Admission policy – Newborn Service

Protocol Responsibilities and Authorisation

Department Responsible for Protocol	NICU
Document Owner Name	David Bourchier
Document Owner Title	Clinical Director NICU
Sponsor Title	Neonatologist
Sponsor Name	Phil Weston
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Protocol Review History

Version	Updated by	Date Updated	Description of Changes
6	David Bourchier	11.1.2017	None – transfer to new template

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1. Overview

1.1 Purpose

To define the infants requiring admission to the Newborn Service.

1.2 Procedure

PAEDIATRIC REFERRAL
Responsibility for the wellbeing of the babies in Elizabeth Rothwell Building (formally Waikato Women's) is ultimately the responsibility of Waikato Hospital Paediatricians. This responsibility over-rides all other consideration in an emergency situation and the **Neonatal On-call Team** must be involved immediately in an emergency.

All babies have case-notes made up, whether admitted or not. If called to a delivery for any risk factor, and the baby is vigorous and well, and provided that the midwife/obstetrician is happy, then you may leave the baby in their care. This is a negotiated process.

Admitted infants are the responsibility of the Neonatal Team and they should be clerked and reviewed regularly by the House Surgeon, Registrar/Neonatal Nurse Practitioner/Specialist and Consultant.

LEVEL I ADMISSIONS
Babies are admitted to this "intermediate care" area when they are not requiring acute care, but still require specialised nursing and paediatric review. Infants will usually be transferred from Newborn Intensive Care, but a number will be admitted directly.

PROCEDURE FOR DISCHARGE
As soon as the problem/illness has "resolved" the Registrar/Neonatal Nurse Practitioner/ Specialist or Consultant should write in the infant's notes transferring their care to the LMC/Obstetric Team.

PRIVATE REFERRAL
LMCs, whether midwife, Obstetrician or General Practitioner, may make private referral to a private practice Paediatrician.

GUIDELINES FOR ADMISSION TO NEWBORN SERVICE

1. **BIRTH ASPHYXIA:** (A) Any Apgar score of 5 or less at 5 minutes) Admit
   (B) Any baby requiring prolonged resuscitation) to
   (C) Umbilical cord pH < 7.0) NBU

2. **PRETERM INFANTS:** (<37 weeks) Admit to the NICU (Level I/II/III) depending on level of care infants require.

3. **LOW BIRTHWEIGHT BABIES:** (<2500 grams) Admit to Newborn service.
   If between 2000-2500 grams may be admitted to Ward with mother provided that regularfeeding, temperature and BSL monitoring (4-6 hourly for initial 24 hours, then review).

4. **BIRTHWEIGHT > 5000 gm:** Admit to Newborn service for blood sugar monitoring as per protocol.

5. **INFANTS OF DIABETIC MOTHERS:** Admit to the service. May go to the ward with Mother, providing that regular feeding and blood sugar monitoring one hour after birth, then 3-4 hourly before feeds, can be managed. If feeding well or following a hypoglycaemic episode (<2-6mmol/L) blood sugar monitoring must continue until three blood glucose concentrations ≥ 2.6 mmol/L 3-4 hours apart. (Note, many mothers now express colostrum pre delivery, and staff will titrate this to BSL response). If BSL's cannot be held by these measures, then the baby should go to either Level II or Level I.

6. **COMPLICATED DELIVERIES:** These babies should be admitted only if continuing problems are anticipated. If selected babies are admitted they may be admitted to the Newborn Intensive Care, or to the Postnatal Wards, as indicated. To include:

   (a) Vacuum **extraction** (not "lift out")
   (b) Caesarean section
   (c) Multiple pregnancy (only if preterm).

7. (a) **PROLONGED RUPTURE OF MEMBRANES:** (24 Hours plus)) Admit to
   (b) **FOUL SMELLING LIQUOR:**) service

8. **MECONIUM STAINING OF LIQUOR:** Admit to Newborn Intensive Care service if required significant resuscitation or has ongoing respiratory distress.

9. **RHESUS BLOOD GROUP INCOMPATIBILITY:** Cord blood for SBR and Hct. Monitor SBR 4-8 hourly initially. If strongly positive DCT – begin prophylactic phototherapy.

10. **CONGENITAL ABNORMALITIES:** These infants should be admitted. In many situations it would be best if the infant stayed with its mother; otherwise admission can be to the Newborn Intensive Care (Level I/II).

11. **BABIES TRANSFERRED FROM OTHER HOSPITALS FOR NEONATAL PROBLEMS:**
    Admit to Newborn Intensive Care for assessment. Baby may subsequently be transferred to Ward.

12. **BABIES WITH ANY FORM OF RESPIRATORY DISTRESS:** Admit to Newborn Intensive Care.

13. **MATERNAL DRUG INGESTION:**
    1. Propranolol
    2. Drug abuser mothers

14. **GENERAL PRACTITIONERS REFERRALS:** If paediatric opinion is requested.
    Baby to be admitted.

15. **ANY INFANT CAUSING CONCERN:** (e.g. hypothermic or hypoglycaemia)
    After consultation with Newborn Intensive Care Registrar, admit to Newborn Intensive Care (Level I/II)

16. **READMISSIONS FROM HOME:** Up to 6 months of age in special circumstances (Consultant decision). Often best admitted to Newborn Intensive Care rather than Paediatric Wards (but NOT infectious, especially respiratory viruses and diarrhoeal diseases).