

# Neonatology 101: Orientation to the NICU

April 1, 2007

# MetroHealth NICU Reference Guide

- Be sure you receive a NICU Reference Guide (the “Black Book”) at the beginning of the rotation if you have not already received one previously.
- Much of the information you will need for patient care can be found in the NICU Reference Guide.
- Our NICU has many Guidelines, many of which are listed in the ‘Black Book’. As we are continually updating/adding Guidelines, an updated Green Binder is located in the NICU Conference Room.

# NICU Work Hours

- Rounds begin at 8 AM with presentations of new admissions with both teams
- Weekends/Holidays-rounds begin at 8:30 AM unless otherwise scheduled.
- Post-call residents to round on their patients first; **80-hour work rule must be strictly enforced!**
- Evening patient sign-out to begin as close to 4 PM as possible. On-call residents with afternoon clinics will result in delays to sign-out.

# Patient Care Service

## Expectations/Paperwork

- Must pre-round on all patients before 8 AM team rounds
- Detailed daily note on each patient
- TPN's must be ordered before 2 PM
- Pre-printed Admission Orders completed for each new admission
- Informed consent form completed as necessary
- **TIMELY** and **ACCURATE** Discharge Summary

# Patient Care

- Know your patients well
- Obtain complete history yourself, not just what can be gleaned from OB/L&D charting
- Perform detailed exams
- Communicate frequently with families, providing regular updates
- Obtain all available data prior to rounds
- Presentations must be accurate, and should provide necessary detail but also be concise
- Sign-out of your patients to your colleagues must be complete

# Charting in the Medical Record

- Please write legibly, *ESPECIALLY* when writing orders.
- Time and date all orders and notes.
- Errors in the medical record should be corrected as follows-single line through the error, write “mistaken entry” by the error, then date/time, and initial.
- Never change any area of the medical record after the fact; an ‘addendum’ to a note should clearly state the date/time that the notation is being written.

# Order Sheets

- Use pre-printed Admission Order sheet.
- Use the MetroHealth NICU Medication Guidelines for all medications.
- Use only JCAHO-APPROVED abbreviations.
- Double-check all medication calculations. Ask another Doctor and/or Nurse with any uncertainties. List the dosage in mg/kg in parentheses at the end of the medication order.
- Use '0' before decimal point if dosage is  $<1$  (0.1 mg instead of .1 mg) but do not use '0' after a decimal point ( 1 instead of 1.0) to avoid 10-fold dosing errors.

# Teaching

- Rounds are an important time for teaching as well as patient care; Residents should, therefore, not be writing their daily notes during this time.
- Conferences sponsored by the Division of Neonatology should be attended whenever possible:
  - Journal Club/Case Conference: Mondays, 1 PM
  - Physiology Conference: Tuesdays, 12 Noon
  - OB/Peds Conference: Fridays, 12 Noon

# Teaching

- NICU Teaching Conferences are held daily (if possible) at 3 PM in the NICU Conference room; a monthly schedule will be posted.
- Neonatology talks are also posted on the MetroHealth 'G drive' along with test questions for each.
- Other Departmental conferences may be attended whenever possible as well.
- READ UP on interesting cases while they are in the NICU-this is the best time to learn!!!!

# Procedures

- Make every effort to attempt as many NICU procedures as you can
- Complete your Procedure logs; this is your responsibility and is necessary for graduation.
- Observe others performing procedures when possible
- If not having the opportunity to perform procedures, please inform your Fellow and Attending so that the shortcoming of the rotation can be remedied during the rotation.

# Infection Control

- Hand-washing is essential both before and after each hands-on patient encounter.
- Use gloves for hands-on patient care.
- Use hats, gowns, gloves, shoe covers, and sterile technique for all sterile procedures.
- Discard gowns, gloves, and shoe covers used in L&D, ideally before re-entry to the NICU; in an emergency situation, covers can be discarded immediately after return to the NICU.

# Discharge Planning

- The 'Black Book' has a long and detailed section on NICU Discharges (pages 191-208).
- NICU discharges can be fairly complex and can have a major impact on your patient/family.
- A brief synopsis of key elements to the NICU Discharge process follows:
  - Discharge planning should begin 1-2 weeks before discharge if possible (**Multi-disciplinary Discharge Planning rounds held in NICU Conference Room every Thursday at 2 PM**)
  - Parental teaching is a major component to ideal discharges and must be started early on in the discharge process.

# Discharge Planning

- In most cases, nipple feeding and maintenance of temperature in an open crib are the only mandatory criteria to NICU discharge; there is no minimum weight requirement.
- Home-going medication prescriptions should be written and provided to the family several days prior to discharge. We require families to obtain their baby's med(s) and bring them to the NICU for teaching prior to discharge.
- Home-going DME (durable medical equipment) such as oxygen, monitor, infusion pumps, etc., must also be obtained prior to NICU discharge.

# Discharge Planning

- Outpatient appointments must all be scheduled prior to NICU discharge and provided to the family.
- The family may already have a well-child care provider; if not, we can find them one who meets both any insurance and geographic needs.
- The timing of any out-patient subspecialty provider appointments should be determined by that provider, but we will schedule the appointment for them.
- Of particular importance is the timing of follow-up Eye exams for infants at high-risk for severe ROP.

# Discharge Planning

- Heptavax may be given at discharge if not given previously; if  $< 2$  kg, administer at discharge.
- Regular immunizations should be given at chronologic age-appropriate times.
- Synagis for  $< 32$  wks, CLD, some 32-35 wks: Nov-March; Rx 2 days before D/C; plan ahead!!
- Audiology screening must be performed on all babies; referral for follow-up if Audiology deems necessary.
- Follow-up head ultrasound prior to discharge if indicated, especially w/ VLBW infants: routine scans on Days 3, 10, 30, and 60.

# Discharge Planning

- Pre-discharge labs individualized (may include BMP, Hepatic panel, drug levels, Newborn screen, etc).
- Car seat challenge test required prior to discharge for all infants <37 weeks gestation (AAP guidelines).
- Circumcision prior to discharge if parental consent obtained. Performed by OB service at 7 AM every day. Make sure patient is on the 'Circ List' at the NICU Front Desk BEFORE OB arrives or the procedure will not be done that day!

# Goals of NICU Rotation

1. Optimal patient care
2. Learn as much as possible.
3. Have fun!

# TEST QUESTIONS

1. When do work rounds start-weekdays, weekends, and holidays?
2. By what time must TPN orders be submitted each day?
3. How are written errors in the medical record to be corrected?
4. Name the 4 scheduled formal didactic sessions for the NICU rotation.
5. Explain the reasoning for either using or not using 0's when writing medication dosages on the Physician Order sheet.