

NEWBORN FALL/DROP

Newborn Fall/Drop

Assess and stabilize infant

Notify provider of fall (or NICU team if PHS not in house) to assess infant

Transfer infant to the transitional care nursery

Continue assessment with q1hr vitals and neuro checks x 6hrs

Positive signs
and symptoms of
injury*

Yes

No

Obtain Neurosurgical consult
Order Flash MRI or Head CT stat

Vital signs and neuro checks q1hr to
complete 6hrs total

Positive
MRI/CT

Yes

No

Further evaluation and
treatment per NSG team

Complete 6hrs of
monitoring in TCN

Document fall in Sunrise
and complete NB Fall
Event Report

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Return infant to mother's room
Resume routine care

*Positive signs and symptoms of injury

- Loss of consciousness at any time
- Hematoma and/or visible signs of injury to scalp or body
- Seizures
- Apnea or bradycardia