: 40
Strength of Feed: Full
Duration of Feeding: As Tolerated

Click the Calculator icon to open the Women & Infants Recipe Calculator. This tool will not affect the data on this page, but you can use it in your calculations.

Click the Recipe icon to open the Recipe List. This tool will not affect the data on this page, but you can use it to add to your calculations.

Base (Ezpyr) TM	Original	Mix In?
CDW000480 07/24/2017 23:30	1.00 0 mL	<input type="checkbox"/>
Total	1.00 0 mL	

Number of containers being prepared: 1

Container 1

Location:

Volume: mL

Additional Notes:

Container 2

Location:

Volume: mL

Additional Notes:

Milk	Remaining	Remaining
Total	0.00	0.00 mL
CDW000480 07/24/2017 23:30	0.00	0.00 mL

Select Printer:
A47531 Printer (1193688)

* Estimate only - actual expiration may vary
** If the bottle is frozen then the expiry will be for a second base

Cancel Previous Next >>

Timeless Women & Infants Human Milk Tracking for 3NON

- 12) Click **'Next'**
- 13) **Verify** the label information to that on the Confirmation screen
- 14) To immediately feed the baby, select the **'feed bottles to baby'** link below the confirmation table

CONTAINER	AGE	EXPIRES
Container 1	EBM00040V	07/04/2017 23:58
Container 2	EBM00040V	07/04/2017 23:58
Container 3	EBM00040X	07/04/2017 23:58
Container 4	EBM00040Y	07/04/2017 23:58
Container 5	EBM00040Z	07/04/2017 23:58
Container 6	EBM00041B	07/04/2017 23:58
Container 7	EBM000411	07/04/2017 23:58
Container 8	EBM000412	07/04/2017 23:58
EBM000408 (pre-used)	EBM000408	07/04/2017 23:58

Feed Baby (Human Milk)

- 1) **Click** on the **'Feed Baby'** icon in the **Quick Access Menu**
- 2) **Scan** the **baby's CSN barcode** on the baby's name band
- 3) Click **'Next'**
- 4) **Confirm** the **baby name** identified in the grey Box
- 5) **Scan** the **barcode on the bottle that is to be fed**
- 6) **Confirm** the baby and bottle **identifier** on the Page
- 7) If the bottle has **already been fed**, select **'Dispose'** from the **'Disposal Location'** drop Down, or if **additional milk remains**, select the Appropriate storage location and **indicate the Amount** in the **'Volume Left'** field
- 8) **Select** the **printer** to which a new label should be sent if milk remains
- 9) Click **'Finish'**
- 10) Follow the **standard work for documenting Volume fed** and administration notes in the **MAR** And **flowsheets**, respectively

FEED BABY

Scan the baby's barcode

AT6301222

Cancel Next >>

FEED BABY

Selected Patient:

Name: STORKTEST1 TMSBABYSCRPTTWO (AT6301222) 04/01/2017

Unit: Comer Transitional Care Unit

Scan the bottle's barcode

Cancel Previous Next >>

FEED BABY

Selected Patient:

Name: STORKTEST1 TMSBABYSCRPTTWO (AT6301222) 04/01/2017

Unit: Comer Transitional Care Unit

Bottle EBM00040V can now be fed to TMSBABYSCRPTTWO STORKTEST1

If the bottle(s) are being returned, please select the room and location below. If not please select "dispose".

TID/ACTRN	DIS/POS/LOC/AMTN	S.I.S.T. (N)	VOL (ML)	VOL (ML) (L)
EBM00040V	Dispose	2		

Select Printer:
SATC Printer (142358)

Note that a label will only be printed if volumes are shown on labels and a bottle volume has changed, or if the expiration time of a bottle has changed.

Cancel Previous Finish

FEED BABY

Bottle EBM00040V can now be fed to baby TMSBABYSCRPTTWO STORKTEST1 and will be disposed of by the system.

Feed Another Baby

Note: A green confirmation banner will be displayed if a successful feed is administered



Timeless Women & Infants Human Milk Tracking for 3NON



Feed Baby (Ready-to-Feed)

- 11) Click on the 'Feed Baby' icon in the Quick Access Menu
- 12) Scan the **baby's** CSN barcode on the baby's Name band
- 13) Click 'Next'
- 14) Confirm the **baby name** identified in the grey Box
- 15) Scan the **bar code on the RTF bottle** that is to Be fed
- 16) Confirm the baby and bottle **identifier** on the Page
- 17) **Verify the product expiration** to ensure it can Still be administered
- 18) **Select the location where remaining formula** will be stored and record the volume left
- 19) **Select the printer** to which a new label should be Sent if milk remains
- 20) Click 'Finish'
- 21) Follow the **standard work** for **documenting Volume fed** and administration notes in the **MAR** And **flowsheets**, respectively

Note: A green confirmation banner will be displayed if a successful feed is administered