

Complex NICU Patients Transfer to Paediatric Ward/Service

Guideline Responsibilities and Authorisation

Department Responsible for Guideline	NICU
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Guideline Review History

Version	Updated by	Date Updated	Summary of Changes
1	Mel Trethowen	November 2021	New guideline

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1 Overview

1.1 Purpose

Outline the pathway/journey for Neonatal Intensive Care Unit (NICU) patients with ongoing complex medical needs likely to require a prolonged period of admission and transfer to a paediatric ward.

1.2 Scope

Paediatric medical, NICU medical, NICU nursing, paediatric nursing, allied staff, all staff caring for complex NICU babies.

1.3 Patient / client group

Neonates with complex medical needs for transition from NICU to a paediatric ward.

1.4 Definitions and acronyms

ACNM	Associate Charge Nurse Manager
CNM	Charge Nurse Manager
CPAP	Continuous Positive Airways Pressure
DT	Dietitian
ENT	Ear, nose and throat
LC	Lactation consultant
MDT	Multidisciplinary Team
NCS	Neonatal Community Service
SLT	Speech Language Therapist
SMO	Senior Medical Officer
SSH	Starship Hospital
VNT	Visiting Neurodevelopmental Therapist

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2 Clinical management

2.1 Roles and responsibilities

All staff working in NICU and Paediatrics.

2.2 Guideline

2.2.1 Criteria

- Chronic lung disease patients that meet criteria for referral to the Respiratory Paediatrician - Severe, requiring High Flow oxygen, ECG changes
<https://starship.org.nz/guidelines/chronic-lung-disease-discharge-planning-in-newborn-services/> (reference SSH respiratory services)
- Pulmonary hypertension (after input from respiratory/cardiology)
- Ongoing total parenteral nutrition (TPN)
- Refractory seizures (completed input from Paediatric Neurology)
- Long-term neurodevelopmental issues requiring ongoing developmental input/multiple equipment needs and space.
- Tracheostomy and nasopharyngeal airway

Around 38-40 weeks corrected gestational age, identify the children that meet above criteria, consider triggering the process/pathway for transition to paediatric wards after 44 weeks corrected gestational age.

2.2.2 Staff

People to be considered in this process will be

- Parents / whānau /caregivers
- NICU medical personnel
- NICU nursing team
- NICU Discharge Facilitator
- NICU ACNM
- Paediatric SMO / surgical SMO
- Paediatric CNM
- Paediatric nursing / surgical nurses
- As required: LC, DT, SLT, physio/VNT/play therapist, Neonatal Community Service(NCS)Social worker, educator, Kaitiaki, Rainbow Place/True Colours)

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2.2.3 Preparation for Complex Transfer to Paediatric Ward/Service

- Identify patient as per above criteria
- Discussions with parents and whānau (see below).
- Discussions with medical team and nursing staff.
 - Discharge facilitator/ACNM to email Paediatric CNM with patient NHI and brief summary of needs
 - Referral to General Paediatrics
 - NICU SMO to discuss at appropriate/respective Paediatric weekly team meeting
 - Gold team - Neurodevelopmental
 - Red Team – Chronic Lung Disease (CLD)
 - Other Paediatrician with special interest
 - NICU medical team to follow up referral with email including relevant clinical information
 - Referral to paediatric surgery for surgical issues including TPN
- Paediatric team to introduce themselves to parents / whānau, attend ward round or complex case discussion (Thursdays)
- Paediatric / surgical CNM/CNS to liaise with NICU regarding appropriate timing to meet with parents / whānau
- Equipment and care should be identified
 - Nursing staff from paediatrics to begin coming down to NICU to become familiar with the baby's care and management.
 - E.g. CPAP interface and equipment
 - Central line care
 - One shift a day with a paediatric nurse.
- Update medical discharge letter and handover paperwork.
- Consider Advanced Care Plan to be completed prior to transfer to Paediatric /surgical ward
- Ensure tertiary specialist input acquired as appropriate
- Families with challenging social circumstances were addressed
- Consider any outstanding investigations, surgery to be completed, e.g. .inguinal hernia repair.
- Preparation for parents / whānau:
 - Paediatrics ward tour
 - Parents/whānau encouraged to be in for most day shifts to get used to doing most of the cares as they would in paediatrics,
 - Mothering in (spending time in NICU Parent room)

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- Preparing for discharge from NICU care and admission to Paediatrics.
 - Paper work completed prior to transfer day.
 - MDT meeting with all involved in the baby's care for handover.
 - Practice set up of equipment/resources in paediatrics/ trial run to assess equipment requirements/resources
 - High flow setup vs Airvo
 - Accessing central lines
 - Medications
- Transfer day
 - Preferably morning shift, promptly at beginning of day to allow time for adjustment while clinical support staff available.
 - Discharge letter from NICU to be finalised/signed off
 - Patient care transferred to Paediatrics SMO
- Post – transfer
 - NICU SMO and team will continue daily rounding as negotiated, preferable together with paediatric team until whānau / parents and paediatric team comfortable with management.
 - NICU team to be available for consults.

2.2.4 Discussions with Parents/Whānau

- Begin conversations early on, about transferring when approaching full term (38 weeks, > 2kgs), making this known to parents and whānau of long term babies.
- Discussion on what a transfer to paediatrics would look like.
 - How this looks for the baby.
 - Developmental care, longer term management.
 - How this looks for parents and whānau.
 - Expectation that parents/whānau stay with baby on ward.
 - Who is involved in the care of the baby on Paediatric / Surgical ward
 - What are the major changes to management - (pamphlet from paediatrics)
 - Changes to feed pumps and tubes, Airvo oxygen, paediatric bed, changes in Broviac management from sterile to aseptic.
 - Organising a tour of paediatrics and meeting the staff.
- Ensure parents and whānau are provided with sufficient warning of the transfer. Their concern and queries are addressed prior to transfer, e.g.
 - What are the parents and whānau expectations of a transfer to paediatrics,
- Any questions or concerns, what they need in order to feel involved and supported in the process.

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2.2.5 Medical/Nursing Discussion

- Discuss possible transfer among NICU SMO and paediatrics SMO - placement in medical or surgical ward
- Plan arranged with ACNMs, CNMs, Discharge facilitator:
- Important information:
 - estimated date of delivery (EDD),
 - current age
 - corrected age
 - diagnosis
 - medical
 - Surgical or developmental support (e.g. respiratory support, nutritional support, , cardiac status, airway)
- What is current management?
- Current medication including plan on weaning supplement such as Phosphate, probiotics etc.
- Equipment required
- Teams involved such as speech language therapist (SLT), Ear, Nose & Throat (ENT), Starship, Paediatric Surgeons, and Dietitian.

Discuss with Paediatric CNM

- NICU transfer plan: Timing, medical/surgical/ nursing and developmental support as indicated, social circumstances
- Ongoing NICU inputs that are required from Paeds/ Surgical Ward after transfer
- Paediatric CNM to organise involved staff to attend the NICU MDT/ complex case meetings prior to transfer
- What the baby requires from paediatrics.
- What paediatrics needs from NICU?
- Paediatric CNM to then allocate someone to liaise with NICU and (e.g. CNS paediatric surgery) to attend MDT/complex case meetings prior to transfer.

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2.2.6 Check List for Transfer to Paediatric ward / Services

Medical/Nursing Tick / Date / Sign when completed	Date	Completed by
<input type="checkbox"/> Medical team discussions (SMO)		
<input type="checkbox"/> Management staff discussions (ACNMs, CNMs, Discharge facilitator)		
<input type="checkbox"/> Referral to gen paeds team <input type="checkbox"/> Allocation of SMO: _____		
<input type="checkbox"/> Paediatric medical / surgical team (receiving SMO) <input type="checkbox"/> Name: _____		
<input type="checkbox"/> MDT discussions for handover (complex case meeting)		
<input type="checkbox"/> Medical discharge paper work		
<input type="checkbox"/> Nursing staff from paediatrics to orientate to baby's management		
<input type="checkbox"/> Practice set up of equipment/resources in paediatrics		
<input type="checkbox"/> Equipment swap over discussions and collecting from paediatrics		
Discussions with Parents/Whānau		
<input type="checkbox"/> Initial discussion with parents and whānau regarding transfer Possible date: _____		
<input type="checkbox"/> Explanation of the transfer process discussed with parents and whānau		
<input type="checkbox"/> Organised a tour with paediatrics Date: _____		
<input type="checkbox"/> Mothering in planned Date: _____		
<input type="checkbox"/> Parent/whānau key concerns and expectations 1. _____ 2. _____ 3. _____		
Week Prior to transfer		
<input type="checkbox"/> Mothering in <input type="checkbox"/> Discuss when to transfer to Paeds equipment, with paeds CNM <input type="checkbox"/> Airvo / high flow (room in paeds ward have outlets for this) <input type="checkbox"/> Stylistic tube and pump <input type="checkbox"/> Paediatric bed <input type="checkbox"/> Line management change sterile/aseptic (to be discussed with paeds CNM)		

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The Transfer Day		
<input type="checkbox"/> Complete discharge letter and ACP		
<input type="checkbox"/> Morning handover: plan for transfer, go over the list.		
<input type="checkbox"/> Conversation with paediatric receiving nurse to organise exact time for transfer and handover. Ensure parents / whānau are aware of the transfer time.		
<input type="checkbox"/> ID label on baby <input type="checkbox"/> All equipment for transfer gathered and working <input type="checkbox"/> Oxygen cylinders <input type="checkbox"/> Portable suction <input type="checkbox"/> Monitor <input type="checkbox"/> IV pumps fully charged <input type="checkbox"/> Babies packed belongings <input type="checkbox"/> All non-core data collected for notes and red folder emptied <input type="checkbox"/> Pharmacy medications specific to the baby collected		
<input type="checkbox"/> Post transfer – handover care to paedics team/joint ward rounds		

3 Patient information

- A guide to Mothercraft NICU babies transitioning to home C1639HWF
- Risk factors for hearing loss required surveillance F1117HWF
- Going home – All you need to know C1247HWF
- NICU Patient Care Plan (more than 30 weeks gestation) A1774HWF
- Transfer checklist NICU A1455HWF
- Children’s Homecare CNS pamphlet G2653HWF

4 Associated Te Whatu Ora Waikato Documents

- [Admission, Discharge and Transfer](#) policy (Ref 1848)
- [Bed Management](#) policy (Ref 0331)
- [Bed Management](#) procedure (Ref 6359)