

Subspecialty Consultations by Neonatal Intensive Care Unit team

Guideline Responsibilities and Authorisation

Department Responsible for Guideline	NICU
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Target Audience	Medical team and Nurse Practitioners
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Guideline Review History

Version	Updated by	Date Updated	Summary of Changes

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1 Overview

1.1 Purpose

To outline the process on how to contact specialist services within Health New Zealand Waikato and our regional / national services for consultation purposes.

1.2 Staff group

Medical team, nurse practitioners.

1.3 Patient / client group

Babies in Neonatal Intensive Care Unit (NICU).

1.4 Definitions and acronyms

CWS	Clinical Work Station
ECMO	Extracorporeal Membrane Oxygenation
ENT	Ear, Nose and Throat
GOR	Gastro-oesophageal reflux
L&B	Laryngoscopy & Bronchoscopy
NTC	Newborn Testing Card
PEC	Paediatrician with expertise in cardiology
PHVD	Post haemorrhagic ventricular dilatation
RVSP	Right Ventricular Systolic Pressure
SMO	Senior Medical Officer

2 Guideline

2.1 General considerations

To complement the care of a newborn infant in Waikato NICU, specialist services may need to be consulted for further diagnostic, treatment and management advice or a second opinion.

In general, communication must be directly NICU SMO or Neonatal Advanced Trainee to specialist SMO. This might be via telephone consultation or email. In rare cases, most likely to clinical acuity, this can be delegated to a senior paediatric / neonatal registrar and nurse practitioner.

Any email conversation must include (cc) at least the service NICU SMO as well as primary NICU SMO.

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IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING							Page 2 of 4

Subspecialty Consultations by Neonatal Intensive Care Unit team

The consultation (phone, direct contact, or email) as well as the outcome (and any further follow up) must be documented, preferably on a progress note on CWS or directly into the clinical notes

Specialists contacted for advice within Health NZ Waikato can document their advice directly in the patient's clinical file, preferably as a progress note on CWS.

2.2 Contacting specialist services

2.2.1 Respiratory

Respiratory Services are located at Auckland Starship Hospital, and can be contacted via phone for acute advice (via switchboard), or via email for non-urgent advice.

A summary of pertinent clinical events, focusing on the respiratory past medical history is beneficial (including ventilation modes, course of steroids/diuretics, pCO₂, and current ventilation settings).

Some investigations are worth having done before a referral e.g. Echo assessment for shunt and / or increased RVSP, evidence of swallow abnormality or GOR, ENT L&B of airways (not just naso-endoscopy or clinical review) [Oxygen Therapy for Newborns in NICU](#) (Ref. 3115).

If long-term ventilation is being contemplated, this will require a formal referral letter to both Respiratory Team and PICU and should be led by the primary neonatologist / Neonatal Fellow / Paediatrician.

The respiratory service will often reply with an email or a dictated virtual clinic letter.

2.2.2 Cystic Fibrosis

Positive Newborn Screening for Cystic Fibrosis will be referred to local service via email to Paediatric Respiratory CNS PaediatricRespiratoryCNS@waikatodhb.health.nz

2.2.3 Endocrinology

For acute problems call the on-call endocrine team at Starship Hospital

Congenital hypothyroidism

In the first instance the Newborn Screening service will either notify the local NICU SMO or the local on-call general paediatrician (for babies at home).

The SMO refers to the Starship guideline for initial management as well as ongoing monitoring.

[Congenital Hypothyroidism - early assessment and management \(starship.org.nz\)](#)

Positive NTC results will be communicated to Paediatrician with special interest in endocrinology at Health NZ Waikato via email by the SMO initiating management.

Treatment decisions in very mild or borderline cases can be difficult and should ideally be made in conjunction with Paediatrician with special interest in endocrinology at Health NZ Waikato or if unavailable the on-call Starship paediatric endocrinologist.

Referral to general paediatrics at Health NZ Waikato for long-term management.

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IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING							Page 3 of 4

Subspecialty Consultations by Neonatal Intensive Care Unit team

2.2.4 Metabolic

For acute problems, call the on-call metabolic team at Starship Hospital.

2.2.5 Cardiology

Inpatient echo requirements and requests are to be managed internally within NICU team. If not feasible, they can be discussed with, followed by referral form via email to Paediatrician with expertise in cardiology (PEC). Occasionally, local paediatric trained echocardiographer might be able to offer this support.

For any review of echocardiogram or discussion on management (of antenatal/postnatal concerns), contact the PEC at Health NZ Waikato.

If not accessible, or on their advice, NICU team should liaise with on-call cardiology team at Starship Hospital for appropriate inpatient management or transfers.

Ongoing follow-up plan is to be discussed with PEC. This might be based on recommendation from Starship team.

For outpatient Cardiac follow-up and Echo request, please email the internal paediatric cardiology & Echo referral form at discharge to PEC.

Follow up will be with PEC, echo clinic or visiting paediatric cardiology clinic based on the clinical situation.

2.2.6 Neurosurgery

In the first instance, contact the Neurosurgical Service at Health NZ Waikato.

For PHVD, contact the neurosurgical service at Starship Hospital direct.

2.2.7 PICU / ECMO

Please call the on-call specialist in PICU direct.

3 Evidence base

3.1 Associated Health NZ Waikato Documents

- [Transfer of Complex Neonatal Intensive Care Unit \(NICU\) Patients to Paediatric Ward or Service](#) (Ref. 6431)

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