

## **1. Introduction and Who Guideline applies to**

This guideline is aimed at Advanced Neonatal Nurse Practitioners (ANNP) working in the ANNP Clinic and the Neonatal Consultants providing clinical advice.

This guidance applies to the clinically well baby. Any baby who is unwell will be referred to the Children's Emergency Department following the usual referral pathway.

### **Key Points:**

- ANNP clinic caters to well babies only. Unwell babies should be referred to ED
- Outside clinic hours babies are to be seen in the emergency department by the paediatric team.
- Referral is required; the service is by appointment only.
- Infants awaiting blood results can be sent home with parents if clinically well.
- Infants <24 hours with jaundice should not be seen in ANNP clinic and should be sent to ED.

**Background:** The ANNP clinic provides rapid access appointments for newborn babies in the first 14 days of life. If hospital admission is required babies are admitted directly to a ward in the children's hospital for treatment.

## **2. Referral Criteria:**

- Referrals are made over the phone by community midwives, children's ED or GPs.
- ANNP Clinic opening hours: 7 days a week 10:00-17:00
- Clinic contact telephone number: 07779 556441

### **Weight loss:**

- Weight loss >10% assessed as being clinically well by community midwifery team.

### **Jaundice:**

- Transcutaneous bilirubin (TCB) >250 umol/l <sup>[1]</sup>
- TCB > treatment threshold for age and gestation <sup>[1]</sup>
- Previous phototherapy with concerns regarding worsening jaundice <sup>[1]</sup>

### **NIPE Issues (<72 hours of age/first NIPE):**

- For NIPE's completed by community midwifery team where the baby is clinically well.
- Phone advice for concerns raised during 1<sup>st</sup> NIPE check
- Babies who are not passing urine within a 24 hour period, should not be seen in ANNP clinic and must be assessed in ED by a pediatrician.

## **Clinic Procedures:**

Same day appointments are offered where the criteria have been met.  
Clinical advice is available from the consultant covering special care on NNU.

### **Jaundice:**

Serum Bilirubin (SBR) should be checked within 6 hours of jaundice being noted <sup>[1]</sup>  
Examination and feeding assessment is completed by the ANNP on duty.  
SBR to be measured using the UHL blood gas machine, if not working lab SBR to be sent.  
If lab SBR is sent, it is at the discretion of the ANNP on duty to weigh the risk of sending the baby home pending results based on their clinical findings.  
Repeat appointments can be offered where SBR is below treatment threshold but within 50umol/l.

### **Weight loss:**

Feeding assessment is required, this may be undertaken by the community midwife and the outcome communicated during referral.  
Consider assessment for jaundice in babies with significant weight loss.  
If indicated blood tests will be done to assess dehydration <sup>[5]</sup>

### **Feeding concerns/BNO:**

Clinical examination, including activity and responsiveness to be undertaken.  
A feeding history to be completed by the ANNP. If concerned about dehydration check electrolytes.  
Refer to infant feeding clinic if longer term support is required, refer through maternity reception. Refer to current UHL infant feeding policies for advice <sup>[2][3][4]</sup>  
If any concerns arise regarding need for surgical review the surgical registrar on call can be contacted.

### **Appointments:**

ANNP Clinic opening hours: 7 days a week 10:00-17:00  
Clinic contact telephone number: 07779 556441

Appointments are given at 30-minute intervals with final appointment at 16:30.  
Latecomers are sent to ED if clinic workload does not allow for appointments to be re-organised.  
Babies arriving out of hours will not be seen in ANNP clinic and should be assessed in the children's emergency department.

### **Admissions:**

Home phototherapy can be offered to eligible babies in line with the home phototherapy guideline.  
Babies requiring admission to hospital are, ideally, to be admitted to the children's hospital directly and not through the emergency department. Referrals for admission are made through the paediatric registrar and the bed coordinator. If a bed isn't available immediately in the children's hospital please see section below.

### **Process when bed unavailable/ Out of hours issues:**

When admission is required but no bed is available before 17:00, the required information must be printed and handed over to the ANNP/SHO/registrar covering NNU. **Arrange transfer to ED to await bed.** The job should be added to Pando and marked as complete when the baby and a copy of the clinic notes have been brought to a children's ward. A copy of the documentation is to be kept in the clinic room's locked drawer to facilitate creation of the GP letter and filing.

**Clinic closure:**

The ANNP clinic may be closed occasionally due to medical staffing. Messages should be sent via text system to the community team and children's emergency department if this occurs.

Should the need arise for the ANNP on duty to be redeployed due to medical staffing this should be a joint decision between the consultant on call and the ANNP on duty. The normal staffing escalation policy must be followed.

**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

**5. Supporting References**

1. National Institute for Care Excellence [NICE], (2010) Jaundice in newborn babies under 28 days CG98 [Online]. [Viewed 19 April 2022]. Available from: <https://www.nice.org.uk/guidance/cg98>
2. **Infant Feeding Policy UHL LLR and Childrens Centre Services**
3. **Breast Feeding Support UHL Obstetric Guideline**
4. **Bottle Feeding UHL Obstetric Guideline**
5. **Postnatal Ward Handbook UHL Neonatal Guideline**
6. **Jaundice in Newborn Babies UHL Obstetric Guideline**
7. **Newborn Infant Physical Examination (NIPE) UHL Maternity and Neonatal Guideline**
8. **Faltering Growth UHL Childrens Hospital Guideline**
9. **Paediatric cardiology referral UHL Guideline**

**6. Key Words**

Heart Murmur, Jaundice, NIPE, Weight loss

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) Julie Park – Advanced Neonatal Nurse Practitioner			Executive Lead Chief Nurse
Details of Changes made during review:			
Date	Issue Number	Reviewed By	Description Of Changes (If Any)
August 2023	1		New document