Consent/ Refusal/ For Vitamin K Administration

_____I/we have read the Merck Prescribing Information (Package Insert) of ***(***AquaMEPHYTON® (Phytonadione) and have had opportunity to ask questions regarding my/our options for Vitamin K administration to my/our newborn baby.

_____I/we understand the risks (See package insert warning below) and *alleged* benefits of Vitamin K administration (both oral and injectable). As well as no Vitamin K administration. My/our choice for newborn Vitamin K administration is initialed below.

http://www.fda.gov/medwatch/SAFETY/2003/03Feb_PI/AquaMEPHYTON_PI.pdf

"WARNING - INTRAVENOUS USE Severe reactions, including fatalities, have occurred during and immediately after the parenteral administration of AquaMEPHYTON® (Phytonadione)."

_____I/we are REFUSING Vitamin K administration to our baby.

_____I/we choose to have our *own form* of supplemental Vitamin K given to our baby. He/She will receive an oral dose of supplemental Vitamin K after birth, and thereafter according to the instructions and directions of the manufacturer of the supplement.

_____I/we choose to have the baby receive an oral dose of Vitamin K after birth, again at 1 - 2 weeks, and at one month of age.

_____I/we choose to have the baby receive one injection of Vitamin K after the birth.

_____
Client's Signature

Date

_____
Partner's Signature

Date

_____
Midwife's Signature

Date