Curricular Components for General Pediatrics EPA 3

<table>
<thead>
<tr>
<th>1. EPA Title</th>
<th>Care for the well newborn</th>
</tr>
</thead>
</table>
| 2. Description of the activity | Care of the well newborn in the immediate perinatal period will occur predominantly in the newborn nursery. Scope of practice for this EPA includes well full-term and late pre-term infants. A pediatrician is also expected to manage the common problems that occur in these newborns. The specific functions which define this EPA include:  
- Performing a physical examination to look for normal variations, abnormal signs and congenital anomalies  
- Identifying and applying key evidence based guidelines for care of the newborn  
- Providing routine care, as well as addressing common problems that develop within the first 28 days of life  
- Using judgment to know when common problems can be handled at home, and arrange for discharge and follow-up  
- Assessing maternal/family readiness to care for the infant post discharge  
- Transitioning care to the community practitioner  
- Demonstrating confidence that puts new parents at ease |
| 3. Judicious mapping to domains of competence | X_ Patient Care  
X_ Medical Knowledge  
___ Practice-based Learning and Improvement  
X_ Interpersonal & Communication Skills  
___ Professionalism  
___ Systems-based Practice  
X_ Personal & Professional Development |
| 4. Competencies within each domain critical to entrustment decisions | PC 3: Transferring care  
PC 5: Performing complete physical exams  
MK 2: Practicing EBM  
ICS 1: Communicating with patients/families  
PPD 7: Demonstrating self-confidence |
| 5. Curricular Components that support the functions of the EPA (knowledge, skills and attitudes needed to execute this EPA safely) : | Rationale: Pediatricians must be able to anticipate and manage the health and medical needs of the normal term and late preterm newborn, as well as manage those newborn medical conditions that do not require an intensive care nursery prior to hospital discharge. They should also be able to manage those conditions that evolve or emerge at home during the neonatal time period. |
**Scope of Practice:** This document is intended to address the scope of knowledge and skills of the generalist in a community practice with access to support from a neonatologist. As such it focuses on common problems that a generalist should manage with the understanding that the generalist will recognize his/her own limitations and seek additional assistance from a neonatologist as needed. Ideally, care from the generalist would begin during the perinatal period with a prenatal visit to the pediatrician to begin anticipatory guidance for parents, especially new parents. Care of the normal newborn begins at delivery and continues through the 28th day of life. The patient population includes both term newborns (37 weeks 0/7 days of gestation to 41 weeks 6/7 days) and late pre-term newborns (34 weeks 0/7 days through 36 weeks 6/7 days). Scope of practice will change with context and may include delivery room care. Those practicing in more rural areas may be called upon to resuscitate and stabilize premature infants < 34 weeks of age.

**Curricular components that support the functions of the EPA:**

**Performing a physical examination to look for normal variations, abnormal signs and congenital anomalies**
- Determines the general state of the infant (“well” versus “sick” newborn).
- Distinguishes normal variations from abnormal findings.
- Interprets physical exam findings in the context of the maternal history and family history.
- Synthesizes clinical findings into a unified diagnosis where possible.

**Identifying and applying key evidence-based guidelines for care of the newborn**
- Develops an answerable clinical question.
- Searches the literature for evidence focusing on the highest grade evidence available.
- Interprets the evidence in light of its grade.
- Applies the evidence to the care of the patient given the particular context for that patient.

**Providing routine care, as well as addressing common problems that develop within the first 28 days of life.**

**Reviewing relevant medical history:**
- Incorporates relevant prenatal, perinatal and postnatal history into caring for the patient’s individual needs.

**Delivery Room Care:**
- Resuscitates and stabilizes newborns in distress (suctioning, oxygen use and bag-mask ventilation as needed).
- Performs an overall assessment that includes APGAR scores.
- Determines gestational age and plots growth.
Routine Care:

- Orders or administers Vitamin K and eye prophylaxis.
- Prescribes cord care
- Orders appropriate newborn screening tests.
- Orders appropriate immunizations.
- Manages feedings/fluids
- Prescribes measures to regulate temperature for newborns not capable of doing so.

Problems generally within the scope of general pediatric practice (based on prevalence and potential morbidity) where the role of the generalist is to recognize, evaluate and treat:

- Indirect hyperbilirubinemia
- Newborn complications of maternal diabetes (hypoglycemia, polycythemia, large for gestational age)
- Transient tachypnea of the newborn
- Murmurs due to heart conditions that do not affect cardiovascular stability
- Infants born to mothers with fever at the time of delivery
- Infants born to mothers with Group B strep not adequately treated
- Suspected sepsis
- Hypoglycemia
- Poor weight gain
- Neonatal abstinence syndrome

Problems that generally require consultation where the role of the generalist is to recognize, provide preliminary evaluation and refer. (This list depends greatly on context in which one practices. Those generalists practicing in areas where access to subspecialists is difficult will likely provide more of the care and may do so with telephone advice from a trusted subspecialist as needed):

- Direct hyperbilirubinemia (biliary atresia, etc.)
- Indirect hyperbilirubinemia that is not responding to phototherapy
- Early onset sepsis due to Group B streptococcus, gram negative bacteria, Listeria as well as other bacteria and viruses (e.g., HSV and Enteroviruses)
- Congenital infections (e.g., CMV)
- Infant born to an HIV positive mothers
- Meconium aspiration
- Tracheo-esophageal fistula
- Cyanosis due to respiratory compromise
- Cyanosis due to congenital heart disease
- Pathologic heart murmurs and conditions
- Necrotizing enterocolitis
- Abdominal wall defects (omphalocele, gastroschisis)
- Intestinal obstruction (malrotation with volvulus, Hirschsprung Disease)
- Seizures
• Brachial plexus injuries
• Trisomy 21 and other genetic conditions

Using judgment to know when common problems can be handled at home and arrange for discharge and follow-up
• Seeks out resources, services, and necessary health professionals to assist with patient’s needs after discharge.
• Discusses and considers the home environment in making decisions about readiness for discharge.
• Addresses concerns parents may have regarding the newborn’s health and routine care.
• Gauges family’s understanding of health problems if they exist.
• Determines family acceptability of a visiting nurse to help with care if needed.

Assessing maternal/family readiness to care for the infant post discharge
• Interviews the parents/family about previous experience with newborn care.
• Gathers information on available support systems.
• Invites questions from the family.
• Includes family in a shared decision making process.
• Screens for maternal depression and refers as indicated.
• Determines and discusses family level of comfort for interval between hospital discharge and first follow-up visit.

Transitioning care to the community practitioner
• Provides written and verbal discharge instructions inviting questions from the family.
• Transmits information about the maternal, perinatal and postnatal course to the receiving pediatrician.

Demonstrating confidence that puts new parents at ease
• Assists parents in navigating uncertainties and complexities.
• Meets the emotional needs of new parents through reassurance and empathy.
• Acknowledges one’s limitations in knowledge and sets an agenda for fact finding and follow-up with parents.

Authors:
Carol Carraccio (lead), Michael Barone, Ann Burke, and the General Pediatrics EPA Curricular Elements workgroup, Marsha Anderson, Sharon Calaman, Anna Kuo, Jerry Larrabee, Kenya McNeal Trice, Sue Poynter