

Pediatric Consultation: Indications

Site Applicability: St. Paul's Hospital

Disciplines:

Family practice physicians, Obstetricians, Pediatricians, Registered Midwives, and Registered Nurses

Policy

The Maternity Centre strives to provide the highest level of care to our mothers and babies. Maternity care is available through a variety of primary care provider (PCP) including Family practice, Midwifery, and Obstetrics. At any point throughout the intrapartum and postpartum periods there may be collaboration between care providers and/or a need for consultation to pediatrics.

Newborns delivered through primary care of an Obstetrician will all be under the care of a pediatrician. Newborns delivered through primary care of a Family Practice Physician or Registered Midwife will remain under the care of that provider unless there is an indication for consultation to a pediatrician.

Consultations are made from Primary Care Provider to Pediatrician and must be documented in the patient's chart.

Expected Client/Family Outcomes

Healthy newborn with minimal to no interventions

PRACTICE GUIDELINES:

Indications for Pediatric Consultation:

To Attend Delivery:

- Multiple gestation
- Gestational age less than 37 weeks
- Mother on magnesium sulfate therapy
- Substance using mother
- Caesarean Section (elective and emergency)
- Congenital anomaly – known or suspected

INTERDISCIPLINARY GUIDELINE

B-00-07-10013 – Pediatric Consultation

- Unknown gestational age and/or no prenatal care
- Suspected chorioamnionitis
- Severe polyhydramnios (Deepest Vertical Pocket [DVP] greater than or equal to 8 cm; Amniotic Fluid Index [AFI] greater than or equal to 24 cm) or severe oligohydramnios (DVP less than 2 cm; AFI less than 5 cm)
- Meconium present in amniotic fluid
- Persistent abnormal fetal heart rate pattern
- Obstetrical Emergencies – prolapsed cord, abruption,
- Forceps or Vacuum assisted delivery

To Assess Baby:

- Infant of diabetic mother
- Intrauterine growth restriction
- Respiratory Distress
- Infant less than 2500g
- Microcephaly
- Hypoglycemia (less than 2.6 before 48 hours; less than 3.2 after 48 hours)
- Clinical jaundice in the first 24 hours
- Jaundice requiring treatment
- Congenital anomaly
- Birth injury
- Tachycardia, tachypnea, fever, or hypothermia
- GBS positive with inadequate intrapartum prophylaxis
- Failure to pass urine or meconium in the first 36 hours
- Failed CCHD screening
- Failed second tier hearing screen
- Maternal thrombocytopenia
- Maternal RBC antibodies
- Mother on SSRI or other psychoactive medication therapy

Documentation

Physician's orders (Physician, Pediatrician, and Midwife):

- Request for consultation
- Transfer of care

INTERDISCIPLINARY GUIDELINE

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Consultation form (Pediatrician)

- Detail the nature of the consultation and plan of care

Progress Notes (physician, midwife, pediatrician)

- Date and time consultation was made, clearly identify transfer of care and who is the most responsible care provider. (if not included on orders)

Newborn Care path (Nursing)

- Variances leading up to consultation
- Notification of care provider
- Interventions and responses

References:

1. American Academy of Pediatrics and American Heart Association. (2006). Neonatal Resuscitation Textbook 5th Edition.
2. Beloosesky, R., Ross, M.G. (2017) Oligohydramnios. UpToDate (Ed. Lockwood, C.J., Levine, D.) – retrieved October 5, 2017
3. Beloosesky, R., Ross, M.g. (2017) Polyhydramnios. UpToDate (Ed. Lockwood, C.J., Levine, D.) – retrieved October 5, 2017

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Questions, concerns, comments about PHC guidelines can be emailed to: nursingstds@providencehealth.bc.ca



INTERDISCIPLINARY GUIDELINE

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