

## Serious Infectious Illness – Management in Newborn Intensive Care Unit (NICU)

### Protocol Responsibilities and Authorisation

<b>Department Responsible for Protocol</b>	NICU
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<b>Target Audience</b>	Nurses, Nurse Practitioner, Clinical Nurse Specialist, Registrar and Consultants
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### Protocol Review History

Version	Updated by	Date Updated	Summary of Changes
5	Joyce Mok	Nov 2018	3-yearly review
4	Joyce Mok	May 2015	Infection control and prevention procedures
3	Joyce Mok	2013	New template
3	Joyce Mok	Nov 2011	3-yearly review
2	David Bouchier	Nov 2008	3-yearly review

## Serious Infectious Illness – Management in Newborn Intensive Care Unit (NICU)

### 1 Overview

#### 1.1 Purpose

To outline the guidelines for management of infants with serious infectious illness and this protocol must be used in conjunction with the Waikato DHB Infection Prevention and Control policies and guidelines.

The management of infected infants varies according to whether they are already admitted to NICU or not.

#### 1.2 Rationales

Newborn Infants are at increased risk from some infectious diseases, e.g. Rotavirus, Respiratory Syncytial Virus (RSV), but in many instances they are partially protected by passively acquired maternal antibodies (less so in preterm infants).

#### 1.3 Scope

Waikato DHB staff working in NICU

#### 1.4 Patient / client group

Babies and infants in NICU

#### 1.5 Definitions

<b>Standard Precautions</b>	Standard Precautions are applied to the care of all patients, regardless of their diagnosis or presumed infection status and are the minimum acceptable level of practice in infection control as detailed in Standard Precaution procedures. These include hand hygiene, the use of personal protective equipment, e.g. gloves, gowns, masks, and eye protection; and proper handling of contaminated sharps, supplies, and equipment.
<b>Expanded Transmission Based Precautions (previously known as isolation precautions)</b>	Expanded Transmission Based Precautions are additional precautions used for patients known or suspected to be infected by pathogens where spread is through contact, droplet, airborne, or to create a protective environment for immune-compromised patients.  Sometimes there is more than one route of transmission therefore more than one transmission based precaution may be used.

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### 2 Clinical Management

#### 2.1 Transmission Based Precautions

- A two-tiered approach is used to protect patients, healthcare workers and others from cross infection of micro-organisms. The two levels of transmission based precautions are Standard Precautions and Expanded Transmission Based Precautions.
- Refer to Waikato DHB Infection Prevention and Guidelines on intranet and Lippincott Procedures Infection Control NZ , e.g. *Management of Infectious Diseases and Organisms (1879)*

#### 2.2 Infants already in NICU (Level 1, 2 or 3)

##### 1) Respiratory illness

Infants with an infectious disease transmitted by respiratory secretions (e.g. RSV) should be nursed in a defined area, and standard and expanded transmission based precautions taken. **An incubator is not a suitable alternative.**

##### 2) Non-respiratory illness

Infants with an infectious disease transmitted by non-respiratory routes, e.g. Rotavirus and herpes simplex should be nursed with contact precautions.

##### 3) Cohort nursing

When more than one infant is infected (or at high risk of infection), they should be cohort nursed in as for (2.1) above, or in a separate defined area within NICU.

#### 2.3 Infants not in NICU (but requiring intensive care/monitoring)

Such infants should not be admitted to NICU except where there is no alternative available. Admission to Intensive Care Unit (ICU) is usually preferable - discuss with NICU Consultant on call.

### 3 Associated Documents

- Waikato DHB [Management of Infectious Diseases and Organisms](#) procedure (Ref. 1879)

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