

**SUBJECT: Neonatal patients in ED, PICU and Paediatric Wards at JHCH, and at home on Home Midwifery Service (HMS)**

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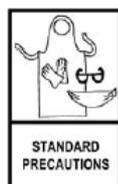
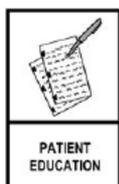
NICU Management Executive Committee, KGNS CYPF Quality and Safety Committee

**KEYWORDS:** admission, advice, assessment, Emergency Department (ED), HMS (Home Midwifery Service), PICU (Paediatric Intensive Care)

**Disclaimer:**

It should be noted that this document reflects what is currently regarded as a safe and appropriate approach to care. However, as in any clinical situation there may be factors that cannot be covered by a single set of guidelines, this document should be used as a guide, rather than as a complete authoritative statement of procedures to be followed in respect of each individual presentation. It does not replace the need for the application of clinical judgment to each individual presentation.

S.W.P.



## **RATIONALE:**

Neonates who are less than a month corrected gestational age (CGA) and not an inpatient of NICU/SCN may present in emergency or seen at home by the Home Midwifery Service (HMS) following discharge from the postnatal unit. They may also be cared for on H1, J1 or in the PICU at JHCH. Each year approximately 300 babies present to the Emergency department before they reach one month corrected age. Approximately 30% of babies reviewed in the neonatal period in ED are admitted.

NICU & SCN classically care for infants in the first month of life. The majority of admissions come from the birthing suite, but some neonates are admitted from other hospitals in the region or from Emergency or directly from home via HMS. Some of these babies have been discharged home prior to admission to NICU. It may be appropriate to admit a baby that requires hospitalisation in the first month of life in the NICU/SCN, as long as they are thought to be non-infectious for respiratory or gastrointestinal pathogens.

## **OUTCOMES:**

Newborn Services (NICU/SCN) may become involved with patients from HMS, ED, PICU, H1 or J1 and from other hospitals within the first month of life. NICU staff may be called for:

1. Advice
2. Clinical Review
3. Resuscitation support
4. Admission

Below are recommendations of how NICU may interact with

- Delivery Suite
- Post natal Ward
- HMS
- Emergency Department
- H1/J1
- PICU

**To ensure the neonate in the service gets the right care and in the right place at the right time**

## **CURRENT RELATIONSHIPS AND OUTCOMES:**

Birth-NICU admits 1100 babies each year, mainly from birthing suite, with 150 being admitted ex utero from other hospitals in the HNELHD. The criteria for admission to NICU/SCN are outlined in Clinical Practice Guideline: JHCH\_NICU\_01.01 "Admission of babies to NICU/HDU and SCN".

ED-There are a number of babies that present each year to ED in the first month of life. In a 3 month period from Jan – March 2013, 84 babies presented to the ED at JHCH, 2 were priority 1, 5 priority 2, 61 priority 3, 15 priority 4 and 0 were priority 5.

H1/J1- The majority of babies admitted to Paediatric ward settings in JHCH, <1 month of age, have respiratory related or fever related episodes- 28/34

PICU-The PICU facility at JHCH currently occupies 4 beds. There are plans to build a dedicated PICU facility in 2014, with it being opened and functioning in 2015. The agreement currently is; a patient less than 1 month requiring ICU support will be admitted to NICU and > 1 month will be admitted to PICU, unless the cause is likely infectious and thus they will be admitted to a single PICU room, with NICU support if required.

### **RECOMMENDATIONS for FUTURE RELATIONS and COMMUNICATIONS with NICU:**

**Delivery suite:** Admission via DS will continue as is currently occurring. A working group will be established to ensure that 'at risk' infants are identified and admitted to the postnatal wards for appropriate investigations and not discharged home on the 'early discharge' program.

**Postnatal Ward:** A ward round will occur daily on the postnatal ward to address acute neonatal concerns. It will be coordinated by the fellow on service for the neonatal unit. Specific guidelines will be available detailing the Neonatal unit's involvement with postnatal babies. Babies falling in the yellow or red zones on the Standard Neonatal Observation Chart) SNOC chart should prompt an immediate call to the registrar/NP in NICU for review and not wait for a routine daily round review.

**HMS:** If HMS is concerned about babies within the community, they should discuss with the neonatal team, prior to likely review in SCN/NICU. HMS should call the neonatal NP or registrar on for intensive care to discuss their concerns. The phone call from HMS will be recorded in the NICU folder and the advice given will also be recorded. If HMS remains concerned after their initial call, they should discuss the infant with more senior neonatal staff, fellow or consultant, via switch board. If the neonate is observed to have respiratory or gastrointestinal symptoms, the preference is to have the baby present to ED immediately. If there is major concern about any baby at home, strong consideration should be given to calling '000' emergency services to transport the baby to ED as early as possible.

**ED:** NICU staff (Fellow or Consultant) may be called directly by senior medical staff about any neonate who presents to ED who:

1. Requires extensive resuscitation, including intubation, ventilation or circulatory support.
2. Any baby born at home or in the ambulance that is <35 weeks gestation
3. Any baby that is < 1 month of age and any gestation who is hypothermic

NICU staff (Fellow or Consultant) can be called by senior ED staff to discuss seeing any baby who presents with

- Neonatal related conditions that will require admission, such as:
  1. Surgical problems presenting in the neonatal period
  2. Neonatal jaundice, requiring phototherapy
  3. Excessive weight loss in the neonatal period
- Common neonatal problems such as conjunctivitis, fever and reflux should be dealt with by ED staff, in consultation if required.

Any baby in ED may be discussed at a senior level with a fellow/consultant. A baby being reviewed in NICU should be seen in a dedicated clinic space, away from other NICU/SCN patients, so they do not directly access patient care regions of the NICU or SCN.

NICU is also willing to provide advice, review and resuscitation support to Emergency Department, if the baby is referred from a senior ED physician to a senior Neonatal physician, after initial review. The paediatric team should also be notified and be present for a baby requiring neonatal input.

**H1/J1:** If a baby < 1 month CGA is extremely sick on the paediatric wards, NICU will offer advice, clinical skill support and resuscitation support when possible. It is imperative that a senior paediatric clinician is present and liaises directly with the senior neonatal staff, fellow or consultant to ensure a good clinical hand over occurs and someone is available to help the NICU team. Attendance is not always possible if a crisis is occurring in NICU, this will be discussed at the time of the call. Most neonates who require this support on the ward will ultimately go to the PICU. Staff from PICU should also be called, especially if the neonate has infectious respiratory or gastrointestinal symptoms.

A call from the wards for potential help with clinical skills should be made by the senior paediatric staff on site, e.g. paediatric registrar and they should if possible be present to help NICU staff with the required procedure and to learn from NICU staff.

**PICU:** For any infants admitted less than 1 month of age to PICU, the NICU team can be called to provide review, advice, clinical skills and resuscitation skills, when requested at a senior level.

Nursing staff and technical officer/assistants in NICU may also provide support and input with equipment, tubes, lines etc. when requested.

**AREA POLICIES:** Kaleidoscope Neonatal Clinical Practice Guideline: JHCH\_NICU\_01.01  
“Admission of babies to NICU/HDU and SCN”. Accessed August 2013  
<[http://www.kaleidoscope.org.au/site/content.cfm?page\\_id=364613&current\\_category\\_code=8338](http://www.kaleidoscope.org.au/site/content.cfm?page_id=364613&current_category_code=8338)>

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