Admission to the UHL Neonatal Units

University Hospitals of Leicester NHS NHS Trust

Trust ref:C117/2008

1. Introduction and who the guideline applies to

This guideline is for medical, midwifery and nursing staff at the UHL involved with the care of the newborn at and after delivery in the hospital setting. It is to provide guidance on the admission of babies to the neonatal unit (NNU).

Related UHL documents

- Resuscitation at Birth UHL Neonatal Guideline
- Thermal Protection of the Newborn UHL Obstetric and Neonatal Guideline
- Intrahospital Transfers of Neonates UHL Neonatal Guideline
- Hypoglycaemia - Neonatal UHL Neonatal Guideline
- Postnatal Ward Handbook UHL Neonatal Guideline
- Patient ID Band UHL Policy.pdf
- Transfer of Babies to Neonatal Unit from Home or Community Hospital UHL Obstetric and Neonatal Guideline
- Substance Misuse in Pregnancy UHL Obstetric Guideline
- Pre Labour Rupture of the Membraines UHL Obstetric Guideline
- Group B Streptococcus in Pregnancy and the Newborn UHL Obstetric Guideline
- Neonatal Transitional Care UHL Neonatal Guideline

2. Guideline Standards and Procedures

Background

Approximately 10% of the babies born in Leicestershire will require admission to the neonatal unit.

2.1 Prior to admission

- Availability of neonatal cots will be agreed between the Consultant ‘on service’ and the nurse in charge for NNU.

- At commencement of each shift nurse in charge of NNU will attend maternity huddle at LRI/liaise with Delivery Suite Co ordinator at LGH to discuss cot availability and pending admissions.

- The neonatal unit capacity should factor in babies on the antenatal wards that are considered likely to be delivered and need admissions.

- Obstetric medical staff will contact neonatal medical staff to notify of any expected admissions or any transfer of activity between sites.

- Whenever possible a nurse will be allocated for admissions at the beginning of each shift. The nurse responsible for admissions should check the cot space is set up with all necessary equipment (see appendix 1) and check that resuscitation equipment is available and working.

- Where admission to NNU is anticipated:

    - Whenever possible, Neonatal medical staff will speak to parents of baby prior to delivery.

    - Midwifery staff will contact neonatal medical staff by bleep, shortly before delivery to inform of expected delivery.

    - Medical staff will attend the delivery. A Neonatal nurse will attend with transport incubator and drugs as and when required.

- Where admission to NNU is unanticipated i.e., babies >37/40 gestation with no pre-existing condition will be reviewed by ATAIN group and DATIX need to be filled.

2.2 Criteria for Admission to the Neonatal Unit*

- **Prematurity** Infants <34/40 will definitely require admission to the neonatal unit at birth.

- **Respiratory distress**, including babies with persistent grunting.

- **Hypothermic infants** not responding to conservative management on the delivery suite or postnatal wards: Temperature < 36°C. Need a medical review for assessment for admission on the unit.

- **Pyrexial infants** with a temperature > 37.5 °C. Medical review for possibly septic screen.

- **Hypoglycaemic infants** not responding to conservative management on delivery suite or postnatal wards

- **Surgical conditions** requiring intervention

- **Any other cause for concern****

***Refer to the Neonatal Transitional Care UHL Neonatal Guideline**
**** This is not an exhaustive list**

2.3 Safe transfer of baby to neonatal unit

- Babies must have identification bands attached prior to transfer to the neonatal unit
    - UHL Identification bands policy can be accessed here

- Any baby requiring transfer to the neonatal unit from delivery suite, or the postnatal ward must be transferred by transport incubator or in a cot.

- Babies requiring maintenance of the airway, administration of oxygen and / or at risk of hypothermia will be transferred in a transport incubator and be accompanied by an appropriate trained staff.

- Where possible, the baby, once stabilised, will be taken to the parents before being transferred to NNU. The Birth partner may accompany the infant to the neonatal unit if they choose.

- For babies requiring transfer from home or Community hospital immediately after birth please see – Transfer of Babies to Neonatal Unit from Home or Community Hospital UHL Obstetric and Neonatal Guideline

2.4 On the Neonatal Unit

- On admission to the neonatal unit the baby will be transferred into an incubator or cot as appropriate to the condition of the baby.

- Babies will be admitted into an ITU/HDU cot space or to the special care nursery depending on the clinical condition.

- Treatment will be commenced in accordance with baby's condition.

- Admission procedures will be completed within the required time frame.

- Baby details will be entered on Patient Centre, the Badgernet system and in the admission book.

- Parents will be updated by a ST4 or above or Advanced Neonatal Nurse Practitioner within 24 hours of admission.

- Parents have the option of using face time while in patient at UHL Hospitals or EMNODN, when they are unable to visit their baby.

2.5 Unanticipated admissions to the Neonatal Unit

- Unanticipated term admissions will be reviewed quarterly through the ATAIN and Neonatal Governance group.

2.6 Admissions to the Neonatal Unit from the community

- It is not current practice to admit infants to NNU from the community (with the specific exception of the neonate less than 5 days of age that requires an exchange transfusion).

- However, if a neonate comes back with its mother to the postnatal ward they may remain on the postnatal ward with their mother as long as it is felt to be clinically appropriate. If the baby subsequently needs medical input and admitting for more active treatment not normally available on the postnatal ward, then arrangements will need to be made for the infant to be transferred to the paediatric wards

- The neonatal middle grade/ANNP will help facilitate the transfer of care to Children Hospital

3. Education and Training

None

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
. The reason for admission will be documented on Badgernet database. There is documentation of communication with parents from ST4 or above or ANNP within 24hours of admission. Unanticipated admissions (as per criteria) will be reviewed quarterly.	Retrospective review of case notes, badgernet database and unanticipated admissions 1% of all health records of newborns where admission to the neonatal unit is required	Matron for Neonatal Services	Quarterly	Maternity Governance Group Neonatal Governance Group

5. Supporting References

None

6. Keywords

ATAIN, Transfer, Transitional care

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

CONTACT AND REVIEW DETAILS			
Guideline Lead (Name and Title) Original Guideline Author's; Judith Foxon – Matron and Elaine Boyle - Consultant Guidelines Lead – Sumit Mittal - Consultant			**Executive Lead** Chief Nurse
Details of Changes made during review:			
Date	**Issue Number**	**Reviewed By**	**Description Of Changes (If Any)**
May 2005	**1**		**New document**
Aug 2008	**2**	J Foxon Matron Neonatal Services Guidelines Group	
Sept 2011	**3**	J Foxon Matron	
Oct 2015	**4**	E Boyle Neonatal Guidelines Group	no amendments required
Jan 2018	**5**	Neonatal guidelines meeting Neonatal Q &S meeting (Governance)	no significant alterations but to only ratify for 12 months
Feb 2020	**6**	Neonatal guidelines meeting Neonatal Q &S meeting (Governance)	
June 2023	**6**	Neonatal guidelines meeting Neonatal Q &S meeting (Governance)	Added reference to huddle attendance required by the Nurse in charge at each shift change.

APPENDIX 1:

ADMISSION SPACE CHECKLIST - ITU (Unplanned)

Incubator

(Set to 34^0C) with temperature probes if none for monitor
Mattress in level position with sheet on

Vital signs monitor: Modules and cables ECG, SPO_2, NIBP, iBP, temperature x 2.

'Dry' Right Hand Pendant

SLE 5000 ventilator
Infant Flow CPAP or NIPPV driver with humidifier/circuit and water for irrigation.

'Wet' Left Hand Pendant

Name Board
Suction Jar and length of tubing (to reach incubator) attached to suction regulator and function tested. Suction set at 10 – 13 mmHg
Suction catheters 4 each black, blue green grey
Sterile gloves (handful of medium)
Stethoscope
Neo-Puff (set up and tested) with all sizes masks
Alaris infusion pump x 2 (charging)
Alaris Syringe pumps x 3 (charging)

Utility Trolley

Hand sanitizer
Clipboard with ITU charts, drug charts, signature sheets, admission booklet and results flow chart,
Notes Folder
Trolley drawers as per current stock list by housekeepers (to include swabs) and blood spot cards

Parent Chair

SPECIAL CARE ADMISSION SPACE

Name Board

Incubator

Set to 32^0C with at least one temperature probe
Mattress Flat with sheet on

Vital Signs monitor

Modules and cables for $SP0_2$, ECG, NIBP (at least one temperature probe if none with incubator)

Utility Trolley

Clipboard with SCBU admission and observation booklet
Stethoscope
Hand Sanitizer
Trolley drawers as per current stock list by housekeepers (to include swabs)

Parent Chair