# NICU Notification- Resuscitation request by Birthing Unit/Operating Suite

**Sites where Local Guideline applies**  
All clinician working in Birthing Unit, Operating Suite and NICU

**This Local Guideline applies to:**
1. **Adults**  
   Yes
2. **Children up to 16 years**  
   Yes
3. **Neonates – less than 29 days**  
   Yes

**Target audience**  
All Clinicians who provide care to Mothers and Neonates in Birthing Unit, Operating Theatres and NICU

**Description**  
A guide for NICU notification of neonates requiring resuscitation.

**Keywords**  
Birthing, Escalation, Neonatal, Outcomes, Resuscitation, JHCH, NICU

**Related Legislation, Australian Standard, NSW Ministry of Health Policy Directive or Guideline, National Safety and Quality Health Service Standard (NSQHSS) and/or other, HNE Health Document, Professional Guideline, Code of Practice or Ethics:**
- Maternity and Newborn - Resuscitation of the Newborn Infant

**Prerequisites (if required)**  
Nil

**Local Guideline note**  
This document reflects what is currently regarded as safe and appropriate practice. The guideline section does not replace the need for the application of clinical judgment in respect to each individual patient but the procedure/s require mandatory compliance. If staff believe that the procedure/s should not apply in a particular clinical situation they must seek advice from their unit manager/delegate and document the variance in the patients health record.

**Position responsible for the Local Guideline and authorised by**  
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**Date authorised**  
6th December 2018

**This document contains advice on therapeutics**  
No

**Issue date**  
20th December 2018

**Review date**  
20th December 2021
GUIDELINE

This Guideline does not replace the need for the application of clinical judgment in respect to each individual patient.

PURPOSE AND RISKS

This local guideline has been developed to provide guidance for staff to ensure attendance of appropriate skilled clinicians at high risk births.

These risks are minimised by:

1. Use of ISBAR format for verbal handover, especially for imminent/unexpected neonatal resuscitation
2. The NICU notification/resuscitation request form (pink slip), is used to consider the need for counseling of the expectant parents and discussions around research trials applicable to their baby/babies
3. The NICU notification / resuscitation request form (pink slip) advises NICU in advance that neonatal resuscitation may be required at a birth

Staff Preparation

It is mandatory for staff to follow relevant: “Five moments of hand hygiene”, infection control, moving safely/safe manual handling, documentation practices and to use HAIDET for patient/carer communication: HAnd hygiene Acknowledge, I ntroduce, D uration, E xplanation, T hank you or closing comment.

GLOSSARY

<table>
<thead>
<tr>
<th>Acronym or Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>APH</td>
<td>Ante partum Haemorrhage</td>
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<tr>
<td>CTG</td>
<td>Cardiotocography</td>
</tr>
<tr>
<td>ISBAR</td>
<td>Acronym to help with communication between professionals- Introduction, Situation, Background, Assessment, Recommendation</td>
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<tr>
<td>LSCS</td>
<td>Lower Segment Caesarian Section</td>
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<tr>
<td>MSL</td>
<td>Meconium Stained Liquor</td>
</tr>
<tr>
<td>NICU</td>
<td>Neonatal Intensive care Unit</td>
</tr>
<tr>
<td>NP/RMO</td>
<td>Nurse Practitioner/Resident Medical Officer</td>
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Notification of NICU

The NICU Notification/resuscitation request form, also known as the pink slip, is utilised to advise NICU when neonatal resuscitation may be required at a birth. It may also be used to communicate the need for infants requiring NICU team review in the postnatal period.

The following procedure should be followed when notifying NICU:

1. Obstetric and midwifery staff identify situations where there is an actual or potential need for resuscitation at a birth
2. Obstetric and/or midwifery staff provides a hard copy of the pink slip to the NICU nurse or medical/NP in charge as well as a verbal handover presented in ISBAR format.

<table>
<thead>
<tr>
<th>ISBAR</th>
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<tbody>
<tr>
<td>Introduction:</td>
<td>Person making the notification</td>
</tr>
<tr>
<td>Situation:</td>
<td>Include gestation of mother and/or baby</td>
</tr>
<tr>
<td>Background:</td>
<td>Known risk factors; known antenatal anomalies</td>
</tr>
<tr>
<td>Assessment:</td>
<td>Person required at birth or postnatal review</td>
</tr>
<tr>
<td>Recommendation:</td>
<td>NICU to complete (including discussion of trials)</td>
</tr>
</tbody>
</table>

3. Include the following information (where known):
   - Name of patient
   - Gestation of infant
   - Estimated foetal weight
   - Location of mother (i.e. which birth suite/operating theatre)
   - Date and time of administration of steroids and/or Magnesium Sulphate
   - Time and type of maternal antibiotics administered
   - Consent for research studies
   - Known risk factors
     - Threatened preterm labour (TPL)
     - Planned trial of forceps
     - Cord prolapse
     - Abnormal CTG trace and features
     - APH and blood loss
     - Scalp lactate >5.8
     - Meconium stained liquor (MSL)
     - Breech
     - Pre-eclampsia
     - Multiple pregnancy
     - Congenital anomalies
     - Known social issues
Attendance of appropriate clinician level should be determined by NP/Reg/Fellow in accordance with NICU guidelines in discussion with the Neonatologist on call and documented on the request form.

The NICU staff member receiving the notification is to ensure that the rest of the NICU team members are aware of the potential need to provide assistance.

This also includes notifying the perinatal team (obstetrician, neonatologist and/or other sub specialty if needed) when there are high risk births that require discussions about outcomes. Examples of this type include any births that presents at the borders of viability, IUGR <32 weeks or other significant additional risk factors in the mother or baby.

1. If the woman’s or foetus’ condition deteriorates prior to the birth, obstetric/midwifery staff need to provide the NICU nursing team leader with an update of the present risks.
2. Each shift the NICU nursing team leader will update the status from the pink slips and advise the rest of the NICU team.
3. The obstetric/midwifery staff will contact NICU via DECT phone 23171 when the birth is imminent or assistance is required – allowing time for NICU staff to prepare and check resuscitation equipment etc.
4. If urgent NICU assistance is required, obstetric/midwifery staff to are to phone the NICU DECT phone 23171 (24hrs / 7 days) and request assistance using the ISBAR format. It is helpful if the most senior team member/person most familiar with the patient makes the phone call to NICU.
5. Prior to leaving NICU the person attending the resuscitation must inform the Nursing Team Leader where they are going and that an admission to NICU is possible.

A pink slip is not required in the case of immediate/unexpected assistance

If additional NICU resuscitation assistance is required

For further assistance call 55987 and use the ISBAR format detailed above to request further help.

It is helpful if the most senior team member/person most familiar with the patient makes the phone call to NICU.

- NICU or Maternity/anesthetic staff may escalate care at any time by contacting NICU for further assistance if needed.
- Presence of a Neonatologist or NICU fellow may be requested in the following
situations
- Asystole
- Pre-terminal CTG’s
- Cord prolapse/ Placental abruption
- Gestation ≤26 weeks
- Heart rate (HR) <60 / minute after 5 minutes after appropriate CPR/medications
- Major anomaly (airway access)

Postnatal review required for baby

- The Birthing unit are also required to use the Pink Slip to advise of the need for postnatal review in the event of NICU not being required to attend resuscitation, e.g. minor cardiac anomaly or cleft palate.
- It is important that NICU are then notified by Birthing Unit Staff after birth and before the mother and baby are transferred to the ward to ensure a timely neonatal review occurs.

Consultation
Paul Craven Director NICU JHCH
Javeed Travadi Deputy Director NICU
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Dorothy Kauter Midwifery Unit Manager JHH
Mandy Hunter CMC JHH
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Approved
Operational, Planning & Management Committee NICU 16/11/2018
Clinical Quality & Patient Care Committee 05/12/2018

Implementation, monitoring compliance and audit

1. Approved clinical guideline will be uploaded to the PPG and communication of updated to staff will be via email and message on the HUB.
2. Incident investigations associated with this Guideline and Procedure will include a review of process.
3. The Guideline and Procedure will be amended in line with the recommendations.
4. The person or leadership team who has approved the Guideline and Procedure is responsible for ensuring timely and effective review of the Guideline and Procedure.
5. Evaluation will include a review of the most current evidence as well as a consideration of the experience of staff at JHH and JHCH in the implementation of the Guideline and Procedure.

FEEDBACK
Any feedback on this document should be sent to the Contact Officer listed on the front page.
Anticipation of NICU assistance prior to birth

Birthing Unit staff to complete NICU notification (pink slip)
Include all available information, particularly risk factors
Provide the written NICU notification to the NICU nurse in charge
NICU nurse in charge to advise RMO/Registrar/NP of potential need to provide assistance
Registrar/RMO/NP and NICU nurse in charge to include in handover information to next shift

Condition/risks changed prior to birth?

No

Birthing Unit advise NICU staff when required (provide time to set up & check trolley etc.). Call on DECT phone 23171

No

NICU staff to attend, check trolley etc., provide assistance

Is additional NICU assistance required?

Yes

This call can be made by Midwifery or Neonatal team

Phone NICU nurse in charge on 55987 and request for additional assistance using ISBAR to inform of appropriate level of expertise to attend (Consultant or Fellow)

Yes

Birthing Unit staff to provide NICU nurse in charge with update on 55987

NICU nurse in charge to update request form (pink slip) and advise registrar/RMO/NP