



# Newborns Best Practice Documentation

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# Suspected Newborn Conditions

- Often newborns are evaluated for conditions that may be suspected but then ruled out.
  - Sepsis
  - Meconium Aspiration
  - RDS
- Conditions that are suspected and ruled out must be documented as “Ruled Out”



# Ruled Out Condition Documentation Example

## Insufficient Documentation

- Day 1: Newborn with slight fever, R/O Sepsis
- Day 2: Normal newborn, continue to monitor
- Discharge: Normal newborn, R/O Sepsis

## Best Practice Documentation

- Day 1: Newborn with slight fever, R/O Sepsis
- Day 2: Normal newborn, continue to monitor. Fever has resolved and newborn Sepsis has been ruled out
- Discharge: Normal newborn, Sepsis ruled out on day 2



# Implications for Future Care

Newborn documentation is unique – conditions that have the potential to affect future health care needs should be recorded.

- Facilitates continued monitoring and outcomes of treatment
- Examples include, but are not limited to:
  - Tongue tie
  - Retinopathy of prematurity
  - Hip click
  - Congenital hydrocele
  - PDA, PFO
  - Prematurity



# Implications for Future Care Documentation Example

## Insufficient Documentation

- Preterm newborn, supplement feedings and continue to monitor weight.
- Term newborn, follow up with cardiology

## Best Practice Documentation

- Preterm newborn born at 30 weeks, light for dates weighing XXXX kg. Continue to monitor and supplement.
- Term newborn, at discharged to follow up with cardiology **to monitor PFO**



# Disorders Related to Length of Gestation and Fetal Growth

For newborns with birth weights up to 2499 grams with a fetal growth issue specify:

- Light for dates
  - Weight below but length above 10th centile for gestational age
- Small for dates
  - Weight and length below 10th centile for gestational age
- For newborns who fall outside of the categories above who are malnourished document:
  - “Fetal malnutrition, not light or small for dates”



# Meconium

Documentation must clearly specify the significance of meconium stained amniotic fluid in relation to its affect on the newborn.

- Specify:
  - Aspiration
  - Passage
  - Staining



# Meconium Disorder Documentation Example

## Insufficient Documentation

- Meconium.

## Best Practice Documentation

- **Meconium staining.**





# Respiratory Conditions

The terms outlined below cannot be used interchangeably. Best practice documentation requires you document newborn respiratory conditions to the highest degree of specificity.

- Respiratory Distress Syndrome (RDS)
  - Type I
  - Type II
- Transitory Tachypnea of Newborn (TTN)
- Hypoxia
- Apnea
  - Primary obstructive
  - Sleep
  - Apnea of Prematurity
  - Cyanotic Attacks
- Respiratory Failure
- Respiratory Arrest



# Respiratory Conditions Documentation Example

## Insufficient Documentation

- Newborn admitted to NICU for RDS

## Best Practice Documentation

- **Premature** newborn , 30 weeks gestation, admitted to NICU for **Type II RDS**



# Jaundice / Hyperbilirubinemia

Best practice documentation requires you to document the underlying cause of the Jaundice/Hyperbilirubinemia, using a linking statement such as “due to.”

- Potential causes include but are not limited to:
  - ❑ ABO isoimmunization
  - ❑ Bleeding
  - ❑ Breast milk inhibitor
  - ❑ Bruising
  - ❑ Drugs or toxins given to newborn
  - ❑ Drugs or toxins transmitted from mother
  - ❑ Infection
  - ❑ Inspissated bile syndrome
  - ❑ Polycythemia
  - ❑ Preterm delivery
  - ❑ Rh isoimmunization
  - ❑ Swallowed maternal blood



# Jaundice / Hyperbilirubinemia Documentation Example

## Insufficient Documentation

- Mild facial jaundice.

## Best Practice Documentation

- Mild facial jaundice **due to preterm delivery.**



# Feeding Problem

Provide the highest degree of specificity when documenting any feeding problems

- Bilious vomiting
- Difficulty feeding at breast
- Failure to thrive
- Overfeeding
- Regurgitation and rumination
- Slow feeding
- Underfeeding
- Other feeding problem (specify)
- Other vomiting (specify)



# Feeding Problem Documentation Example

## Insufficient Documentation

- Poor feeding.

## Best Practice Documentation

- Underfeeding.



# Hypoxic Ischemic Encephalopathy (HIE)

Document the severity of hypoxic ischemia encephalopathy:

- Mild
- Moderate
- Severe



# Hypoxic Ischemia Encephalopathy Documentation Example

## Insufficient Documentation

- Hypoxic ischemia encephalopathy.

## Best Practice Documentation

- **Moderate** hypoxic ischemia encephalopathy.





# TORCH Syndrome

Each diagnosis of the syndrome must be documented at least once in the medical record:

- **T**oxoplasmosis
- **O**ther, specify as - syphilis, varicella, mumps, parvovirus, or HIV
- **R**ubella
- **C**ytomegalovirus
- **H**erpes simplex



# TORCH Syndrome Documentation Example

## Insufficient Documentation

- TORCH syndrome.

## Best Practice Documentation

- TORCH syndrome with HIV.



# Metabolic Disorder

Document the specific metabolic disorder of newborn such as:

- Disturbances of potassium balance
- Disturbances of sodium balance
- Metabolic acidemia first noted *before onset of labor*
- Metabolic acidemia first noted *during labor*
- Metabolic acidemia noted *at birth*
- Neonatal hypomagnesemia
- Neonatal tetany without calcium or magnesium deficiency
- Syndrome of infant of mother with gestational diabetes
- Syndrome of infant of diabetic mother
- Transitory metabolic disturbance



# Metabolic Disorder Documentation Example

## Insufficient Documentation

- Metabolic disorder.

## Best Practice Documentation

- Metabolic ***acidemia noted at birth.***



# Intracranial Laceration and Hemorrhage

Specify:

- Site:

- Cerebral
- Intraventricular
- Subarachnoid
- Tentorial tear
- Other (specify)

- Cause

- Due to birth injury
- Nontraumatic
  - Note for Intraventricular hemorrhage (nontraumatic) – specify grade 1, 2, 3, or 4



# Intracranial Hemorrhage Documentation Example

## Insufficient Documentation

- IVH

## Best Practice Documentation

- **Grade 1 nontraumatic** intraventricular hemorrhage.



# Maternal Influences

Conditions of the mother that affect or cause morbidity must have clear documentation to describe the cause and effect relationship. This will assist in monitoring for socioeconomic and lifestyle issues.

- Identify influences such as:
  - Drug and/or alcohol exposure
  - Diabetes
  - Chorioamnionitis
- Detail the newborn condition or manifestation



# Maternal Influences Documentation Example

## Insufficient Documentation

- 24 hour neonate with tremors, irritability and shrill cry. Positive maternal alcohol abuse.

## Best Practice Documentation

- Neonate with tremors, irritability and shrill cry **due to alcohol withdrawal secondary to** maternal alcohol abuse.





# Key Documentation Concepts

Incorporating the following terms of specificity in your documentation, when applicable will enhance quality reporting and support severity of illness and medical necessity requirements.

- Gestational Age
- Implications for Future Care
- Underlying and Associated Conditions
- Maternal Influences



# Take the Extra Step!

- Prematurity must be clarified and stated by the physician.
- List the gestational age and weight of the infant
- Specify any abnormalities in fetal size and health that can be attributed to the gestational age (e.g., small for gestation age, 36, wks., 2312 gm.)
- Differentiate community-acquired versus conditions related to the birth process (e.g., congenital pneumonia due to Strep B)
- Identify sign, symptoms, and conditions associated with abnormal results of neonatal screenings.