Transfer of Infants from Newborn Intensive Care Unit (NICU) to referring Hospital

Guideline Responsibilities and Authorisation

Department Responsible for Guideline	NICU
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Target Audience	Nurses, Nurse Practitioner, Clinical Nurse Specialist, Registrar, Consultant

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Guideline Review History

Version	Updated by	Date Updated	Summary of Changes
2	Jenni Richards	Sep 2015	Due for review
3	Jenni Richards	Sep 2019	Due for review
4	Jutta van den Boom	July 2020	Feedback from Regional Units
4.1	Jutta vanden Boom	October 2021	Minor adjustments to criteria

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1 Overview

1.1 Purpose

To provide guideline to ensure safe transfer of infants to their local hospital.

1.2 Scope

Waikato District Health Board (DHB) staff working in NICU.

1.3 Patient / client group

Neonates and infants in NICU.

1.4 Exclusions

Waikato DHB rural hospitals and Birthing Centres such as Thames Hospital, Tokoroa Hospital, Taumaranui Hospital, Te Kuiti Hospital will not accept babies from NICU because they do not provide any Level 1 & 2 care.

1.5 Consultations

These guidelines have been produced following consultations with the involved referring hospitals, in order to facilitate the safe transfer of infants to their local hospital as soon as possible.

All transfers should be consultant to consultant discussions and some transfers outside of these guidelines may still be appropriate after discussion.

1.6 Definitions

Blended gas	Using an air / oxygen blender and a heated humidifier e.g. Fisher & Paykel™ MR 850 to deliver the precise percentage of humidified oxygen via a nasal flow cannula, e.g. Optiflow™ Junior.
Compressed feed	Intermittent feeding given slowly by a feeding syringe pump over an extended period, e.g. over 30minutes
Continuous feeding	Continuous feeds are given by an enteral feeding syringe driver pump, usually over a 24-hour period, with a prescribed hourly amount
CVAD	Percutaneous Central Venous Line or Umbilical Venous Line
Gastric feeding	Naso- or oro-gastric (NG or OG) feeding
Jejunal feeding	Transpyloric feeding via a naso- or oro- tube

Level 1	Mother care Nursery is an area for low-dependency where some babies still require oxygen therapy and / or monitoring. Other babies might be growing and the need to further establish feeding.
Level 2	Level 2 special care nurseries provides care who need less intensive care but continue to need monitoring, oxygen therapy, intravenous fluids and antibiotics, etc.
Level 2+	Level 2+ nurseries can provide mechanical ventilation for stable infants over 28 week gestation or continuous positive airway pressure. They must have equipment (e.g. portable chest radiograph, blood gas laboratory) and personnel continuously available to provide ongoing care and address emergencies.
NF	Nasal Flow
SCBU	Special Care Baby Unit providing 24 hour nursing care
TPN	Total Parental Nutrition

2 Clinical Management

The table below, Table 1 - Level of Care Provided by SCBU of Midland DHB Hospitals, indicates the level of care provided by the SCBU mentioned. Consideration to be given to the baby's ongoing care requirements before arrangements are made to transfer the baby back to the appropriate SCBU.

The regional units rely on Waikato NICU for transfer of babies on respiratory support.

Tauranga and Taranaki can transport babies back to their own units on low flow.

2.1 Table 1 - Level of Care Provided by SCBU of Midland DHB Hospitals

Hospital	Gestation(weeks) and body weight	Feeding	Total Parental Nutrition	CVL Antibiotics or medication	CPAP	NF (L/minute)	If needed within 1 week of transfer, to be done prior to transfer
Tauranga SCBU	>/=32 weeks >/=1200 g (inborn >1500g)	• Gastric • Compressed • Continuous	No	Negotiation	Yes with negotiation (max FiO2 30%, stable for 72h)	6L/mi if stable for 72h	
Whakatane SCBU	>/=32 weeks >/=1200gm (inborn 1200-1500g may need transfer esp for TPN)	• Gastric • Compressed • Continuous by negotiation	No	Negotiation	Yes, with negotiation (max FiO2 30%, stable for 72h)	6L/min, but if >/=4L/min stable for 72h	ECHO MRI
Taranaki SCBU	>/=1000gm >/=28 weeks Level 2A unit	• Gastric • Jejunal • Compressed • Continuous	Yes	Yes	Yes	6L/min	
Gisborne SCBU	>/=32 weeks >/=1200g (1200-1500g will require Waikato transfer)	• Gastric • Compressed • Continuous	No	Negotiation	No	6L/min, but if >/=4L stable for 72h	
Rotorua SCBU	>/=32 weeks >/=1200gm	• Gastric • Compressed	No	Negotiation	Yes, stable	6Litres	

3 Audit

3.1 Indicators

- No Level 2 infants are transferred to rural sites or birthing centres.
- 100% of infants transferred to hospitals in Table 1 meet the criteria outlined in this guideline.
- Evaluation of all infants, for eligibility to transfer, is documented in the clinical records.

4 References

4.1 Waikato DHB Documents

- Waikato DHB Admission, Discharge and Transfer Policy (Ref 1848).
- Waikato DHB Inter-hospital Patient Transfer: Competencies and Standards Protocol (Ref 2742).
- Waikato DHB Orientation and Competency Standards for Nursing Staff Involved in air escort and retrieval of emergency, critical and acute patients procedure (Ref 2743).