NICU STANDARD I - SAFETY

The NICU is committed to a culture of patient safety. The patient can expect that a safe environment will be provided free from untoward events.

1. Each patient will have a newborn identifier placed on the baby at the time of delivery unless the care of the patient is critical. Patient beds will be labeled with a name card.

   1.1. The identification process will be carried out per Policy #126.608, Infant/Pediatric Security.

2. The patient will be protected from infection and cross contamination according to Infection Control Policies.

   2.1. Admission of newborns born outside the obstetrical area will follow Policy #126.602.
   2.2. Visiting Policy (126.609) will be followed.
   2.3. Breast milk will be stored and administered according to NICU protocol (nur24).
   2.4. Staff and parents will adhere to infection control department policy #126.612.


   3.1. The “bed” most appropriate for the neonates gestation and disease process will be utilized.
   3.2. Developmentally appropriate care will be utilized per NICU protocol (nur32) as neonates illness state allows.
   3.3. Newborns may be evaluated on an individual basis for use of infant seat for comfort measures.
   3.5. Newborn will be secured in infant seat by the manufactured installed safety straps.
   3.6. Newborn will be secured in car seat during evaluation and not left unattended.

4. Bath water temperature will be tested for skin comfort prior to use on patient.

5. Newborn will be transitioned to the supine position prior to discharge unless contraindicated based on medical condition. Follow Nursing Procedure (nur31).

6. The Nursing staff will provide for the patient’s safety while using electrical equipment.
6.1 Appropriate shielding will be utilized in use of x-ray

6.2 A. Appropriate alarms for any monitor including cardiorespiratory, invasive monitoring, oxygen saturation and ventilators are set. (See Policy #126.684) Pre-set infant profiles according to gestational age and diagnosis are utilized to set approved alarm limits. As a secondary alarm, prior to each shift, staff will be placed in the Connexall system based on patient assignments. A buddy will be assigned as the secondary responder as well as an RT if the baby is on ventilator support. The primary RN and charge nurse will be assigned as the third tier. All staff will verify assignments by briefly disconnecting the leads to the monitor to verify they receive an alarm via the VOALTE.

B. Alarms must remain on at all times unless specified by physician order that the patient is comfort measures only.

C. Alarms can be changed by the neonatal nurse, to individualize to patient needs according to physician orders.

D. An alarm system is available at each bedside to alert the nurse in the event of an alarm situation. If audible alarm is out of hearing range, neonatal nurse is able to pull in additional patients to alarms to nearby monitor. A visual signal with four different colors according to their alarm priority level is also displayed at each bedside. Gray (Message) = Provides additional information

Blue (Low) = Be aware of the condition

Yellow (Medium) = Requires a prompt response

Red (High) = Requires an immediate response

E. The nurse will verify accurate setting, proper operation and detectability for alarms at the beginning of each shift. Chest leads should be changed daily to decrease occurrence of nuisance alarms and to avoid alarm fatigue.

7. Maternal medications and allergies will be reviewed.

8. The Universal Protocol of Prevent Wrong, Site, Wrong Procedure, and Wrong Patient including a “time out” will be done prior to any invasive procedures.

9. Resuscitation equipment and medication carts will be checked daily according to Policy #126.185, “Maintenance of Emergency Equipment.”

The environment of care will be checked every shift.

9.1. Each neonate will have a bulb syringe present. Oxygen and suction equipment is available to each neonate at bedside.

9.2. Equipment and medication will be available in the NICU at all times and in proper dilution per Policy #126.610.

10. Safety measures will be utilized by all personnel during transport.

10.1. Out of hospital transport for neonatal patients, Policy #126.245 will be followed when applicable.

10.2. All transportation between the NICU and the mother’s room will be via crib, giraffe, or transporter except in special circumstances.

10.3. Evacuation from the Neonatal areas will be per Safety Policies.

10.4. When transporting a baby out of the NICU to another area, the nurse will bring a communication device such as a cell phone or VOALTE.

11. Blood glucose meters will be tested daily for quality control according to nursing procedure. Refer to Nursing Procedure poc01.
12. Safe Medication practices are implemented. Medications will be administered per Nursing policy 126.610, 126.611 and procedure nur42.

12.1. Florida Statutes #383.04 and 383.14 will be adhered to in the administration of Erythromycin eye ointment and the administration of vitamin K. For parental refusal, refer to policy 126.661

13. Communication between healthcare team members and patient’s family is fostered for optimal patient safety.

14.1 Information of patient status is given on admission and until patient is discharged.
14.2 Healthcare team communicates with family daily, including the physician.
14.3 Families of critically ill infants are given opportunity of a Medical Management meeting.
14.4 Family meetings can be requested at anytime during patient’s hospitalization.

14. Neonates will be protected from abduction/removal by unauthorized persons, according to the Infant/Pediatric Security Policy # 126.608

15. Any parent or visitor that does not comply with hospital regulations, appears impaired, or poses a risk to safety or harm; Security will be called by the NICU to escort that person out.

17. The Alternate Care Giver form must be signed by the parent or legal guardian for other people to visit the baby when the mother, support person or legal guardian is not present.

**NICU STANDARD II - NURSING CARE**

The patient will receive nursing care based on an assessment of the patient’s needs by the registered nurse.

1. Patients will be admitted to patient care areas according to their physical and psychosocial needs, unit admission criteria, and bed availability.

1.1. Placement and care of neonates of questionable viability will be followed per Nursing Department Policy #126.603.

2. The family/legal guardian will be oriented to the NICU upon arrival and receive informational handouts upon admission that will help with orientation to the unit.

3. Admission assessment and reassessments will be completed as stated in Corporate Policy (00.PAT.66) and Nursing department Policy #126.660.

4. The clinical coordinator/communicator will make patient assignments according to Nursing Department Policy #126.054.

5. Vital signs will be completed as per Corporate Policy 00.PAT.66, Nursing department Policy #126.660, physician order, or as patient condition warrants.
6. The adoption process will be coordinated through Nursing Department Policy #126.632.

7. Utilization of the Neonatal Resuscitation Team (Nursing Department Policy #126.655) will be followed.

8. Patients will be weighed on admission and daily unless their condition warrants otherwise.

**NICU STANDARD III - PLAN OF CARE**

The mother, family and/or legal guardian will be given the opportunity to participate in the planning of care.

1. An interdisciplinary plan of care will be initiated on admission and coordinated by the RN that identifies nursing interventions needed to achieve expected outcomes.

2. The interdisciplinary plan is individualized to the patient’s conditions or needs as identified.

3. The plan is developed in collaboration with other health care providers and the patient/significant others as appropriate.

   3.1. Each shift, multidisciplinary bedside rounds are conducted to discuss plan of care and plans for discharge.

4. The plan of care will be reviewed every shift or more frequently to reassess patient needs and achieved outcomes.

5. Individualized patient care needs are formulated each day during interdisciplinary rounds and the highest priority is addressed in the nursing care plan. Generic standards of care per diagnosis are available through evidence-based references such as Lippincott, specific professional nursing organization standards, etc.

   5.1 The primary references for the NICU nursing care is NANN and AWHONN standards.

**NICU STANDARD IV - EDUCATION**

The mother, family and/or legal guardian will receive education that will enhance their knowledge, skills, and behaviors related to their infant's healthcare needs.

1. Parent/Family, legal guardian teaching will begin during the admission process and will be ongoing. Documentation will include the teaching plan and Parent/Patient/and or Family response.

   1.1. NICU information sheets are given out upon admission.

   1.2. Lactation consultants/educators will be available.

   1.3. Individualized resources will be available through Family Case Coordinator.
2. Discharge planning will begin during the admission process and continue throughout hospitalization.

2.1. The discharge process is facilitated throughout length of stay by NICU’s Family Case Coordinator to support the continuity of care and help the family adjust following discharge.

3. A review and a copy of written discharge instructions will be provided at discharge.

NICU STANDARD V - CONTINUUM OF CARE

The patient will receive care based on the collaborative efforts of Nursing and other health professionals to achieve a continuum of patient care across all settings.

1. A multidisciplinary team, which may include parent/family/legal guardian and other healthcare professionals, in-house and community-wide resources will be utilized to facilitate an optimal transfer between healthcare settings and/or home, per Nursing Department Policy #126.651.

2. Discharge Summary and patient history is faxed to pediatrician’s office on day of discharge.

NICU STANDARD VI - SATISFACTION

The mother, family and/or legal guardian will receive the opportunity to communicate their satisfaction or concerns about the hospital, the patient’s illness, or the care provided.

1. The Nursing staff will encourage participation from the mother and/or family regarding their infant’s care.

2. The nurse will serve as the patient/family advocate when problems and/or complaints arise.

3. The family has the opportunity to utilize Code “Speak Up” to voice concerns.

4. The family will be encouraged to complete the patient satisfaction questionnaire

NICU STANDARD VII - COMFORT/PAIN MANAGEMENT

The infant will have his/her comfort and pain needs effectively managed.

1. All infants will be provided with an environment conducive to rest/recovery.

1.1. Individualized developmental care issues will be addressed.
2. The patient will have his/her needs for personal hygiene met appropriate to his/her condition.

3. Patient’s comfort level will be assessed according to the NPASS Scale. Comfort measures/pain management will be provided to meet patient needs according to nursing procedure nur29 and nur28, if applicable.

3.1. Comfort measures for nonviable neonates will be followed per Nursing Department Policy #126.603.

NICU STANDARD VIII - PATIENT RIGHTS/INFORMED CARE

The mother, family and/or legal guardian will be provided with the information necessary to participate in decisions about their infant’s nursing care.

1. The nurse will assess and document the mother, family and/or legal guardian’s level of understanding and explain nursing treatments/procedures and address any questions.

2. Patient understanding and consent for procedure will be verified prior to implementation. If further explanation is required, appropriate resources will be utilized.

3. Additional information regarding advance directives will be provided as requested by mother and/or family other according to corporate policy #00.RSK.49.

NICU STANDARD IX - CONFIDENTIALITY

The patient can expect that confidentiality of information regarding his/her care will be maintained.

1. The patient can expect that the Neonatal staff will maintain confidentiality of information regarding his/her care according to hospital policy # 00.PER.14, CONFIDENTIAL/PRIVILEGED INFORMATION.

2. Authorized personnel caring for the patient will have access to the medical record and access to the patient. Refer to Policy #126.608, Infant/Pediatric Security.

3. All NICU personnel will conduct themselves according to Sarasota Memorial Healthcare System Standards of Behavior.

NICU STANDARD X - CULTURAL/SPIRITUAL VALUES

The mother, family and/or legal guardian will receive considerate and respectful care based on the Watson Theory of caring consistent with his/her cultural and spiritual values.
1. Parental spiritual and cultural beliefs will be assessed and documented upon admission if possible and considered when planning and implementing care.

2. Interactions between neonate and family will be conducted in a caring, courteous, professional, and empathetic manner.

3. Available resources will be utilized to maximize maternal and/or family support as needs are identified.
   
   3.1. Parental Grief Team will function as described in Nursing Department Policy # 126.603.
   
   3.2. Parent/child bonding will be facilitated by following Nursing procedure nur32 and nur34.

References:


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Susan Doyle BSN,RNC, CBC, Clinical Coordinator NICU

Heather Graber BSN, CBC, Clinical Manager NICU
APPROVALS:

Signatures indicate approval of the new or reviewed/revised policy. Date

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**Committee/Sections (if applicable):**

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**Administrative/Director (if applicable):**

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