1.0 OBJECTIVES

1.1 Prevent Vitamin K deficiency bleeding in newborns.

2.0 POLICY STATEMENT

2.1 To prevent Hemorrhagic Disease of the Newborn, it is recommended that Vitamin K₁ be administered intramuscularly at birth to all newborns. A single intramuscular dose of 0.5 mg (birthweight 1500 grams or less) or 1.0 mg (birthweight greater than 1500 grams) to all newborns within the first 6 hours following birth. Following stabilization and family-baby interaction.

2.2 If the prenatal or delivery record indicates that the newborn’s mother received any of the following drugs during pregnancy, the attending physician or his designee shall be notified:

- Phenobarbital
- Diphenylhydantoin (Dilantin)
- Salicylates
- Coumarin compounds
- Thiazide

2.3 In the event of potential bleeding tendency (such as thrombocytopenia, family history of hemophilia) the attending physician or his designee shall be notified.

2.4 If the parents refuse IM administration, a two (2) mg oral dose of the IM Vitamin K₁ preparation may be given within 6 hours of birth. Parents need to be reminded that repeat doses at 2 – 4 weeks and again at 6 – 8 weeks must be given if the oral route was used. This information must be noted on the Public Health Fact Sheet and faxed to Public Health. Also parents should be cautioned by the attending physician that their infants remain at an increased risk of late Hemorrhagic disease of the newborn (HDNB) including the potential for intracranial hemorrhage using this regimen. The attending physician or his designee shall be notified for a Doctor’s order prior to the administration of Vitamin K₁ orally.

2.5 If the parents refuse the administration of Vitamin K₁, the “Refusal of Treatment” form shall be completed and the attending physician or his designee notified. This information will be noted on the Public Health Fact Sheet. Document on the Newborn Care Map.
3.0 **EQUIPMENT**

1mg / 0.5ml vial (Vitamin K)
Filter needle
1ml syringe
Antiseptic pledget
Cotton ball or 2 x 2 gauze
5/8” 25g needle
25% sucrose

4.0 **PROCEDURE**

1. Perform hand hygiene and gather equipment. Glove.

2. Withdraw appropriate dose from glass ampule through filter straw. Then replace with 5/8” 25g needle.


4. Clean newborn’s thigh with warm water (if not yet bathed). Swaddle newborn’s upper body.

5. Locate vastus lateralis muscle and select injection site.

**RATIONALE**

Standard precautions

All medications drawn from glass ampule must be filtered before administration.

Safe management of medication administration.

Reduce maternal body fluids on skin. Minimize movement and possible injury during injection.
6. Clean area with antiseptic pledget using a back-and-forth motion with light friction, in 2 different directions. 15 sec one direction, flipping swab between. Allow to air dry.

7. Using non dominant hand, grasp the newborn's thigh to stabilize it.

8. Remove cap from syringe and quickly insert the needle using a dart-like motion into selected site at a 90° angle.

9. Stabilize syringe with non dominant hand and pull back gently on plunger to aspirate for blood.

10. If no blood appears in syringe, slowly inject medication. If blood appears, remove syringe and discard. Prepare a new syringe and restart procedure.

11. When all medication has been injected, remove needle, engage safety device and cover site with cotton ball or 2 x 2 gauze.

12. Apply pressure and gently massage site. Promotes distribution of drug into muscle.

13. Inspect injection site for any signs of bleeding or bruising.


15. Remove gloves and perform hand hygiene. Reduces transmission of micro-organisms.

16. Document administration on appropriate record.

Back-and-forth promotes binding of antiseptic to layers of skin and improves efficacy. Flipping the swab allows for maximum dispensing of antiseptic solution.

Flipping the swab allows for maximum dispensing of antiseptic solution. Aspiration is prudent measure to prevent potentially harmful effect of inadvertent intravascular administration of medication. Aspiration of blood indicates possible placement in vein. Slow injection reduces pain and trauma to site.

Promotes distribution of drug into muscle. Reduces transmission of micro-organisms.
5.0 RELATED DOCUMENTS

Corporate P/P VII-A-50 Medication Administration
Consent to Treatment/Procedures (#VII-B-50)
Patient Care Manual Policy 111-73 Independent Double Checks – Medication Administration

6.0 REFERENCES


