Section: Division of Nursing Approval:		**************************************	Index: Page:	6170.024a 1 of 1	
			*********	Issue Date: Reviewed Date: Revised Date:	July 16, 1990 Jan. 2008 Jan. 2010
		HACKET	FSTOWN REGIONAL MEDIC	CAL CENTER	
Originator: L. Hibschman, RN B. Van Meter, RNC C. Dellano, RN		Meter, RNC			
Reviewed by: Revised by:	Amy Patrey, OB Tech P. Swanson, RN, MSN		NEWBORN SERVICES (Scope)		
TITLE:	SPECIA	AL CHILD HEALTH S	ERVICES AND STATE BIRT	TH DEFECTS REGIS	TRY
PURPOSE:		To outline the steps State Department of	to register all newborns with f Health.	abnormalities or susp	pected abnormalities with the
SUPPORTIVE DATA:		The State Department of Health needs this information to provide anticipated care for children with abnormalities. The information is also useful for statistical data. See SCHS booklet in file cabinet on Post Partum Nurse's Station.			
EQUIPMENT:		Special Child Health	Services Registration form		
CONTENT:	PI	ROCEDURE STEPS:		KEY POINTS:	
	1	. Physician diagnosis written either on fror assessment, or in p	nt sheet, on physical	Check inclusion a folder.	and exclusion list located in
	2	when she becomes	rm in the newborn's chart aware of the diagnosis and reportable and fills out	The diagnosis months which the MD has	ust be exactly the same as that s written.
	3	listed on the exclusi made. "Rule-out" di	r abnormalities exist (as on list), a referral must be lagnosis pending lab RCH or chromosomal be be reported.		
	4	. Enter all available i	nformation on form.		
	5		paby has been registered she was so informed on the SCHS booklet.		ome upset if they receive gistration and are unaware it has
	6	. Place last page of c chart. (green form)	ompleted form on infant's		

7. OB Tech will transfer all information on form into NJHSS Special Child's registry via internet

site.