VITAMIN K (PHYTOMENADIONE) PROPHYLAXIS IN NEWBORNS

1. AIM
To safely administer vitamin K (phytomenadione) to prevent haemorrhagic disease of the newborn.

2. PATIENT
All newborns

3. STAFF
Medical staff
Nursing and midwifery staff

4. EQUIPMENT
Vitamin K (phytomenadione) Konakion MM 2mg/0.2mL amps

5. CLINICAL PRACTICE
ENSURE PARENTAL CONSENT PRIOR TO ADMINISTRATION!
THIS MEDICATION CAN BE ADMINISTERED BY A STANDING ORDER. STANDING ORDERS MUST BE SIGNED BY THE MO WITHIN 24 HOURS.

IM injection:
Administer a single IM injection into the anterolateral thigh immediately following delivery. This is the preferred route.
Weight <1.5 kg administer 0.5mg (0.05 mL)
Weight ≥ 1.5kg administer 1 mg (0.1 mL)

Oral:
Administer THREE 2 mg (0.2 mL) doses at birth, at 3-5 days and at 4 weeks of age.

The last dose is not required in infants predominantly formula fed. It is imperative that the third dose is given no later than 4 weeks after birth as the effect of earlier dose decreases after this time. Undertaking this form of prophylaxis requires that the parent accept responsibility and those clinicians advise them in the administration of the third dose. If the infant vomits within 1 hour of administration repeat the oral dose.

Contraindicated in preterms infants who are unwell and unable to take oral vitamin K or mothers that have taken medications that interfere with vitamin K metabolism.

The third dose is to be administered after discharge therefore complete the attached letter and arrange a discharge prescription from RHW pharmacy,
VITAMIN K (PHYTOMENADIONE) PROPHYLAXIS IN NEWBORNS cont’d

6. DOCUMENTATION
Integrated clinical notes
Medication chart

7. EDUCATIONAL NOTES
Adverse effect:
Pain and swelling at IM injection site.

8. RELATED POLICIES/PROCEDURES/CLINICAL PRACTICE LOP
Phytomenadione (Vitamin K) standing order

9. RISK RATING
Medium

10. NATIONAL STANDARD
Medication Safety – NSQHSS Standard 4

11. REFERENCES
National Health and Medical Research Council. Joint statement and recommendations on Vitamin K administration to newborn infants to prevent vitamin K deficiency in infancy. NHMRC Statement and Recommendations. 2010.
MIMS online accessed via CIAP on 25/11/15.

REVISION & APPROVAL HISTORY
Reviewed and endorsed Therapeutic & Drug Utilisation Committee 8/12/15
Approved Quality & Patient Safety Committee 19/9/13
Neonatal Services Division – revised 8/5/13

FOR REVIEW: FEBRUARY 2019
Dear Dr __________________________

Re: Oral Konakion MM Regime for Baby

_________________________________ has chosen to give her baby the oral form of Konakion MM following birth.

In accordance with our Hospital’s policy and NHMRC recommendations.

(date)

| 1st dose of Konakion MM-2mgs (Phytomenadione) was given at birth |
| 2nd dose of Konakion MM-mgs (Phytomenadione) was given on either day 3 or 4 |
| 3rd & final dose of Konakion MM-2mg (Phytomenadione) is due to be given on day 28 |

_________________________________ has been given a syringe & an ampoule of Konakion to assist on your administration of the 3rd dose to the baby.

Yours faithfully

_________________________________ (signature)

_________________________________ (printed name)