Section: Approval:	Division of Nursing	**************************************	Index: Page: Issue Date: Review Date:	6170.032a 1 of 1 July 16, 1990 January, 2008	
		HACKETTSTOWN REGIONAL MEDICA	AL CENTER		
Originator: Reviewed by	H. Gaffigan, R r:D. Vander Wiele R	N N, MSN, MPA, CNAA <u>NEWBORN SERVICES</u> (Scope)			
TITLE:	AUTHORIZATION OF PEDIATRIC TREATMENT PERMIT				
PURPOSE:	To outline	the procedure to obtain legal authorization fo	or the physician to care f	or the newborn.	
CONTENT:	PROCEDURE STEPS:		KEY POINTS:		
	defi new the	Authorization of Pediatric Treatment which nes which pediatrician will be caring for the born is obtained by the nurse at the time of mother's admission. The mother should sign form. RN should sign as witness.	being done without the Mother's consent is there is no establish father/support personal sectors.	To assure the parents that no treatment is being done without this consent. Mother's consent is necessary because there is no established parentage of the father/support person. This Authorization is found on reverse side of Apgar sheet.	
	deer	egnant woman who is a minor shall be ned to have the same legal capacity to act, shall have the same powers and obligations person of legal age.			
	obta	Authorization for Treatment must be ined before a physician may examine the born. This should be done prior to delivery.	Authorization is for t newborn and of the		
	Ped	e patient does not use an HRMC iatrician, they may choose one for hospital or use the on-call pediatrician for the month.	Pediatrician participa	n should be given to ation in patient's	

REFERENCE: HCH Hospital Standards Manual XL1. (p. 95)