

## Neonatal Pathway to Paediatric Wards and Post-Natal Ward for Admission from Community of Babies < 14 days of age

### Guideline Responsibilities and Authorisation

<b>Department Responsible for Guideline</b>	NICU
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<b>Target Audience</b>	Paediatric, Neonatal and Women's Health Staff
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### Guideline Review History

Version	Updated by	Date Updated	Summary of Changes
1	Leanne Baker	August 2021	New guideline
2	Jutta van den Boom	December 2022	Insert missing flowchart Update info on PBU Update on notification of paed med reg/ emergency call attendance

## Neonatal Pathway to Paediatric Wards and Post-Natal Ward for Admission from Community of Babies < 14 days of age

### 1 Overview

#### 1.1 Purpose

To facilitate the safe admission of infants < 14 days old from the community to the paediatric or post-natal wards, e.g. for phototherapy and/or feeding and weight loss management.

#### 1.2 Scope

Te Whatu Ora Waikato staff working in Neonatal Intensive Care Unit (NICU), Paediatric and Postnatal wards.

#### 1.3 Patient group

Infants < 14 days of age in the community.

#### 1.4 Definitions and acronyms

<b>CNM</b>	Charge Nurse Manager
<b>CNS</b>	Clinical Nurse Specialist
<b>NNP</b>	Neonatal Nurse Practitioner
<b>Paediatric wards</b>	E5 or E7, and occasionally E4 by special arrangement only
<b>Postnatal Ward</b>	E2
<b>RMO</b>	Registered Medical Officer
<b>SMO</b>	Senior Medical Officer

### 2 Clinical management

#### 2.1 Roles and responsibilities

##### Clinicians

- NNP/CNS/RMO/SMO - Ensure patient is triaged, assessed and receives the appropriate care as required.
- Registered Nurses - Nursing care is delivered in partnership with the parents/care giver through the nursing process of assessment, planning, implementation and evaluation.

##### Managers

- E5 CNM/Co-ordinator and NICU CNM/ACNM/Coordinator to discuss availability of beds and staffing in E5
- Post-Natal CNM/Co-ordinator to liaise with NICU CNM/ACNM/Coordinator discuss availability of beds and staffing in E2
- NICU ACNM/Coordinator to consult with NICU NP/CNS/Registrar and SMO as indicated and liaise with Paediatric/Post-Natal wards regarding admission.

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### 2.2 Admission from the Community

#### 2.2.1 Criteria for Community admission of infants < 14 days of age

- Infants less than two weeks of age with hyperbilirubinaemia requiring phototherapy management. See [Phototherapy – Management in Newborn Intensive Care Unit](#) procedure (Ref. 4944)
- Inadequate feeding with weight loss greater than 10% requiring rehydration, breast feeding assessment and feeding management. See [Treatment of Newborn Weight Loss, Dehydration and Hypernatraemic Dehydration](#) (Ref. 1593), [Enteral Feeding Standardisation in Newborn Intensive Care Unit \(NICU\)](#) (Ref. 6172) and [Intentional Rounding](#) (Ref. 0465) procedures.
- Thermostable in a cot
- Self-ventilating in room air
- Case by case discussion for other conditions
- Babies referred directly from primary birthing units will be able to be admitted to NICU as this is not considered 'community'.

#### 2.2.2 Assessment

- Assess/Decide which team to be admitted under: NICU or Paeds Team (Appendix A)
- Initial assessment to be done by NICU NNP/Paed Reg, who will recommend where to triage the patients, either ED or NICU
- Assess in ED
  - If baby older than 14 days
  - If baby presents with acute respiratory or other illness unrelated to jaundice or feeding
    - For unwell infant requiring paediatric team review, the NICU NNP/Reg to contact Paediatric Medical registrar informing them that the patient will be arriving in ED and require urgent review.
    - Infant to be transferred to ED, ideally by ambulance.
    - On arrival to ED patient to be given a triage score of 1 or 2.
    - Paediatric Medicine Registrar to be contacted and advised of patient's location in the Emergency Department.
    - Emergency Department RMO/SMO to assess and treat patient until Paediatric Medicine Registrar arrives.
- Babies requiring feeding assessment, utilise NICU Lactation consultants. See [Enteral Feeding Standardisation in Newborn Intensive Care Unit \(NICU\)](#) procedure (Ref. 6172).
- If Paediatric wards unable to accept admission, consider NICU P6/parent room or E2 (Post- Natal) as appropriate . See [Admission to Level II Special Care Nursery](#) procedure (Ref. 4946).
- All babies under the NICU team to be recorded in admission book (including place of admission)

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**2.2.3 Equipment as indicated**

- Phototherapy equipment
- Feeding supplies, e.g. Feeding Syringe Pump, feeding syringes (various size), and tubing
- Monitoring equipment if indicated e.g. Massimo monitor

**2.3 NICU Responsibilities:**

- NICU SMO/RMO/NNP to assess infant in the NICU interview room for suitability to be managed on the paediatric /postnatal ward
- Discuss plan with parents/guardian regarding admission to Paediatric Ward or Postnatal Ward.
- NICU to discuss options for parent staying with baby on E5/E7 (only one parent to stay overnight) and document discussion in clinical notes.
- NICU ACNM to contact ward co-ordinator to arrange room, feeding assessment and equipment/ documentation required. See [Treatment of Newborn Weight Loss, Dehydration and Hypernatraemic Dehydration](#) procedure (Ref. 1593).
- If admitted under NICU ensure a clear treatment plan with blood forms, lactation consultant referral and medications prescribed is provided
- Ensure escalation plan is handed over and in the care plan
- Provide contact number for NICU NNP/RMO (if admitted under NICU)

**2.3.1 Daily Expectations**

- If admitted under NICU - Care to be overseen by NICU RMO/NNP/CNS/SMO assigned for Level 2
- All emergencies should be communicated to the paediatric team as well as the neonatal team for attendance.
- Communicate and document objectives/plan of care
- Ensure parents are aware of care plan and expectations
- Order lunch for parent staying in E5/E7. Meals to be provided and ordered by E5/E7 (babies admitted under NICU). See [Meals for Parents-Caregivers in Waikids Inpatient Wards](#) guideline (Ref. 1582).
- Check treatment plan is up to date, when last NNP/CNS/RMO review was done and when next is due
- Document HR, RR, SpO<sub>2</sub> if indicated
- Temperature management –monitor temperature at 1hr post admission onto phototherapy unit and 4hrly thereafter. See [Thermoregulation of Infants in Newborn Intensive Care Unit \(NICU\)](#) procedure (Ref. 1476),
- Accurate fluid balance maintained (nappy weigh included)

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- Assess breastfeeding for signs of good latch and milk transfer. See [Expressing Breastmilk in the Newborn Intensive Care Unit \(NICU\)](#) guideline (Ref. 6086).
- Infant Driven Feeding resources available
- Monitor blood glucose if feeding problems are identified
- Daily or alternate day weight as indicated
- Ensure phototherapy light **is turned off** when blood test taken – check when repeat bloods due
- Minimise time off phototherapy for feeding, bathing – use biliblanket/bilicocoon during feeding whenever possible
- Post phototherapy serum bilirubin check – should be done 24hrs post discontinuation of treatment
- E5/E7 Nurses to be invited to discharge planning meeting in NICU (Wednesday)

### 2.3.2 Potential complications

- Baby deteriorates and level of care is not appropriate for Paediatric/ Women's Health team.
- Feeds are not tolerated and the frequency of feeding increases.
- Specialised care treatment required.

## 3 Patient information

- Parents are orientated to ward, introduced to staff and ward procedures
- Parents advised that due to limited facilities only one carer/parent can stay overnight
- Carer/Parent wanting to leave E5 for any length of time can negotiate with nursing staff
- Parent pamphlet - Jaundice

## 4 Audit

### 4.1 Indicators

Admission, management and discharge review of five babies admitted from the community under this guideline criteria will be selected and a review of clinical notes and nursing documentation will be completed by a selected clinician to include:

- There is documented evidence that all physiological tests and investigations are taken at the designated time and intervals as described within the procedure.
- There is documented evidence that all babies have daily entries from the medical team
- All admissions to Level 1 & 2 are recorded in the Admission Book.

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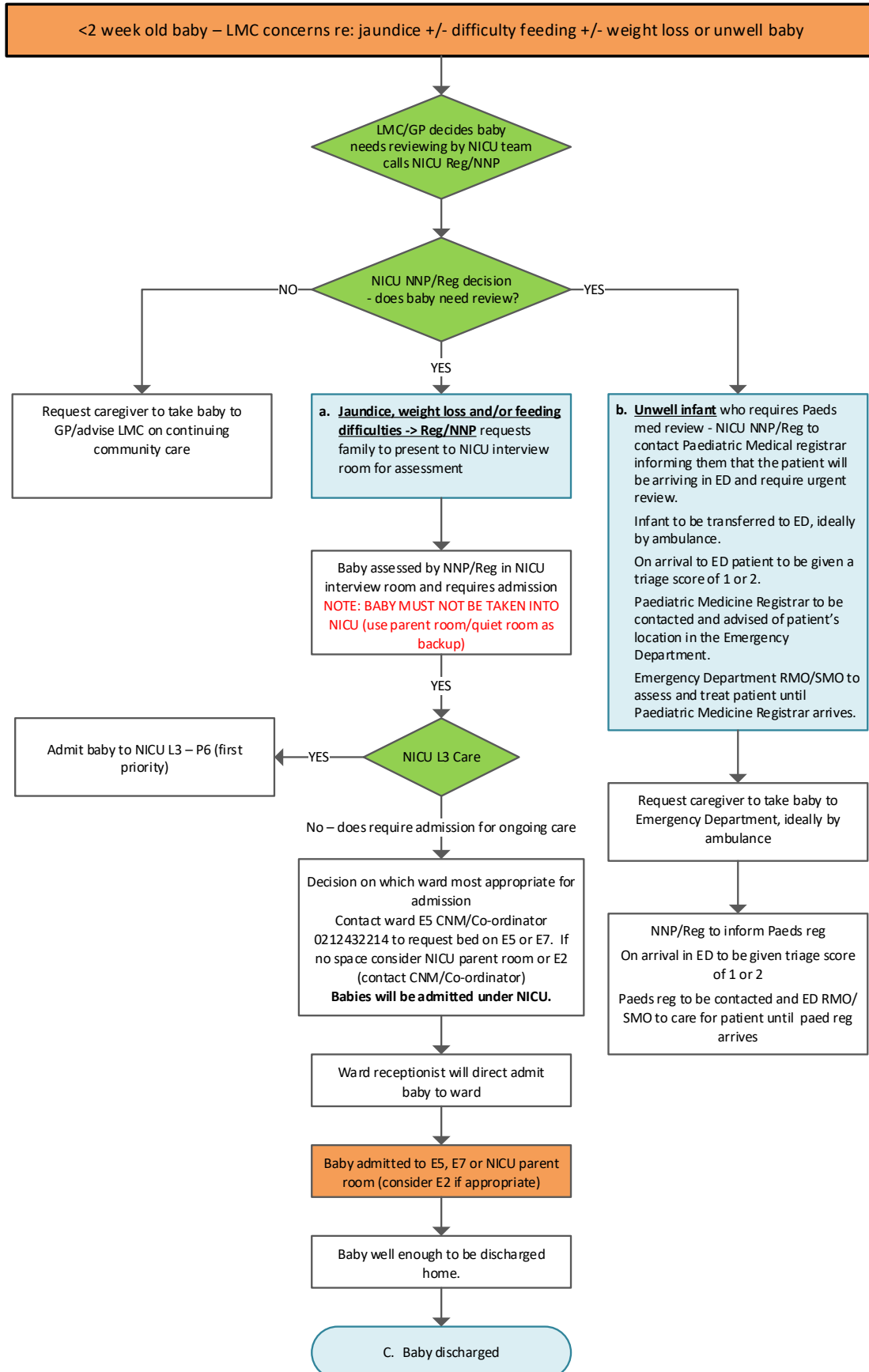
### 5 Associated Te Whatu Ora Waikato Documents

- [Admission to Level II Special Care Nursery](#) procedure (Ref. 4946)
- [Enteral Feeding Standardisation in Newborn Intensive Care Unit \(NICU\)](#) procedure (Ref. 6172)
- [Expressing Breastmilk in the Newborn Intensive Care Unit \(NICU\)](#) guideline (Ref. 6086)
- [Intentional Rounding](#) procedure (Ref. 0465)
- [Meals for Parents-Caregivers in Waikids Inpatient Wards](#) guideline (Ref. 1582)
- [Phototherapy – Management in Newborn Intensive Care Unit](#) procedure (Ref. 4944)
- [Thermoregulation of Infants in Newborn Intensive Care Unit \(NICU\)](#) procedure (Ref. 1476)
- [Treatment of Newborn Weight Loss, Dehydration and Hypernatraemic Dehydration](#) procedure (Ref. 1593)

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**Appendix A**



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