

Local Non- Clinical Guideline



Health
Hunter New England
Local Health District

Ward Tours in NICU

Sites where Local Guideline applies	Neonatal Intensive care Unit, JHCH
This Local Guideline applies to:	
1. Adults	No
2. Children up to 16 years	No
3. Neonates – less than 29 days	Yes
Target audience	Clinicians in NICU JHCH as well as referral areas- FMU clinic. Ante natal clinics, Parent Education
Description	This guideline provides assistance to staff about the advantages and process involved in ward tours for potential parents of neonatal inpatients in NICU

[Hyperlink to Guideline](#)

Keywords	orientation, preterm birth, ward tour, NICU, JHCH
Document registration number	JHCH_NICU_02.04
Replaces existing document?	No
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:	
<ul style="list-style-type: none"> NSW Health Policy Directive 2014_036 Clinical Procedure Safety http://www0.health.nsw.gov.au/policies/pd/2014/pdf/PD2014_036.pdf 	
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.
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RISK STATEMENT

This local guideline has been developed to provide guidance to clinical staff in NICU regarding the purpose and procedure for doing a ward tour for potential parents of NICU babies. It ensures that the risks of harm to the parents whilst attending a ward tour are identified and managed.

Any unplanned event resulting in, or with the potential for injury, damage or other loss to infants/staff/family as a result of this management must be reported through the Incident Information management System and managed in accordance with the Ministry of Health Policy Directive: Incident management PD2007_061. This would include unintended injury that results in disability, death or prolonged hospital stay.

Risk Category: *Communication & Information*

GLOSSARY

Acronym or Term	Definition
MFMU Clinic/M3 team	Maternal Foetal Medicine Unit /High risk obstetric team
NICU/SCN	Neonatal Intensive care Unit/Special Care Unit
QUIT	Australian government program to assist smokers to stop smoking
RMH	Ronald McDonald House
SIDS	Sudden Infant Death Syndrome

NICU ward tours

Aim

- To familiarise families of potential NICU babies to the NICU environment¹
- To decrease parental anxiety levels and provide information and reassurance to prepare them for the NICU journey^{1,2}

Referrals

- private and staff specialist obstetricians and registrars,
- maternity wards-K3/K2
- MFMU clinic (Maternal Foetal Medicine Unit) & M3 team (high risk midwifery & obstetric team)
- Research nurses
- Delivery suite-antenatal patients awaiting a bed

Process

- Ward tour occurs every Wednesday in NICU and are undertaken by the Liaison CNC or their delegate
- Attendees names are faxed through to the Liaison CNC (Fax no: 4921 4408) by the staff from K2/K3—the post-natal ward will follow up to confirm booking and a time is negotiated for families to meet in the foyer of NICU.

- Private obstetricians and the MFU/M3 team email referrals to the Liaison CNC and plan a time for the tour.
- An 'After hours' tour is an option to allow fathers to be included. This can be negotiated with the Team Leader if time allows and if not possible will be done during the day.
- Families meet with a Neonatologist or Fellow prior to the ward tour and if this has not been done the Liaison CNC will arrange.
- If there has been a pre-natal diagnosis of a congenital abnormality the families are seen by the Neonatologist through the MFU Clinic and if that has not occurred then the Liaison CNC will arrange¹
- The tour starts with the Liaison CNC meeting the families in the front room for an introduction and discussion which will assist the family to understand the admission process and journey through NICU and SCN from their baby's perspective as well as theirs.
- Following the meeting a walk will be conducted through NICU and SCN

Information discussed with parents at the meeting

- Information given to the parents at this time is verbal. If they are admitted to the nursery they will receive a Miracle babies package
- Information regarding the opportunity for a referral to social work soon after admission is discussed
- List and describe all the different workers in NICU
- Information about principles of 'Warm pink and sweet' provided
- Tests their baby may have in NICU-blood tests, head scans, eye checks etc.
- Visiting policy
- Hand washing /gel policy
- Information about prenatal expressing and breast milk storage if linked to the diabetic antenatal clinic
- Quiet time-12md-3pm
- Assistance to QUIT smoking
- Ronald McDonald House and room
- Referral hospital-important to discuss this at this early stage so parents have a good understanding of the process for transfer back and issues that may affect the transfer to the referral hospital
- Babies are generally able to go home when they are breathing independently, feeding and gaining weight and maintaining their own temperature³. A general guide for discharge of a preterm infant is around the infant's due date however this will depend on the reason for admission.
- Parent Information talks before going home from SCN/NICU eg: Information talks about going home; instructions by physiotherapist about positioning, SIDS recommendations for sleeping and car restraint; emergencies and resuscitation³

Walk through NICU and SCN

- Describe differences between intensive care, high dependency and the special care areas⁴
- Inform parents of the normal NICU routines that occur throughout the day such as:
 - 3 nursing shifts a day
 - Medical staff available 24 hours a day/7 days a week
 - NUMs and Team Leaders
 - Lactation Consultants
 - Parents may visit and stay with their babies at any time
- Provide examples of different types of babies admitted and scenarios of possible encounters whilst a NICU patient or parent that is relevant to the attendees
- Show photos of infants on respiratory support
- Awareness of heightened emotions during this experience and differences in personal reactions³

Conclusion of Ward Tour

- Contact card for Liaison CNC given to parents^{1,3}
- Opportunity for questions³ and advise that further contact can be made by phone or email to the Liaison CNC

References

1. Kavanaugh, K., Moro, T., Savage, T., Reyes, M. & Wydra, M. 2009. Prenatal consultation with a neonatologist for congenital anomalies: parental perceptions. *Pediatrics*. 124, 4, 2009. p573-9
2. Miquel-Verges, F., Woods, L., Aucott, S., Boss, R., Sulpar, L. & Donohue, P. 2009. Supporting Parents' Decision Making Surrounding the Anticipated Birth of an

Extremely Premature Infant *Journal of Perinatal & Neonatal Nursing*, April–June 2009.

3. Áskelsdóttir, B., Conroy, S., Phil, D. & Rempel, G. 2008. From Diagnosis to Birth Parents' Experience When Expecting a Child with Congenital Anomaly. *Advances in Neonatal Care*, Vol. 8, No. 6. 348-354

Consultation

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Approval

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Kaleidoscope CQ& PCC

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