



Affix Patient Label	
Patient Name: _____	Date of Birth: _____

**Refusal of Vitamin K in Newborn**

The American Academy of Pediatrics (AAP) recommends every newborn receive a shot of vitamin K within one hour of birth. This prevents Hemorrhagic Disease of the Newborn (HDN) – HDN is a bleeding disorder. This bleeding may be in the skin, eyes, intestines, or the brain. It is caused by a lack of vitamin K.

**Why is vitamin K important for newborns?**

Vitamin K is made in the intestines by normal bacteria during digestion. There are no bacteria in the intestine of the newborn at birth. The infant forms only very small amounts of vitamin K. Vitamin K helps blood clot to prevent bleeding. A vitamin K shot is important to help protect babies from HDN.

**What if I refuse vitamin K?**

Without vitamin K, excess bleeding in the body can occur, especially in the brain. Bleeding in the brain can happen up to 3 months of age. Bleeding in the brain can cause developmental delay or death. Most healthcare providers will not do a circumcision in first 3 months of life because of the risk for bleeding.

**What are the other treatment options?**

Oral vitamin K is available. It is not as effective in preventing HDN. Bronson uses only vitamin K shots.

**What are the risks of giving vitamin K?**

The most common side effect is swelling or redness where the shot is given. Since 1990, more studies have been done in many countries. The studies have not shown any link between vitamin K and childhood cancer.

I have been informed of the risks and benefits of vitamin K injection for my newborn. I have had all my questions answered. I would like to refuse treatment of vitamin K injection for my newborn at the time of birth. This hospital, the doctor, and staff are not responsible for any injury or illness because of my refusal.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Interpreter’s Statement: I have interpreted the doctor’s explanation of the consent form to the patient, a parent, closest relative or legal guardian.

Interpreter’s Signature: \_\_\_\_\_ ID #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

I have explained to the parent(s) of the expected newborn about the need for vitamin K. I have told them of the risk to their child if they refuse treatment.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_