FLOWCHART PATHWAY FOR MANAGEMENT ON IN-HOSPITAL NEWBORN OR FALL OR DROP

Witnessed or unwitnessed fall or drop

Immediate Management – Midwife/ Neonatal Nurse

- Move baby carefully to resuscitaire for full assessment –ensure good light
- Perform baseline observations and assess baby for injuries and responsiveness
- Inform Parents if not aware

▪**Baby looks unwell, not responsive, seizure or obvious head injury**
▪Urgent Call 2222l and request urgent paediatric review
▪State location of baby

▪**Baby looks well with no visible injuries**
▪Crying but easily consoled
▪NEWTT2 Observations normal
▪Paediatric team to review baby within 15min

Paediatric Team

Obtain a detailed history from parents/witnesses and midwifery team (Appendix -2)

- Complete a thorough medical and neurological examination – note any birth related injuries
- Document Injuries clearly – bruises, erythema, swelling or skin marks (use Body Map)
- Review history of Vitamin K, if not given or given orally – offer IM if no medical contraindications.
- Perform Enhanced Observations*
- Notify on-call Consultant

* NEWTT2 and Modified Glasgow Score (BAPM)

Baby looks unwell, not responsive, seizure or obvious head injury

- Admit to neonatal unit
- Continue **enhanced** observations
- Complete investigations- FBC, U&Es, Coagulation,
- Blood glucose, Group and save.
- Urgent CT head within hour (see Table)
- Consider Analgesia

Well baby, no injuries

- Transfer to SCBU for continued **enhanced** observations for 12 hours
- If changes in enhanced observations for immediate Paediatric review, consider further investigations

Discharge

- Babies who require admission should be discharged when clinically well
- Babies should be reviewed by Tier 2 doctor/ANNP prior to discharge.
- Discharge details should include all observations, imaging results and neurosurgical consultations
- Head Injury advice and patient information leaflet for parents
- Ensure community Midwife, health visitor and GP is made aware of discharge and fall assessment and investigations documented in discharge summary ./Complete incident form /
- Arrange paediatric /outreach or neurosurgical follow up for baby who has abnormalities on imaging.