Scope

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

Related UHL documents

Resuscitation of the Newborn
Thermoregulation of the Newborn
Intra-Hospital Transport
Hypoglycaemia guideline
Postnatal Ward Book
Patient Identification Band Policy
Transfer of babies to the Neonatal Unit from Home or Community Hospital
Admitting a baby of at least 34 weeks to the Neonatal Unit
Substance Abuse in Pregnancy (Neonatal Abstinence Syndrome)
Prolonged Rupture of Membranes at Term
GBS guideline

Background

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

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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 contact midwife in charge of delivery suite to notify of NNU cot situation and ascertain whether there are any impending admissions and reasons for those 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 to explain situation.

    - 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.

- Where admission to NNU is unanticipated i.e. babies >36/40 gestation with no pre-existing condition:

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

    - Admission will be recorded as unanticipated for audit purposes and an incident form is completed. This should then be reported to Neonatal Governance Group, and Maternity Governance if appropriate. Individual or group feedback is then provided. Information is also disseminated through Neonatal Governance minutes to relevant staff groups.

Criteria for Admission to the Neonatal Unit

- **Prematurity** Infants <34/40 will probably require admission to the neonatal unit at birth.
- **Respiratory failure**, including babies still grunting at 4 hours of age.
- **Hypothermic infants** not responding to conservative management on the delivery suite or postnatal wards: Temperature < 36°C
- **Pyrexial infants** with a temperature > 37.5 °C
- **Hypoglycaemic infants** not responding to conservative management on delivery suite or postnatal wards
- **Surgical conditions**
- **Any other cause for concern**

Safe transfer of baby to neonatal unit

- Babies must have identification bands attached prior to transfer to the neonatal unit (UHL Patient Identification Band policy).
- 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 a neonatal paediatrician and nurse.
- Where possible, the baby, once stabilised, will be taken to the parents before being transferred to NNU. The father may accompany the infant to the neonatal unit if he chooses.
- For babies requiring transfer from home or community hospital immediately after birth – see separate policy.

Admission to 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 an appropriate time frame. All babies admitted to NNU will have temperature taken within 60 minutes of admission.
- Baby details will be entered on Patient Centre, the Badger system and in the admission book.
- A photograph of baby will be taken and, in addition to the Neonatal Unit Booklet, will be given to parents as soon as possible after admission.
- 'Admission to discharge' paperwork will be commenced on admission to NNU.
- Parents will be given an update of their baby's condition within an hour of admission, by a senior nurse or doctor (this can be done by phone to the Delivery Suite if necessary).
- Parents will be seen and updated by a senior clinician (ST3 or above or Advanced Neonatal Nurse Practitioner) within 24 hours of admission.

Unanticipated Admissions to the Neonatal unit

- There should be a process for the reporting and learning from unanticipated admissions to NNU. An incident form should be completed for the following babies for whom admission to NNU could be considered unanticipated:

  - Diagnosis of HIE (moderate or severe)
  - **Undiagnosed** congenital anomaly i.e.: Complex cardiac anomalies, congenital diaphragmatic hernia, Gastroschisis, trache-oesophageal fistula, any atresia, major chromosomal abnormalities.
  - Baby >37/40 with blood sugar < 2mmol on admission to NNU
  - Temperature <36°C on admission to NNU (these babies are monitored through CQUIN reports quarterly).

- Unanticipated admissions will be reviewed quarterly through the Neonatal Governance meeting.

Admissions to the Neonatal unit from 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 SpR will help facilitate the transfer of care to paediatrics by liaising with the children assessment unit (CAU).

- In the unusual event that such infants require immediate resuscitation / stabilisation this should be initiated by the neonatal team and admission into the NICU side room can be done before transfer to CICU.

Monitoring	
Process for monitoring:	Retrospective review of case notes, badger database and unanticipated admissions.
How often will monitoring take place:	Quarterly
Population:	1% of all health records of newborns where admission to the neonatal unit is required.
Person responsible for monitoring:	Matron for Neonatal Services
Auditable standards:	• The reason for admission will be documented on Badger database. • There is documentation of communication with parents from senior clinician (ST3 or above or ANNP) within 24hours of admission. • Number of babies admitted with temperature <36°C will be reported through CQUIN dashboard quarterly. • Unanticipated admissions (as per criteria) will be recorded through Datix incident reporting.
Results reported to:	Maternity Governance Group Neonatal Governance Group
Action plan to be signed off by:	Neonatal Governance Group
Person responsible for completion of action plan:	Senior Midwife Neonatal Services

Guideline development:

May 2005	Original Guideline
Aug 2008	Review by J Foxon Matron
Sept 2008	Review by Neonatal Services Guidelines Group
Sept 2011	Review by J Foxon Matron
Oct 2015	Review by E Boyle (no amendments required)
Oct 2015	Neonatal Guidelines Group
Oct 2015	Neonatal Governance Group
Jan 2018	Neonatal Guidelines Meeting (no significant alterations but to only ratify for 12 months)
Jan 2018	Neonatal Q&S Meeting (Governance)

Appendix 1: ITU Bed space check list

Date		**Ward**	
Bed space		**Hospital**	
Person who cleaned this space			

The following action has taken place prior to your admission

Item	Sign when completed	Item	Sign when completed
Incubator/cot cleaned		Clean Vent and CPAP equipment available	
Trolley cleaned inside and out		Shelving/window ledges cleaned	
Clean suction liner and tubing in place		Sanitiser is available within the bed space	
Suction catheters and Yanker sucker restocked		Gantrees, Ventilator, CPAP driver, pumps, monitor, leads and computer all cleaned	
Neopuff tubing and face masks restocked		Chair and step stool cleaned	
Check emergency buzzers			

Patient label

Once the **bed space** has been occupied, place a patient label on the form and file in the patients notes

Appendix 2: Further checklist details

ADMISSION SPACE CHECKLIST - ITU (Unplanned)

Incubator

(Set to 34^{0}C) with temperature probes if none for monitor
Mattress in level position with sheet on
Weighed ‘pee-on’
‘Tubing Tree’

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

‘Dry’ Right Hand Pendant

SLE 5000 ventilator: set up, checked with name and date of check, covered with clear plastic sheet/bag (NB water for irrigation not connected)
Infant Flow CPAP or SiPAP driver with humidifier/circuit and water for irrigation (not set up).

‘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 sizes 0 and 1 masks
Volumed infusion pump x 1 (charging)
Alaris Asena pumps x 3 (charging)

Utility Trolley

Hand sanitizer
Clipboard with ITU charts, care plan, drug chart, blood gas and results flow chart,
Notes Folder
Trolley drawers as per current stock list by housekeepers (to include swabs)

Stool

Parent Chair

SPECIAL CARE ADMISSION SPACE

Name Board

Incubator

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

Vital Signs monitor:

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

Utility Trolley

Clipboard with Low Dependency Care Plan/observation/fluid chart/feed chart/drug chart
Stethoscope
Hand Sanitizer
Trolley drawers as per current stock list by housekeepers (to include swabs)

Parent Chair