



NEWBORN VITAMIN K WAIVER

I understand infants at birth have low levels of vitamin K. This places them at a higher risk for Vitamin K Deficiency Bleeding ("VKDB"), also known as Hemorrhagic Disease of the Newborn. The risk of VKDB is higher in infants who are exclusively breastfed. A Vitamin K intramuscular injection is recommended by the American Academy of Pediatrics to prevent VKDB. As the baby's parent or legal guardian, I understand that Methodist Health System (MHS) and its physicians and staff believe that my child would benefit from the Vitamin K injection. I understand there are risks if I do not want my infant to receive the injection.

These risks include:

- Increased risk of VKDB from the first few hours of life until the first six (6) months of life;
- Increased risk of late onset VKDB, which often manifests as a sudden brain hemorrhage;
- Increased risk of VKDB in the umbilical, intra-abdominal, gastrointestinal, circumcision site, urogenital or skin;
- Increased risk of VKDB in the brain, which can include continuing complications such as cerebral palsy; and
- Increased risk of life threatening bleeding.

I further understand that:

- Vitamin K given intramuscularly is safe and effective.
- Vitamin K given intramuscularly has been shown to prevent VKDB in newborns and young infants.
- Vitamin K may be given orally if I refuse the intramuscular route. However, multiple doses of oral vitamin K are required and compliance can be an issue.
- Absorption of oral Vitamin K can also be an issue in babies who have liver or other problems.
- Oral Vitamin K products purchased and brought in from home are not considered pharmaceutically equivalent to FDA approved formulations that are provided by the hospital. Use of these products in the hospital is prohibited.

I acknowledge that I have read this form and understand the risks of declining intramuscular Vitamin K for my baby. By giving my initials to the statements below, I agree to voluntarily assume these risks on behalf of my baby.

_____ (Initial) Because I am choosing that my infant not receive Vitamin K intramuscularly, MHS and its physicians and staff will not be responsible for the onset of VKDB should it occur. I acknowledge that I entered into this release voluntarily and it was not entered into as a result of any fraud, misrepresentation, mistake, coercion, undue influence or duress.

Please place your initials in the one option below of your choice:

_____ (Initial) I understand that choosing oral Vitamin K is an alternative to giving NO Vitamin K. Oral Vitamin K is not an alternative for intramuscular Vitamin K. Oral Vitamin K is less effective than intramuscular Vitamin K, especially with the late onset type of bleeding. It requires a dose in the hospital and two (2) additional doses at 2 weeks of age and 8 weeks of age. Your infant's provider has been given this information but it is ultimately your responsibility. MHS and its physicians and staff will not be responsible for the onset of VKDB should it occur.

OR

_____ (Initial) I refuse to have the injection administered to my infant. I also refuse to have my infant receive oral Vitamin K. MHS and its physicians and staff will not be responsible for the onset of VKDB should it occur.

I have read and understand the information on this form.

Signature of parent and/or legal guardian: _____ Date _____ Time: _____

Print Name: _____

Witness Signature: _____ Date _____ Time: _____

Newborn's Label

NAME: _____ DOB: _____

FIN: _____ MRN: _____

PERMANENT PART OF MEDICAL RECORD