reabsorption and utilization of calcium and phosphate.

17) Epinephrine- emergency drug given I.V. or via endotracheal tube, used in treatment of cardiac arrest to restore cardiac rhythm.

18) Gentamicin Sulfate- I.V. or I.M. antibiotic used in the broad spectrum treatment of probable sepsis, specifically treats serious staphylococcus and E.coli infections.

19) Glucagon- I.V., I.M., or subcutaneous hormonal agent used in the treatment of hypoglycemia, often used in cardiac arrest.

20) Heparin- Anticoagulant used in maintaining patency of I.V. catheters.

21) Isoproterenol- Adrenergic agent used in treatment of shock or ventricular arrhythmias by elevating cardiac output.

22) Lanoxin (digoxin)- I.V. or oral agent used to strengthen cardiac contractions weakened due to congestive heart failure.

23) Lasix- I.V. agent used for treatment of pulmonary edema, hypertension, or renal failure by increasing fluid output by inhibiting sodium reabsorption in the kidneys.
24) Lidocaine- emergency I.V. antiarrhythmic used in the treatment of ventricular tachycardia.


26) Medium chain glycerides (MCT) Oil- caloric agent added to formula, source of rapidly metabolized lipids.

27) Morphine- sedative agent.

28) Nafcillin- I.V. or I.M. antibiotic used in the treatment of systemic staphylococcus infections.

29) Naloxone (Narcan)- I.V. or I.M. narcotic antidote used in treatment of narcotic induced respiratory distress.

30) Pavulon- Neuromuscular blocker used to sedate patient to assist in mechanical ventilation.

31) Penicillin G Potassium- I.V. or I.M. antibiotic used in treatment of moderate to severe systemic infection.

32) Phenobarbital- oral or I.V. anticonvulsant used in the
treatment of seizures.

33) Plasmanate- I.V. blood derivative used in the treatment of shock due to hypovolemia.

34) Potassium Chloride- Agent administered in dextrose solution I.V. to replace and maintain major electrolyte balances.

35) Reglan- Oral antiemetic used in the treatment of gastroesophageal reflux due to delayed gastric emptying.

36) Sodium Bicarbonate- I.V. or oral alkalinizer used in the treatment of metabolic acidosis caused by cardiac arrest.

37) Sodium Chloride- Agent administered in dextrose solution I.V. to replace and maintain major electrolyte balances.

38) Sodium Lactate- I.V. or oral agent metabolized to sodium bicarbonate to correct metabolic acidosis, produces buffering effect.

39) Tobramycin- antibiotic used in the treatment of external eye infection caused by gram negative bacteria, administered by drops.

40) Valporic acid- I.V. or oral anticonvulsant used in the treatment of seizures.
41) Vancomycin- I.V. or I.M. antibiotic used in the treatment of severe staphylococcus infections when other antibiotics are ineffective or contradicted.

42) Vitamin K- I.M. nutritional agent given to prevent hemorrhagic disease in newborns.

CLASSIFICATION OF NEWBORNS --
BASED ON MATURITY AND INTRAUTERINE GROWTH
Symbols:  X - 1st Exam  O - 2nd Exam

Appendix B
Appendix C
Members of the Special Care Nursery Team

1) Chaplain- The SCN has a chaplain available 24 hours a day to assist families with spiritual support, perform baptisms for critically ill infants at the requests of parents, as well as to provide support for the staff when needed.

2) Housekeeping- The SCN has housekeeping staff make rounds through the nursery to assist with sanitation and infection control. In addition to the hospital staff, the SCN has cleaning aides responsible for several special tasks, including restocking the nursery, preparing supplies, and running labs in special circumstances.

3) Interns- A intern is a medical student graduate in his/her first year of practice. The Medical Center has a intern rotate through Wishard's SCN once a month; he/she is part of the staff medical team and will be the primary physician for several patients.

4) Licensed Practical Nurse- (LPN) A nurse who has received training in patient care at a vocational intitution. LPN's are responsible for several patient care procedures and their level of experience governs their responsibility. LPN II's have a greater level of experience and have passed evaluations in the nursery allowing them to carry out more tasks and treatments.
5) Medical Student- Third and fourth year medical students also do a rotation at the Wishard SCN as part of the clinical education they receive. They also are part of the staff medical care team and possibly will be the primary physician for patients under the supervision of a attending physician.

6) Neonatal Fellow- A pediatrician training to specialize in neonatology or the care of sick newborn infants. He/she also rotates through the SCN for a month and also participates in educating the medical students, interns and residents. He/she also is available (on call) during the evening and night for consultation and assistance.

7) Neonatal Attending- This physician has completed his/her training in the subspeciality of neonatology and oversees all medical decisions made by fellows, residents, interns and medical students, as well as nurse practioners. A attending (or "staff") doctor rotates through the nursery usually every three to four months.

8) Neonatal Nurse Practioner- This staff member is employed by the Medical Center and works with the doctors as part of the medical team. He/she also rotates through the nursery on a three to four month basis and work in a team of two or three to administer primary medical care to a number of infants in the nursery, under the consultation of the neonatal attending.
9) Nurse extender- This employee of the nursery assists nurses and doctors in patient care tasks as well as performs limited independent care tasks, such as routine care and treatments. The extender always works under the direction of a RN, LPN, or doctor.

10) Pediatric resident- is a doctor training to become a specialist in pediatrics. The SCN has a resident rotate through the nursery once a month and also has a resident on call every evening and night to attend deliveries and make all the medical decisions for the infants. He/she is sometimes assisted in this job by the fellow on call. The resident is supervised by the fellow and attending and aids in the education of the interns and the medical students.

11) Pharmacist- is responsible for supplying the SCN with all medications administered to the patients. The SCN pharmacist is experienced in the special uses of drugs for newborns and sick infants.

12) Registered Nurse- has a associates or bachelor's degree in nursing. He/she may be a staff nurse 1, 2, or 3, based on experience in the SCN, or a RN Clinician after passing an exam designed for those with extra experience and training in caring for sick newborns. RN's in the SCN are also responsible for working with student nurses and nurse
extenders, as well as carrying out such administrative tasks as making staffing decisions and assignments for patient care.

13) Respiratory Therapist- assists staff in use of respiratory equipment, performs procedures to aid patients in breathing conditions, and assists staff in medical emergencies that require oxygen administration. The SCN has five to seven RT's who are usually assigned to the nursery, one during each shift.

14) Social Worker- an individual with special training to help families deal with their reaction to having a sick infant and to help them make necessary financial and transportation arrangements. The SCN social worker also deals with areas of discharging infants to homes with "compromised families." (i.e. young mothers, unemployed parents, adoptions, etc.)

15) Student Nurse Assistant- a student in the school of nursing who has began or completed clinical training in the area of pediatrics. Students usually work independently with a RN available to perform tasks that the student is not yet qualified to do, or with a RN as a patient care team, depending on staffing needs and experience of the student.

16) Unit Manager- this RN primary duty is to oversee all aspects of nursing and staffing of the nursery. She is
assisted by assistant unit managers (AUM's) who supervise their particular shift and are available for the staff members with questions and concerns. Managers also staff the nursery as RN's and carry out all administrative tasks in the nursery.

17) Ward Secretary- this employee is responsible for paperwork such as patient records, charts, and requisitions. He/she also assists the nursing staff with transporting lab specimens, and answering the phone.

18) X-Ray technicians- these individuals performs all the X-Rays in the SCN. Usually, they transport the equipment to the nursery for X-Rays.
Appendix D
Special Care Nursery

Location of Equipment and Supplies

The following supplies and equipment should be located by the orientee with help from the preceptor. Appropriate explanations about uses of supplies ("what's it for?") should be included.

1. Adapters (blue, prn, leur stub)
2. Add-a-line
3. Alcohol Preps
4. Angiocaths
5. Arterial Line Trays
6. Arterial Catheters
7. AVI administration sets
8. AVI pumps
9. Bags (red isolation, paper, paisley)
10. Bandaids
11. Bath basins
12. Benzoin swabs
13. Blades (prep, surgical)
14. Blood administration sets
15. Blood culture bottles
16. Blood pressure cuffs
17. Blood tubes
18. Breast Pump (manual, electric)
19. Brushes (tooth, hand)
20. Bulb syringes
21. Bullets
22. Butterflies
23. Cables
24. Calculator
25. Capillary tubes
26. Caps (baby, sterile)
27. Central line dressing changing kit
28. Central venous line
29. Centrifuge
30. Charge nurse book
31. Charts (blue, bedside)
32. Chest tubes
33. Chux underpads
34. Circumcision permits
35. Clamps, cord
36. Clean/dirty utility
37. Cleaner, surface foam
38. Clik-locks
39. Coban bandage
40. Code drugs (emergency box)
41. Combs
42. Connectors (T, Sims, straight, Y)
43. Cord clamp cutters
44. Cotton balls
45. Cotton Q-tips
46. Cribs
47. Crib/ linen bundles
48. Critocaps
49. Culturettes
50. Detachol
51. Diapers
52. Disposable suction units
53. Disposable temperature probes
54. Doctor's call room
55. Drain sponges
56. Drinking cups
57. Dressings (4X4, bioclusive, petroleum, hollister adhesive, steri strips, telfa)
58. ET tubes
59. Egg crate pads
60. EKG machine
61. Electrodes
62. ER cart
63. Exchange transfusion set
64. Extension sets (mini volume, twin site, T)
65. External ointments
66. Eye patches
67. Feeding tubes
68. Film (camera)
69. Filters (low volume, micron)
70. Finger cots
71. Fire plan
72. Foot printers
73. Formula
74. Gloves (sterile and non-sterile)
75. Glucose water
76. Goggles
77. Gown packs, sterile
78. Grad-U-Feeds
79. Hearts-probe covers
80. Heel warmers
81. Hemastats, sterile
82. Heparinized syringes
83. Information board
84. Iodine scrub
85. Isolette sleeves
86. IV cart
87. IV extension tubing
88. IV fluids
89. Ivory soap
90. K-pads
91. Kleenex
92. Kleenaspetic spray
93. Labels (medication added, discontinued, white, isolation)
94. Lab requisitions (box, kardex, book, results)
95. Lancets
96. Lemon glycerine swabs
97. Lotion
98. Lubricating jelly
99. Masking tape
100. Masks
101. Meconium aspirators
102. Medi-aire spray
103. Medication cups
104. Mole skin
105. Mucous traps (with, without suction catheters)
106. Needles (18-27 gauge, filter, spinal)
107. Needle boxes, contaminated
108. Nipples
109. SCN Office
110. Opsite
111. Ostomy bags
112. Oxygen masks
113. Oxygen shut off valve
114. Pacifiers
115. Parent calls/visits board
116. Patient classifications board
117. Per-q-Catheter tray
118. Personnel policy book
120. Polycose powder
121. Pressure tubing (transducer, central line)
122. Procedure manual
123. Restraints
124. Repogles
125. Rice cereal
126. Respiratory therapist room
127. Safety pins
128. Schedule
129. Scissors, sterile
130. Scrub closet
131. Specimen containers
132. Stopcocks (double and single)
133. Stork line
134. Stylets, intubating
135. Suction catheters
136. Suction cannisters
137. Suction tubing
138. Suture removal kits
139. Suture sets
140. Stockinetees
141. Syringes (TB, insulin, toomey)
142. Tape measures
143. Tape (paper, adhesive, twill)
144. Textbooks
145. Thermometers
146. Tongue blades
147. Towels, sterile
148. Transilluminator
149. Trash bags
150. Tubing, rubber
151. Umbilical artery catheters (3.5, 5.0)
152. Urine bags
153. Urine cups
154. Vacutainers (red, lavender, green, blue)
155. Ward Secretary book
156. Yellow cover gowns
Appendix E
Emergency Medications

<table>
<thead>
<tr>
<th>Drug</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Epinephrine</td>
<td>Asystole or severe bradycardia</td>
</tr>
<tr>
<td>(dosage is 0.1-0.3 ml of 1:10,000 diluted/kg; given I.V. or diluted further 1:1 with saline and given down the ETT.)</td>
<td></td>
</tr>
<tr>
<td>2) Sodium Bicarbonate</td>
<td>Metabolic Acidosis</td>
</tr>
<tr>
<td>(dosage is 2-4 mEq/kg; given I.V.; usually only given after an ABG documents acidosis.)</td>
<td></td>
</tr>
<tr>
<td>3) Naloxone (Narcan)</td>
<td>Narcotic Depression</td>
</tr>
<tr>
<td>(0.25 ml/kg of 0.4 mg/ml; given I.M. or I.V.; may wear off before effects of narcotic do, therefore dosage is usually repeated; do not give to infants of narcotic addicted mothers because it may cause acute withdrawl syndrome.)</td>
<td></td>
</tr>
<tr>
<td>4) Plasma</td>
<td>Volume expander, combat blood loss</td>
</tr>
<tr>
<td>&quot;Emergency Cells&quot; Albumin</td>
<td>Hypotension</td>
</tr>
<tr>
<td>Normal Saline</td>
<td></td>
</tr>
<tr>
<td>(10cc/kg, given I.V. over 10 minutes. Can be repeated prn.)</td>
<td></td>
</tr>
<tr>
<td>(The following drugs are usually only used in prolonged resuscitations)</td>
<td></td>
</tr>
<tr>
<td>5) Calcium Gluconate</td>
<td>Bradycardia, poor cardiac output</td>
</tr>
<tr>
<td>(10 percent solution, given I.V., 1-2ml/kg.)</td>
<td></td>
</tr>
<tr>
<td>6) Isoproterenol</td>
<td>Bradycardia, hypotension, poor cardiac output.</td>
</tr>
<tr>
<td>(1ml/kg/hr, given I.V.)</td>
<td></td>
</tr>
<tr>
<td>7) Dopamine</td>
<td>Low cardiac output</td>
</tr>
<tr>
<td></td>
<td>Hypotension</td>
</tr>
<tr>
<td>(5-10ug/kg/min., given I.V.)</td>
<td></td>
</tr>
<tr>
<td>8) Atropine</td>
<td>Bradycardia</td>
</tr>
<tr>
<td>(.01 mg/kg, given I.V.)</td>
<td></td>
</tr>
</tbody>
</table>

The nurse extender's role in a "code" is one of an assistant. Supplies can be obtained, other personnel can be called to assist, specimens can be taken to the lab, etc. Knowing what is going on, being familiar with the routine in an emergency, being able to anticipate what is needed, and being able to work independently are the most important thing to do. It is easy to forget about all the other patients in the nursery during an emergency, but all those infants need to be taken care of and most often, their caretakers are tied up.
### Signs, Symbols and Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AB</td>
<td>antibody</td>
</tr>
<tr>
<td>ABC</td>
<td>arterial blood gases</td>
</tr>
<tr>
<td>a.c.</td>
<td>before meals (L. ante cibum)</td>
</tr>
<tr>
<td>add.</td>
<td>add (L. adde)</td>
</tr>
<tr>
<td>AGA</td>
<td>appropriate for gestational age</td>
</tr>
<tr>
<td>AgNO3</td>
<td>silver nitrate</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Synd.</td>
</tr>
<tr>
<td>A1</td>
<td>arterial line</td>
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<tr>
<td>Ambu</td>
<td>ambu bag</td>
</tr>
<tr>
<td>amt.</td>
<td>amount</td>
</tr>
<tr>
<td>anom.</td>
<td>anomalies</td>
</tr>
<tr>
<td>A/P</td>
<td>Assessment and Plan</td>
</tr>
<tr>
<td>aq</td>
<td>water</td>
</tr>
<tr>
<td>ARF</td>
<td>acute renal failure</td>
</tr>
<tr>
<td>Art.</td>
<td>artery</td>
</tr>
<tr>
<td>As</td>
<td>apenic episodes</td>
</tr>
<tr>
<td>ASAP</td>
<td>as soon as possible</td>
</tr>
<tr>
<td>B.C.</td>
<td>blood culture</td>
</tr>
<tr>
<td>b.i.d.</td>
<td>twice a day (bis in die)</td>
</tr>
<tr>
<td>BIH</td>
<td>bilateral inguinal hernia</td>
</tr>
<tr>
<td>Bili.</td>
<td>bilirubin</td>
</tr>
<tr>
<td>Bid.</td>
<td>blood</td>
</tr>
<tr>
<td>BOW</td>
<td>bag of waters (amnion fluid)</td>
</tr>
<tr>
<td>B.P.</td>
<td>blood pressure</td>
</tr>
<tr>
<td>BPD</td>
<td>bronchopulmonary dysplasia</td>
</tr>
<tr>
<td>Bs</td>
<td>bradycardia</td>
</tr>
<tr>
<td>BS</td>
<td>breath sounds</td>
</tr>
<tr>
<td>BUN</td>
<td>blood urea nitrogen</td>
</tr>
<tr>
<td>BWt.</td>
<td>birth weight</td>
</tr>
<tr>
<td>c</td>
<td>with</td>
</tr>
<tr>
<td>C.</td>
<td>centigrade</td>
</tr>
<tr>
<td>Ca</td>
<td>calcium</td>
</tr>
<tr>
<td>c/a</td>
<td>cardiac apnea</td>
</tr>
<tr>
<td>CaGluc</td>
<td>calcium gluconate</td>
</tr>
<tr>
<td>cal.</td>
<td>calorie</td>
</tr>
<tr>
<td>CBC</td>
<td>complete blood count</td>
</tr>
<tr>
<td>c.c.</td>
<td>cubic centimeter</td>
</tr>
<tr>
<td>CC</td>
<td>chart checked</td>
</tr>
<tr>
<td>circ.</td>
<td>circumcision</td>
</tr>
<tr>
<td>Cl</td>
<td>chloride</td>
</tr>
<tr>
<td>cm.</td>
<td>centimeter</td>
</tr>
<tr>
<td>CMV</td>
<td>cytomegally inclusion virus</td>
</tr>
<tr>
<td>CNS</td>
<td>central nervous system</td>
</tr>
<tr>
<td>CO2</td>
<td>carbon dioxide</td>
</tr>
<tr>
<td>CPAP</td>
<td>continuous positive airway pressure</td>
</tr>
<tr>
<td>CPR</td>
<td>cardiopulmonary resuscitation</td>
</tr>
<tr>
<td>Cr</td>
<td>creatinine</td>
</tr>
<tr>
<td>CS or C-section</td>
<td>Cesarean section</td>
</tr>
<tr>
<td>CSF</td>
<td>cerebrospinal fluid</td>
</tr>
<tr>
<td>CT</td>
<td>chest tube</td>
</tr>
<tr>
<td>C.T.</td>
<td>computerized tomography</td>
</tr>
<tr>
<td>CT scan</td>
<td>computerized axial tomography</td>
</tr>
<tr>
<td>CVL</td>
<td>central venous line</td>
</tr>
<tr>
<td>CXR</td>
<td>chest X-ray</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Description</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
</tr>
<tr>
<td>D5W</td>
<td>Dextrose 5% in water</td>
</tr>
<tr>
<td>D10W</td>
<td>Dextrose 10% in water</td>
</tr>
<tr>
<td>DAT</td>
<td>Direct Antiglobulin Test</td>
</tr>
<tr>
<td>d</td>
<td>day(s)</td>
</tr>
<tr>
<td>d/c</td>
<td>discontinue</td>
</tr>
<tr>
<td>D/C</td>
<td>discharged</td>
</tr>
<tr>
<td>dc'd</td>
<td>discontinued</td>
</tr>
<tr>
<td>del</td>
<td>delivery</td>
</tr>
<tr>
<td>DEX</td>
<td>dextrostick</td>
</tr>
<tr>
<td>D &amp; I</td>
<td>dry and intact</td>
</tr>
<tr>
<td>D.I.C.</td>
<td>Disseminated intravascular coag.</td>
</tr>
<tr>
<td>DIR BILI</td>
<td>direct bilirubin</td>
</tr>
<tr>
<td>DNR</td>
<td>Do Not Resuscitate</td>
</tr>
<tr>
<td>DOB</td>
<td>date of birth</td>
</tr>
<tr>
<td>DS (dex)</td>
<td>Dextrostix</td>
</tr>
<tr>
<td>DW</td>
<td>distilled water</td>
</tr>
<tr>
<td>Dx</td>
<td>diagnosis</td>
</tr>
<tr>
<td>ECG or EKG</td>
<td>electrocardiogram</td>
</tr>
<tr>
<td>Echo</td>
<td>echocardiogram</td>
</tr>
<tr>
<td>ect.</td>
<td>and so forth</td>
</tr>
<tr>
<td>EEG</td>
<td>electroencephalogram</td>
</tr>
<tr>
<td>e.g.</td>
<td>for example</td>
</tr>
<tr>
<td>EGA</td>
<td>estimated gestational age</td>
</tr>
<tr>
<td>Enf. c Fe</td>
<td>Enfamil with iron</td>
</tr>
<tr>
<td>ENT</td>
<td>ear, nose and throat</td>
</tr>
<tr>
<td>ER</td>
<td>emergency room</td>
</tr>
<tr>
<td>ETOH</td>
<td>ethyl alcohol (hard liquor)</td>
</tr>
<tr>
<td>EXT</td>
<td>extremities</td>
</tr>
<tr>
<td>F</td>
<td>Fahrenheit</td>
</tr>
<tr>
<td>Fdg.</td>
<td>feeding</td>
</tr>
<tr>
<td>Fe</td>
<td>iron</td>
</tr>
<tr>
<td>FeSO4</td>
<td>ferrous sulfate</td>
</tr>
<tr>
<td>FFP</td>
<td>fresh frozen plasma</td>
</tr>
<tr>
<td>FHR</td>
<td>fetal heart rate</td>
</tr>
<tr>
<td>FHS</td>
<td>fetal heart sounds</td>
</tr>
<tr>
<td>FHT</td>
<td>fetal heart tones</td>
</tr>
<tr>
<td>FNA</td>
<td>fine needle aspiration</td>
</tr>
<tr>
<td>FOB</td>
<td>foot of bed</td>
</tr>
<tr>
<td>FS</td>
<td>full strength</td>
</tr>
<tr>
<td>FSE</td>
<td>fetal scalp electrode</td>
</tr>
<tr>
<td>FT</td>
<td>foot</td>
</tr>
<tr>
<td>FTT</td>
<td>failure to thrive</td>
</tr>
<tr>
<td>F/U</td>
<td>follow-up</td>
</tr>
<tr>
<td>FUO</td>
<td>fever of unknown origin</td>
</tr>
<tr>
<td>G</td>
<td>gravida</td>
</tr>
<tr>
<td>g. or gm.</td>
<td>gram</td>
</tr>
<tr>
<td>GA</td>
<td>general anesthesia</td>
</tr>
<tr>
<td>GBBS</td>
<td>Group B Beta Strep</td>
</tr>
<tr>
<td>G.E.R.</td>
<td>Gastro Esophageal Reflux</td>
</tr>
<tr>
<td>Gest.</td>
<td>gestation</td>
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<tr>
<td>gluc.</td>
<td>glucose</td>
</tr>
<tr>
<td>GN</td>
<td>graduate nurse</td>
</tr>
<tr>
<td>GP</td>
<td>gravida/para</td>
</tr>
<tr>
<td>GPA</td>
<td>gravida/para/abortion</td>
</tr>
<tr>
<td>Grav I, II</td>
<td>primigravida, secondgravida</td>
</tr>
<tr>
<td>gtt.</td>
<td>drop</td>
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</table>
GT or G-tube: gastrostomy tube
GYN: gynecology
h: hour (L. hora)
HAF: Hyperalimentation Fluid
Hb, Hg, Hgb: hemoglobin
HCL: hydrochloric acid
Hct: hematocrit
HEENT: head, eyes, ears, nose, and throat
Heme: hematology or hematest
Hep: heparin
Hist: history
HIV: human immunodeficiency virus
HL: heparin lock
HMD: hyaline membrane disease
HO: house officer (doctor on call)
H2O: water
HOB: head of bed
H & B: history and physical exam
hr.: hour
HR: heart rate
h.s.: at bedtime (L. hora somni)
HUS: head ultrasound
HV: hyperventilation
Hx: history
hyst: hysterectomy
ib. id: in the same place; the same
ICU: intensive care unit
IDM: infant of diabetic mother
i.e.: that is
Ig: immunoglobulin
I.M.: intramuscular
IND BILI: indirect bilirubin
Inf: infusion
infil: infiltrate
info: information
INJ: injection
Insp: inspiratory
I & O: input and output
IOC: intern on call
isol: isolation
IUGR: intrauterine growth retardation
IUMC: Indiana University Medical Center
IVDA: intravenous drug abuse
IVF: intravenous fluids
IVH: intraventricular hemorrhage
IV-push: intravenous syringe pump
jaund: jaundice
K: potassium
KCL: potassium chloride
kg: kilogram
km: kilometer
KUB: kidney, ureter, bladder (X-ray)
l: liter
L: left
LA: local anesthesia
lab: laboratory
LIS  low intermittent suction
LGA  large for gestational age
LMP  last menstrual period
LPN  licensed practical nurse
lytes electrolytes
m  murmur
M  molar (solution)
m.  meter
M.  thousand
m2  meter squared
MAE  moving all extremities
MAP  male adaptor (heparin lock)
MAR  medication administration record
mcg. microgram (s)
M.D. Doctor of Medicine
mec  meconium
meds. medications
mEq. milliequivalents
mg  milligram
Mg  magnesium
MGF  maternal grandfather
MGM  maternal grandmother
Min. minutes
Misc. miscellaneous
ml.  milliliter
mmol  millimole
mo  month
m.o.  month old
mod.  moderate
MON  monitor
PRAN  pediatric resident admit note
PRPN  pediatric resident progress note
MS3  junior medical student
MS4  senior medical student
MSPN  medical student progress note
NL  normal
Na  sodium
NA  not applicable
N/A Not Available
NaCl  sodium chloride
NAD  not apparent distress
NaHCO3 sodium bicarbonate
NBN  newborn
nc  nasal canula
NCP  nursing care plan
NEC  necrotizing enterocolitis
NG  nasogastric
NNS  neonatal screen
no.  number
no.  at night
noc.  nasopharyngeal continuous airway pressure
NCPAP  nasopharyngeal continuous airway pressure
NPO  nothing by mouth
NS  normal saline
nsg.  nursing
NTS  Nasotracheal suctioning
O2 oxygen
O2 sat. Oxygen saturation
OB obstetrics
obs. observation
OFC occipital frontal circumference
OG orogastric
OT occupational therapy
oz. ounce
P/A posterior/anterior
para number of infants born capable of living
Pb lead
p.c. after meals (L. post cibum)
P.C.N. Penicillin
pCO2 carbon dioxide partial pressure
PDA patent ductus arteriosus
P.E. physical examination
Ped. pediatric
peep positive end expiratory pressure
PFC persistent fetal circulation
PGF paternal grandfather
PGM paternal grandmother
pH hydrogen ion activity
PIE pulmonary interstitial emphysema
PIP peak inspiratory pressure
PIV peripheral IV
Plts. platelets
po by mouth (L. per os)
pO2 partial pressure of oxygen
PP post partum
PRBC packed red blood cells
p.r.n. as often as necessary
P.R.O.M. premature rupture of membranes
Pt. patient
q every (L. quaque)
q.a.m. every morning
q.d. every day
q.h. every hour
q.h.s. every bedtime
q.i.d. four times a day
qns quantity not sufficient
q.o.d. every other day
q.p.m. every evening
q.s. sufficient quantity
RA room air
RBC red blood cells
RBOW ruptured bag of waters
RDS respiratory distress syndrome
rec'd received
Req. requested
Resp. respiration
Retic. reticulocytes
RHC Regenstrief Health Center
RLF (outpatient clinic for IUMC)
RMO retrolental fibroplasia
RMO requisition made out
R.N. registered nurse
R/O rule out
RR respiratory rate
RRR regular rate and rhythm
RT respiratory therapy
Rx treatment
s without
SB stillborn
SGA small for gestational age
SHx social history
SIDS Sudden Infant Death Syndrome
Sim c Fe Similac with iron
S1. slight
sm small
SNA student nursing assistant
SOB short of breath
sp.gr. specific gravity
SRM spontaneous rupture of membranes
Staph. staphylococcus
stat at once
STD sexually transmitted disease
Strep. streptococcus
subq. subcutaneous
suct. or sux. suction
Sz. seizure
T temperature
tach. tachycardia
T.C. tracheostomy collar
T & C type and crossmatch (blood types)
TEF tracheo-esophageal fistula
t.i.d. three times a day
T.O. telephone order (from doctor)
TOT BILI total bilirubin
TPN total parental nutrition
TPR temperature, pulse and respiration
trach. tracheostomy
TTN transient tachypnea of the newborn
Tx treatment
UA urinalysis
UAL umbilical arterial line
u/o urinary output
USGA ultrasound gestational age
VBAC vaginal birth after c-section
VDRL serological test for syphilis
VO verbal order (from doctor)
vol. volume
VSS vital signs stable
WBC Wishard Birthing Center
WBC white blood cells
W-D wet to dry
W/D warm and dry
wt. weight
wk. week(s)
WMH Wishard Memorial Hospital
WNL within normal limits
w/o without
-Taken from: Wishard Memorial Hospital-Legend of Signs, Symbols, and Abbreviations, 1990.
Notes


2 Hodson, p. 1030.


4 Gardner, p. 678.


7 Brooten, p. 959.


9 Brooten, p. 1027.

10 Brooten, p. 981.

11 Brooten, p. 976.

12 Brooten, p. 992.

13 Brooten, p. 1010.

14 Andrews.


16 Cloherty, p. 74.


21 Thompson, p. 37.
22 Daze, p. 115.
23 Thompson, p. 37.
24 Daze, p. 98.
25 Thompson, p. 39.
26 Hodson, pp. 9-10.
27 Cloherty, p. 79.
29 Thompson, p. 31.
30 Gardner, p. 59.
31 Korones, p. 75.
32 Gonaella, p. 407.
33 Cloherty, p. 79.
34 Daze, pp. 98-9.
35 Thompson, p. 38.
36 Cloherty, pp. 76-7.
37 Thompson, p. 37.
38 Gardner, p. 63.
39 Thompson, p. 39.
40 Hodson, pp. 10-13.
41 Gonaella, p. 13.
42 Cloherty, pp. 78-9.
43 Daze, pp. 102-4.
44 Korones, p. 82.
45 Cloherty, p. 79.
46 Daze, p. 99.
47 Thompson, pp. 39-40.
48 Cloherty, pp. 79-82.
49 Gonaella, pp. 15-6.
50 Korones, pp. 82-3.
51 Cloherty, p. 82.
52 Gonaella, pp. 13-4.
53 Thompson, p. 19.
54 Korones, p. 79.
56 Korones, p. 119.
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58 Hodson, p. 21.
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70 McKenzie, p. 285.
73 Gardner, p. 81.
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75 Gardner, p. 94.
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77 Korones, p. 121.
78 Fanaroff, p. 80.
79 Korones, p. 117.
80 Fanaroff, p. 80.
81 Korones, p. 117.
82 Gardner, p. 87.
83 McKenzie, p. 28.
84 Cloherty, pp. 107-8.
85 Korones, p. 145.
86 Gonaella, p. 29.
87 McKenzie, p. 123.
88 McKenzie, p. 122.
89 Gonaella, p. 12.
90 Gardner, p. 42.
91 McKenzie, p. 290.
92 Korones, p. 145.
93 Schreiner.
94 Fanaroff, p. 84.
95 Thompson, p. 58.
96 McKenzie, p. 290.
97 Thompson, p. 58.
98 Korones, p. 145.
100 Korones, pp. 88-9.
101 Gonaella, p. 36.
102 Gardner, p. 111.
103 Cloherty, p. 467.
104 Schreiner, pp. 44-5.
105 Gardner, p. 117.
106 Thompson, p. 60.
107 Fanaroff, p. 97.
108 Schreiner, p. 45.
109 Hodson, pp. 29-30.
110 Korones, pp. 94-6.
111 Fanaroff, p. 98.
112 Hodson, p. 29.
113 Gonaella, p. 36.
114 Korones, p. 92.
115 Cloherty, p. 465.
116 Schreiner, p. 44.
117 Hodson, p. 29.
118 Thompson, p. 60.
119 Korones, p. 93.
120 Cloherty, pp. 44-6.
121 Hodson, p. 29-30.
122 Schreiner, p. 45.
124 Gardner, p. 120.
125 Gonaella, p. 367.
126 Hodson, p. 31.
127 Schreiner, p. 46.
128 Cloherty, p. 468.
129 Korones, p. 187.
130 Cloherty, p. 359.
131 Kojetin, Marsha, R.N., N.N.P. Personal Interview.
132 Cloherty, pp. 359-60.
133 Gonaella, p. 68.
134 Thompson, p. 62.
135 Kojetin.
136 Thompson, p. 64.
137 Hodson, p. 48.
138 Kojetin.
139 Thompson, p. 63.
141 Thompson, p. 63.
142 Korones, p. 194.
143 Cloherty, p. 68.
144 Kojetin.
146 Thompson, p. 64.
147 Hodson, p. 48.
148 Korones, p. 191.
149 Kojetin.
150 Hodson, p. 47.
151 Gonaella, p. 330.
152 Cloherty, p. 253.
153 Kojetin.
155 Thompson, p. 63.
156 Cloherty, p. 361.
157 Thompson, p. 65.
159 Gardner, p. 212.
160 Kojetin.
161 Cloherty, p. 363.
162 Brootenm, pp. 1159-60.
163 Korones, pp. 199-200.
164 Gardner, p. 204.
165 Cloherty, p. 363.
166 Brooten, pp. 1159-60.
168 Cloherty, pp. 363-4.
169 Cloherty, pp. 364-5.
170 Kojetin.
171 Korones, p. 200.
172 Thompson, p. 63.
173 Kojetin.
174 Gonaella, p. 148.
175 Cloherty, p. 339.
176 Hodson, p. 105.
207 Korones, p. 353.
208 McKenzie, p. 458.
209 Fanaroff, p. 115.
210 Cloherty, p. 423.
211 Cloherty, p. 424.
212 Kojetin.
213 Gardner, p. 190.
214 Kojetin.
215 Gardner, pp. 192-3.
216 Cloherty, pp. 430-5.
217 Thompson, p. 69.
218 Fanaroff, p. 121.
220 Gardner, p. 660.
221 Fanaroff, pp. 121-2.
222 Gardner, pp. 194-7.
224 Thompson, p. 72.
225 Fanaroff, pp. 125-6.
226 Cloherty, p. 460.
227 Thompson, pp. 78-80.
228 Cloherty, pp. 440-2.
229 Cloherty, p. 448.
230 Thompson, p. 85.
231 Gonaella, p. 41.
232 Gardner, p. 199.
233 Fanaroff, p. 125.
234 Cloherty, p. 443.
235 Gardner, p. 197.
236 Thompson, pp. 81-2.
237 Fanaroff, pp. 422-4.
238 Kojetin.
239 Gonaella, p. 40.
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247 Gardner, p. 418.
248 Gonaella, p. 123.
249 Cloherty, pp. 192-3.
251 Korones, pp. 241-3.
252 Gardner, p. 419.
253 Gardner, pp. 420-3.
254 Gonaella, p. 148.
255 Cloherty, p. 339.
256 Hodson, p. 105.
257 Thompson, p. 112.
258 Gonaella, pp. 3, 8-10.
259 Cloherty, pp. 248-53.
260 Fanaroff, pp. 220-1.
262 Korones, p. 344.
263 Hodson, p. 105.
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266 Thompson, p. 113.
267 Korones, p. 343.
268 Korones, p. 344.
269 Gonaella, p. 148.
270 Cloherty, pp. 339-40.
271 Thompson, p. 112.
273 Gonaella, pp. 3, 8-10.
274 Fanaroff, pp. 220-1.
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293 Cloherty, p. 233.
294 Thompson, pp. 154-5.
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298 Gonaella, pp. 138-9.
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300 Gardner, pp. 291-3.
301 Korones, p. 324.
302 Gardner, p. 327.
303 Wilkerson, p. 363.
304 McKenzie, pp. 603-6.
305 Cloherty, pp. 249-53.
306 Cloherty, p. 245.
307 Gonaella, p. 104.
308 Wilkerson, p. 32.
309 Hodson, p. 165.
311 Gonaella, p. 360.
312 Thompson, pp. 156-7.
313 Axton, p. 91.
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321 Gonaella, p. 254.
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324 Thompson, p. 177.
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348 Cloherty, p. 40.
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350 Gonaella, pp. 266-7.
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368 Evert.

369 Lemons, p. 84.

370 Flandermeyer, pp. 46-7.

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379 Evert.

380 Lemons, pp. 85-6.

381 Gonaella, pp. 222-3.

382 Flandermeyer, pp. 45-6.

383 Korones, p. 173.

384 Evert.

385 Flandermeyer, p. 46.


387 Craig.

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394 Craig.


399 Mahan, p. 98.

400 Nance, p. 117.