

ADMISSION OF A NEONATE TO NEWBORN CARE CENTRE (NCC)

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM

- To ensure appropriate criteria followed for admission of neonate to NCC

2. PATIENT

- Neonate

3. STAFF

- Medical, nursing and midwifery staff

4. EQUIPMENT

- Cot, incubator or open-care bed as appropriate for need of neonate
- Stethoscope
- Cardio-respiratory monitor and cardiac electrodes
- Oximeter
- Thermometer
- Infusion Pump
- Ventilator/Continuous Positive Airway Pressure (CPAP) equipment

5. CLINICAL PRACTICE

A. Admission procedure from within the hospital to NCC

- Refer to Table A for general eligibility criteria
- Inform Nursing Team Leader on extension 26170 or 26181 of admission prior to bringing the neonate to NCC
- Describe the condition of the neonate and the level of care needed in NCC
- Notify the fellow/consultant on call for Neonatal Intensive Care Unit (NICU)/Special Care Nursery (SCN) depending on admission level
- Admit the neonate under the care of the neonatologist rostered for the week for NICU or SCN (Monday- Friday) and the neonatologist rostered for the NICU for the weekend

CLINICAL POLICIES, PROCEDURES & GUIDELINES

Approved by Quality & Patient Safety Committee
June 2015

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Indications for admission to NCC - Table A

CRITERION	AUTOMATIC ADMISSION TO NCC	POSSIBLE ADMISSION TO NCC (Assess whether admission is required)
BIRTHWEIGHT	< 2.3 kg	> 4.5 Kg
GESTATION	< 35 weeks	35 - 36 weeks
TACHYPNOEA	With cyanosis/distress at any age or other concerns	Tachypnoea without cyanosis – Neonatal Team to review and assess the need for admission to NCC
MATERNAL FACTORS	Poorly controlled maternal diabetes as assessed by the Obstetric Team, physician/endocrinologist, elevated fructosamine or HbA1C $\geq 6.5\%$, or elevated maternal BGL > 8mmol/L at delivery	Diabetic woman treated with insulin Woman with complex psychosocial care plan
BIRTH RELATED	Neonate with a low arterial cord pH as follows: <ul style="list-style-type: none"> - Asymptomatic neonate with arterial cord pH < 7.0. Admit within 30 minutes of birth for a minimum of 4 hrs continuous observation - Neonate requiring intubation and positive pressure ventilation for resuscitation at birth. - Significant birth trauma e.g. suspected subgaleal haemorrhage. 	Asymptomatic neonate with arterial cord pH between 7.00-7.09. Perform a minimum of 2 sets of hourly observations including pulse oximetry, which can be performed in the Birthing Services.
PRENATAL DIAGNOSIS	Examples include but not limited to: Isoimmunisation Major surgical conditions Major congenital heart disease (CHD) Major congenital anomaly	
FROM POSTNATAL WARD	Suspected sepsis requiring septic work-up, observations and/or treatment Respiratory distress Persistent hypoglycaemia Suspected cyanotic episodes Persistent/bile-stained vomiting Bleeding Signs of drug intoxication/withdrawal Assumption of care order	Readmission for maternal reasons - to be assessed by the Neonatal Team and if required, transferred to NCC Persistent poor feeding Difficulties with temperature regulation Jaundice requiring intense phototherapy

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B. Admission procedure from another hospital to NCC

- Discuss all referrals with Neonatal Fellow/Neonatologist and the Neonatal Nursing Team Leader prior to accepting the admission
- Ensure Neonatal Team/Neonatal Nursing Team Leader from referring hospital completes the Patient Flow Portal
- Ensure Nursing Team Leader notifies Patient Bed Flow Manager/After Hours Nursing Manager (AHNM) with patient details
- Admit the neonate to the NCC
- Ensure referring hospital discusses with the Patient Bed Flow Manager/AHNM and Obstetric Team about maternal bed request

C. Admission procedure from home to NCC

Former RHW NCC neonate/infant:

- Consider re-admission to the NCC within 14 days of **discharge** from our NCC provided:
 - there is no known communicable infectious disease risk
 - the reason for re-admission requires NCC services
 - neonatologist on-call authorised readmission

Any other neonate/infant:

- Consider admission to the NCC within 14 days of **age** provided:
 - there is no known communicable infectious disease risk
 - the reason for admission requires NCC services
 - neonatologist on-call authorised readmission.

D. Born Before Arrival (BBA)

- Admit BBA neonate to birthing services.
- Assess the neonate and admit only if required according to 'Table A' to the NCC for observation.

6. DOCUMENTATION

- NCC Admission Summary
- NCC Routine Care Plan
- NCC Growth Chart
- Paediatric Medication Chart
- Paediatric Observation Chart L2/L3
- Cot Card
- SWISH Consent and Report Form
- NSW Newborn Screening Programme Card
- Integrated Clinical Notes

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7. EDUCATION NOTES

- These LOPs are developed to :
 - ensure the neonate is cared for in the optimal environment to meet his/her needs
 - allow flexibility in the admission criteria to minimise the separation of the mother and neonate whilst ensuring that the neonate's needs are met
 - ensure safe, prompt and effective delivery of care to the neonate admitted to the NCC through organized and coordinated work of the medical, nursing and midwifery staff^{1,2}
- Neonatal Team includes Resident Medical Officer(RMO), Registrar, Fellow or Consultant

8. RELATED POLICIES / PROCEDURES/CLINICAL PRACTICE LOP

- Identification of Newborns
- Neonatal Abstinence Syndrome
- Home birth transfer to hospital
- Phototherapy
- born before Arrival
- Transfer of Neonates between NCC and Operating Theatre
- Fetal Blood Sampling – Intrapartum
- Neonatal Resuscitation
- Diabetes Mellitus – Management in Pregnancy
- Hypoglycaemia in a neonate – monitoring and management of at risk neonates
- Care Coordination; Planning from Admission to Transfer of Care in NSW Public Hospitals Procedures
- Neonatal Observations Guideline
- PD2010_030 Critical Care Tertiary Referral Networks (Paediatrics)
- PD2010_031 Children and Adolescents – Inter Facility Transfers
- PD2010_069 Critical Care Tertiary Referral Networks (Perinatal)
- MOH Patient Flow Portal

9. RISK RATING

- Low Risk

10. REFERENCES

- 1 Avery's diseases of the newborn. -- 9th ed.(2011) / [edited by] Christine A. Gleason, Sherin U. Devaskar.
- 2 Mid Essex Hospital Services NHS Trust. Guidelines for admission to the neonatal unit, June 2012.

REVISION & APPROVAL HISTORY

Reviewed and endorsed Neonatal Services LOPs May 2015
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Approved Quality & Patient Safety Committee 15/4/11
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