

## Necrotising Enterocolitis Care Bundle in Newborn Intensive Care Unit (NICU)

### Protocol Responsibilities and Authorisation

<b>Department Responsible for Protocol</b>	NICU
<b>Document Facilitator Name</b>	Arun Nair
<b>Document Facilitator Title</b>	Senior Medical Officer
<b>Document Owner Name</b>	Jutta van den Boom
<b>Document Owner Title</b>	Clinical Director
<b>Target Audience</b>	SMO, Registrars, Nurse Practitioners, Clinical Nurse Specialists, Registered Nurses, Enrolled Nurses
<p><b>Disclaimer:</b> This document has been developed by Waikato District Health Board specifically for its own use. Use of this document and any reliance on the information contained therein by any third party is at their own risk and Waikato District Health Board assumes no responsibility whatsoever.</p>	

### Protocol Review History

Version	Updated by	Date Updated	Summary of Changes
01	Arun Nair	Nov 2019	First version

## Necrotising Enterocolitis Care Bundle in Newborn Intensive Care Unit (NICU)

### 1 Overview

#### 1.1 Purpose

To prevent Necrotising Enterocolitis.

#### 1.2 Scope

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

#### 1.3 Patient group

For Very Low Birth Weight (<1500 g) babies and/or gestational age < 32 weeks, until 36 weeks corrected gestational age

#### 1.4 Definitions

<b>VLBW</b>	Very Low Birth Weight
<b>U/S</b>	Ultrasound
<b>NEC</b>	Necrotising Enterocolitis

### 2 Clinical Management

#### 2.1 Protocol

There are six broad aspects to this bundle as follows:

##### 1. Encouraging Breast Milk Feeding & Use of Donor milk

- Refer to the [Oral Immune Therapy in Newborn Intensive Care Unit \(NICU\)](#) procedure.
- Refer to the [Expressing breastmilk in Newborn Intensive Care Unit](#) guideline.
- In first instance use mother's own milk
- Donor milk (appropriately screened) when available should be used in preference to formula.
- Establishing a Human Milk Bank. (Efforts are being made, currently this is an aspirational goal)

##### 2. Risk based Feeding Protocol:

- Refer to the [Enteral Feeding: Standardisation of feeding in Newborn Intensive Care Unit \(NICU\)](#) protocol. (The risk will have to be identified and noted/documentated at admission as per the Risk Categorisation and Feeding Algorithm).

Doc ID:	6171	Version:	01	Issue Date:	6 JAN 2020	Review Date:	6 Jan 2023
Facilitator Title:	Senior Medical Officer			Department:	NICU		
IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING							Page 2 of 4

## Necrotising Enterocolitis Care Bundle in Newborn Intensive Care Unit (NICU)

### 3. Blood Transfusion:

- We would follow a standard practice where feeding would not be stopped prior, during or after feeds, solely for the sake of transfusion
- Strict adherence to transfusion thresholds protocol. Refer to the [Blood transfusion: Threshold for top up in Newborn Intensive Care Unit \(NICU\)](#) procedure.

### 4. Drugs & Supplements added to milk feeds

- Refer to the [Dilution of Oral Medication and Osmolality Management in Newborn Intensive Care Unit](#) procedure.
- Commence probiotics as soon as possible. Probiotics to be diluted as per protocol in the available milk, however, if the family consents and there is not enough milk, dilute it in sterile water.

### 5. Antimicrobial Stewardship:

- Restrict antibiotic use, prescribe narrow spectrum and be prepared to stop as soon as clinical and laboratory parameters indicate.

### 6. Use of Abdominal Ultrasound :

- Consider a request for abdominal U/S in addition to X-ray when there is a suspicion of NEC. The abdominal U/S request should be sent to the radiology department and followed up with a call/text to Mr. Martin Necas on mobile no: 027 452 2067 (Note: This service is available to us 24/7)

## 3 Audit

### 3.1 Indicators

- There is documented evidence of a risk rating at admission as per the Risk Categorisation and Feeding Algorithm).
- Oral feeding is routinely continued when a transfusion is prescribed.
- Medication and supplements are prescribed as per section 4 & 5

Doc ID:	6171	Version:	01	Issue Date:	6 JAN 2020	Review Date:	6 Jan 2023
Facilitator Title:	Senior Medical Officer			Department:	NICU		
IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING							Page 3 of 4

## Necrotising Enterocolitis Care Bundle in Newborn Intensive Care Unit (NICU)

### 4 Evidence base

#### 4.1 References

See references under individual aspects of the bundle: references in the following associated documents.

#### 4.2 Associated Waikato DHB Documents

- Waikato DHB Medical Procedure: [Oral Immune Therapy in Newborn Intensive Care Unit \(NICU\)](#) (Ref. 6169)
- Waikato DHB Medical Protocol: [Enteral feeding: Standardisation of feeding in Newborn Intensive Care Unit \(NICU\)](#) (Ref. 6172)
- Waikato DHB Medical Procedure: [Blood transfusion: Threshold for top up in Newborn Intensive Care Unit \(NICU\)](#) (Ref. 1645)
- Waikato DHB Medical Procedure: [Dilution of Oral Medication and Osmolality Management in Newborn Intensive Care Unit \(NICU\)](#) (Ref. 6083)
- Waikato DHB Nursing Guideline: [Expressing breastmilk in Newborn Intensive Care Unit](#) (Ref. 6086) guideline

Doc ID:	6171	Version:	01	Issue Date:	6 JAN 2020	Review Date:	6 Jan 2023
Facilitator Title:	Senior Medical Officer			Department:	NICU		
IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING							Page 4 of 4