Royal Hospital for Women (RHW)
NEONATAL BUSINESS RULE
COVER SHEET

Health
South Eastern Sydney
Local Health District

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AUTHOR	Kobie van Wessem (CNS)
SUMMARY	Transfer a neonate safely from humidicrib to an open cot.
Key Words	Neonate. Humidicrib. Transfer. Temperature

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Transferring a Neonate from Incubator to a Cot

RHW CLIN087

Contents

This Clinical Business Rule (CBR) is developed to guide safe clinical practice at the Royal Hospital for Women (RHW). Individual patient circumstances may mean that practice diverges from this

Transferring a Neonate from Incubator to a Cot

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1 BACKGROUND

Temperature stability is important for a neonate to ensure optimal growth and development. Premature and low birth weight neonates have sparse brown fat used for heat production, an immature response of the central nervous system to cold stress and a large surface area to body mass posing an immense potential for heat loss. Cold stress can lead to feeding intolerance, both metabolic and respiratory acidosis and hypoglycaemia.

The aim of this CBR is to assist clinicians to safely transition a neonate from humidicrib to an open cot.

2 RESPONSIBILITIES

2.1 Medical – identify neonates for transition from crib to cot

2.2 Nursing – transfer neonates and monitor temperature

3 PROCEDURE

3.1 Equipment

- Appropriately sized clean cot
- Bed linen for cot matress (cot sheet and bunny blanket)
- 2 x warm blankets acquired from blanket warmer in level 2 store room
- Singlet
- Jumpsuit
- Beanie
- Thermometer

3.2 Clinical Practice

- Consider neonates readiness to be transitioned from humidicrib and discuss with medical team
  - Weight ≥ 1500grams
  - Weight gain consistent and following normal curve of growth chart (individual circumstances with neonates <1500g can be discussed with medical team)
  - Medically stable condition
  - Not requiring close monitoring or care necessitating exposure of large surface area
  - Normothermia for ≥ 24 hours in crib temperature ≤ 28°C
- Wean crib temperature by 0.5 degree in 6 hourly increments (with care times) to 28 ^{0}C and ensure neonate maintains axilla temperature between targeted range of 36.5- 37.5^{0}C.
- Dress neonate in singlet, jumpsuit and beanie once targeted temperature range is reached.

- Swaddle and transfer neonate into open cot.
  - Position cot away from drafts where possible
- Monitor axilla temperature every 3-4 hours and at each subsequent care time until temperature stability is reached.
- Humidicrib is to remain turned on, and at bedside for 24 hours following transition.
- If the neonate's axilla temperature fails to be maintained in the target range, the neonate must be returned to the incubator for a minimum of 24 hours.
  - Return neonate to crib set to a temperature of 32 degrees and wean temperature by 0.5 degrees every 3- 4 hours once axilla temperature is stable
  - Process can be re-trialled after 24 hours of a stable temperature in the humidicrib and crib temperature is ≤ 28°C

3.3 Documentation

- eRIC

3.4 Education Notes

- Bathing should not occur until core temperature has been maintained after transition into an open cot for at least 48 hours.
- The timing of weaning is important – too early and the risk of the neonate experiencing cold stress and energy expenditure increases.
- Neonates nursed in incubators for reasons other than thermal management (such as phototherapy, observation or isolation) can be transferred to an open cot without following the above steps.
- If the neonates's axilla temperature fails to be maintained in the target range during any of the above steps the procedure should be discontinued, and the neonate is to be returned to humidicrib to regain normothermia.
- Failure to wean is considered when 2 consecutive axilla temps is below the target range 3 to 4 hours apart, despite adding additional blankets.

3.5 CBR Implementation Plan

The revised CBR will be distributed to all medical, nursing and midwifery staff via @health email. The CBR will be discussed at ward meetings, education and patient quality and safety meetings. Education will occur through in-services, open forum and local ward implementation strategies to address changes to practice. The staff are asked to respond to an email or sign an audit sheet in their clinical area to acknowledge they have read and understood the revised CBR. The CBR will be uploaded to the CBR tab on the intranet and staff are informed how to access

3.6 References

1. Barone G, Corsello M, Papacci P, Priolo F, Romagnoli C, Zecca E. Feasibility of transferring intensive care preterm infants from incubator to open crib at 1600 grams. *Ital J Pediatr* 2014;40:41.
2. R. Koppen and V. Stulz, Weaning small babies from incubator to cot: A systematic review, Collegian, https://doi. org/10.1016/j.colegn.2024.06.002

3. Al-Matary, A., Almalki, Y., Alqahtani, M., AlJohani, E., Shaker, A., Al-Matary, M., et al. (2023). Earlier weaning of preterm newborns from an incubator to a cot at 1400 g: a randomized controlled clinical trial. Journal of Neonatal Nursing, 29, 851–856.
4. Lin, C. W., Ko, H. Y., Huang, C. C., Yeh, C. Y., Chiu, Y. C., & Chen, H. L. (2022). Body weight gain status during the incubator weaning process in very low birth weight premature infants. Children, 9, Article 985. . https://doi.org/10.3390/children9070985
5. Shankaran S, Bell EF, Laptook AR, Shampa S, Newman NS, et al. Weaning of moderately preterm infants from the incubator to crib: a randomised clinical trial. Journal of Paediatrics 2019 .

4 ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services

5 CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours
- If the woman is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017_044-Interpreters Standard Procedures for Working with Health Care Interpreters.

6 NATIONAL STANDARDS

- Standard 1 Clinical Governance
- Standard 2 Partnering with Consumers
- Standard 3 Preventing and Controlling Infections
- Standard 5 Comprehensive Care
- Standard 6 Communicating for Safety
- Standard 8 Recognising and Responding to Acute Deterioration

7 REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
15/7/2005	1	KB Lindrea (CNC) Approved by NCC LOPs Committee
2018	2	KB Lindrea (CNC) Approved by NCC LOPs Committee

26/7/2024 22.8.24	3	K Van Wessem (CNS) Endorsed by RHW NCC CBR Committee
26.8.24	3	Endorsed RHW BRGC

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