

Phone: 404 301 2191 Fax: 404 301 4177 Email: ourkids@pediatricworksdpc.com



I request that the administration	of Vitamin	K for the preve	ention of bleeding
disorders NOT be performed on			·

I refuse administration of Vitamin K, which prevents bleeding disorders. I have been informed that administration of Vitamin K is recommended by both the Center for Disease Control (CDC) and the American Academy of Pediatrics (AAP). Understand that Vitamin K deficiency can cause severe bleeding, which if it occurs in the baby's brain will cause permanent brain damage to my baby and/or death.

I am aware that this action is not consistent with the medical standards for newborns established by the CDC and the AAP and is against the advice of my infant's attending physician. I have been informed of the purpose and benefits of the Vitamin K administration and the risks and complications that may result from refusal of Vitamin K administration for my infant.

Vitamin K Deficiency Bleeding

Vitamin K Deficiency Bleeding (VKDB) is a condition in which the newborn's blood clotting ability is greater reduced due to low levels of vitamin K, leading to bleeding. Symptoms include bruising, bleeding, blood in urine, stool or vomit, and increasing jaundice. Babies with VKDB risk hemorrhage and blood los, severe brain damage if the bleeding occurs in the brain, and death. There are three types of VKDB:

Early VKDB occurs within 24 hours of birth and is very rare. It occurs almost exclusively in babies of someone who is on medications that inhibit vitamin K absorption and activity in the baby, including anticonvulsants, some antibiotics, and anticoagulants. It can be prevented by discontinuing the medications.

Classic VKDB occurs in the first week after birth, usually between days three and five. Bleeding is most often from the umbilicus, gastrointenstinal tract, skin punctures, nose, or circumcision site.

Late VKDB occurs from day eight to six months of age. There is a higher rate of VKDB among babies who are exclusively breastfed, or who have underlying malabsorption problems with their liver or bowel. Its most common symptom is intracranial hemorrhage.



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I hereby release Pediatric Works; its employees, staff, physicians, officers, directors and agents from liability for any harm and other consequences related to my refusal of the administration of the Vitamin K for my infant. I agree and accept responsibility for informing my infant's pediatrician and other health care providers that specific administration of Vitamin K has not been performed.

I have read this document in its entirety, have had the opportunity to ask questions, and fully understand it.

Nevertheless, I have decided at this time to decline administration of Vitamin K injection for my newborn. I know that failure to follow this recommendation by the CDC and the AAP may endanger the health and life of my baby.

Parent or Authorized Pe	erson's Signature:	
Print Name:		
Date/Time:		
Witness to Parent or Au	thorized Person's Signature	· ·
Print Name: Dr. Kimbe	rly Works	
Date/Time:	,	