

# Local Guideline



John Hunter  
Children's Hospital  
CHILDREN, YOUNG PEOPLE AND FAMILIES



Health  
Hunter New England  
Local Health District

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

<b>Sites where Local Guideline applies</b>	All clinician working in Birthing Unit, Operating Suite and NICU
<b>This Local Guideline applies to:</b>	
1. Adults	Yes
2. Children up to 16 years	Yes
3. Neonates – less than 29 days	Yes
<b>Target audience</b>	All Clinicians who provide care to Mothers and Neonates in Birthing Unit, Operating Theatres and NICU
<b>Description</b>	A guide for NICU notification of neonates requiring resuscitation.
<b>National Standard- Comprehensive Care</b>	

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<b>Keywords</b>	Birthing, Escalation, Neonatal, Outcomes, Resuscitation, JHCH, NICU
<b>Document registration number</b>	
<b>Replaces existing document?</b>	Yes
<b>Registration number and dates of superseded documents</b>	JHCH_NICU_01.02
<b>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:</b>	
<ul style="list-style-type: none"> <li>• <a href="#">NSW health Policy Directive PD 2017_013 Infection Control and prevention Policy</a></li> <li>• <a href="#">Maternity and Newborn - Resuscitation of the Newborn Infant</a></li> </ul>	
<b>Prerequisites (if required)</b>	Nil
<b>Local Guideline note</b>	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 <b>require mandatory compliance</b> . 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.
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<b>Date authorised</b>	6 <sup>th</sup> December 2018
<b>This document contains advice on therapeutics</b>	No
<b>Issue date</b>	20 <sup>th</sup> December 2018
<b>Review date</b>	20 <sup>th</sup> December 2021

## NICU Notification-Resuscitation request by Birthing Unit/Operating Suite JHCH\_NICU\_1.02

Note: Over time links in this document may cease working. Where this occurs please source the document in the PPG Directory at: <http://ppg.hne.health.nsw.gov.au/>

### 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: **H**and hygiene **A**cknowledge, **I**ntroduce, **D**uration, **E**xplanation, **T**hank you or closing comment.

### GLOSSARY

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

## 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.

### ISBAR

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

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.

Introduction- Who is calling & where from Situation- What is currently happening Background- Anything relevant to decision for urgent birth Assessment- What is required of NICU staff Recommendation- Exactly who is required and when
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**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

## NICU Notification-Resuscitation request by Birthing Unit/Operating Suite JHCH\_NICU\_1.02 situations

- Asystole
- Pre-terminal CTG's
- Cord prolapse/ Placental abruption
- Gestation  $\leq 26$  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  
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Sinead Redman Nurse Manager NICU JHCH  
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Mandy Hunter CMC JHH  
Kate McKenna Nurse Practitioner JHCH NICU

## 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.

