

Trust Guideline for the Management of Admissions of infants 14 days of age and under

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| For Use in: | A&E, CAU, Blakeney Ward, Neonatal Unit, Buxton Ward |
| By: | A&E staff, midwives, paediatric and neonatal doctors, ANNs & nurses |
| For: | Infants 14 days old or younger |
| Division responsible for document: | Women and Children's Services |
| Key words: | Referral, initial assessment, admission, babies, infants |
| Name and job title of document authors: | Dr Helen O'Reilly, Neonatal Consultant, Luisa Lyons, Midwife Practitioner in Restrictive Lingual Frenulum, Dr Mary-Anne Morris, Director Women's and Children's Division |
| Name of document author's Line Manager: | Priya Muthukumar, Service Director Neonatal Services |
| Supported by: | Barbara Jackson, Midwifery Manager AN & PN Services, Kristy Ellwood, Postnatal Ward Team Leader, Emma Chapman, Matron, Children's Services, Aravind Shastri, Paediatric Service Director, Hayley Aylmer, Clinical Governance Lead Nurse, Paediatrics, Gayle Richards, Infant Feeding Co-Ordinator Paula Mellor, Matron NICU, Keri Betts, Ward Manager NICU, Pam Sizer, Midwifery Matron - Community Services / MLBU, Emma Hardwick, Divisional Head of Midwifery |
| Assessed and approved by the: | Clinical Guidelines Assessment Panel (GGAP) If approved by committee or Governance Lead Chair's Action; tick here ✓ |
| Date of approval: | 16/11/2020 |
| Ratified by or reported as approved to (if applicable): | Clinical Safety and Effectiveness Sub-Board |
| To be reviewed before: This document remains current after this date but will be under review | 16/11/2023 |
| To be reviewed by: | Neonatal and Paediatric Consultants, midwives |
| Reference and / or Trust Docs ID No: | 1259 |
| Version No: | 5 |
| Compliance links: (is there any NICE related to guidance) | None |
| If Yes - does the strategy/policy deviate from the recommendations of NICE? If so why? | N/A |

This guideline has been approved by the Trust's Clinical Guidelines Assessment Panel as an aid to the diagnosis and management of relevant patients and clinical circumstances. Not every patient or situation fits neatly into a standard guideline scenario and the guideline must be interpreted and applied in practice in the light of prevailing clinical circumstances, the diagnostic and treatment options available and the professional judgement, knowledge and expertise of relevant clinicians. It is advised that the rationale for any departure from relevant guidance should be documented in the patient's case notes.

The Trust's guidelines are made publicly available as part of the collective endeavour to continuously improve the quality of healthcare through sharing medical experience and knowledge. The Trust accepts no responsibility for any misunderstanding or misapplication of this document.

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Version and Document Control:

| Version Number | Date of Update | Change Description | Author |
|----------------|----------------|---|---|
| 5 | 16/11/2020 | Reviewed and minor amendments made only | Dr Helen O'Reilly, Luisa Lyons, Dr Mary-Anne Morris |
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This is a Controlled Document

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Glossary

NICU – Neonatal Intensive Care Unit
SBR – Serum Bilirubin
CAU – Children's Assessment Unit

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Quick Reference Guidelines

1. **Emergency referrals**
2. **Infants < 24 hours old**
3. **Infants 1-14 days old**

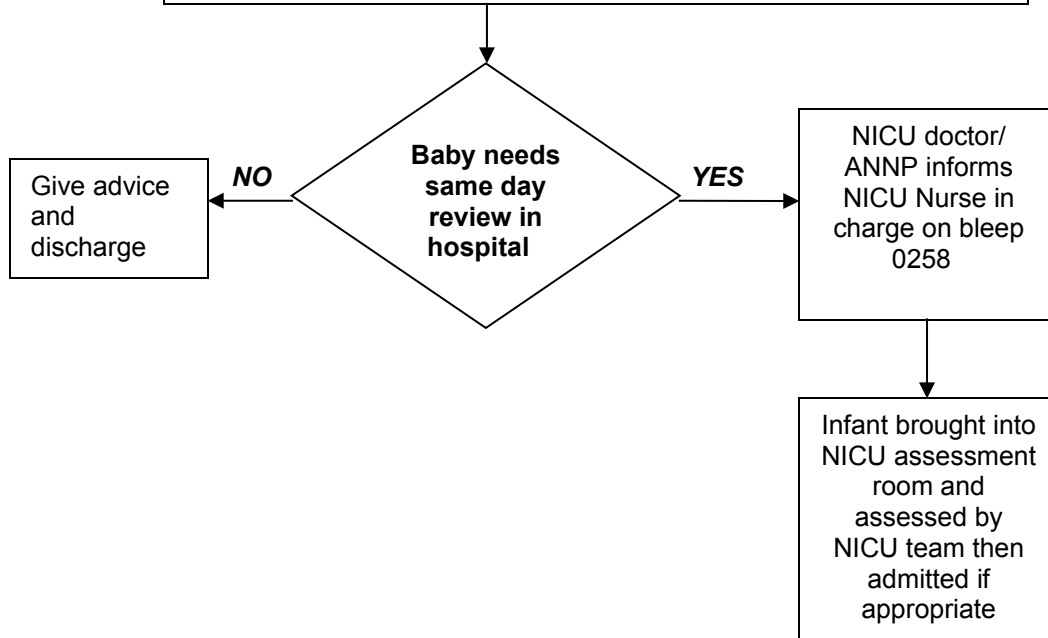
1. **Emergency referrals**

Emergency referral of any infant of any age from any referral source should be via 999 call

If possible referrer should then contact CAU Tier 2/consultant on DECT phone 6580

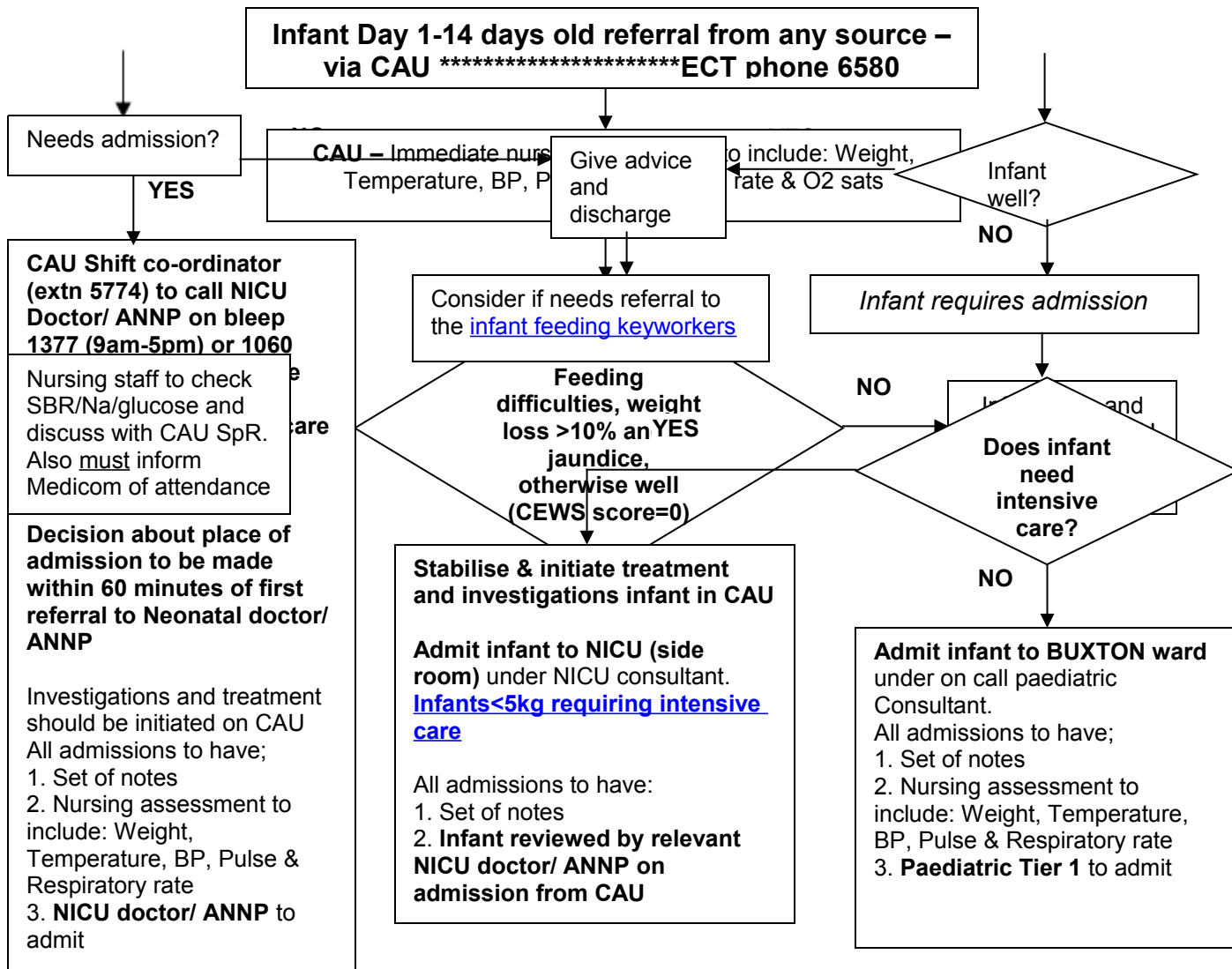
2. **Infants <24 hours old**

Infant <24 hours old non-emergency referral from any source – discuss with NICU doctor/ ANNP bleep 1377 (9am-5pm) or (out of hours) bleep 1060



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3. Infants 1-14 days old



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2) Objective of Guideline

To establish a care pathway for infants less than 14 days of age referred to NNUH for place of initial assessment and subsequent management.

3) Rationale for the recommendations

An audit of infants less than 10 days old admitted to NNUH identified the need for a care pathway. These infants have specific needs related to immaturity, feeding difficulties and infection risk. The recommendations are based on practicalities and knowledge of where the best place is to manage specific problems rather than an evidence-base.

4) Broad recommendations

All infants of any age who require emergency care should be referred by calling 999.

All babies less than 24 hours old who are thought to need same day assessment in hospital by any health professional will be referred to the neonatal Transitional Care team on bleep 1377 (9am-5pm) or bleep 1060 (outside these hours). If the neonatal doctor/ ANNP agree that the baby needs immediate review he or she should be brought to the assessment room on the neonatal unit. The neonatal doctor/ ANNP should inform the Neonatal nurse in charge on bleep 0258 of this attendance. Observations should be performed by the assessment nurse and the baby should be reviewed by the doctor/ANNP covering the assessment room. Decision regarding place of admission should be taken in conjunction with the Neonatal nurse in charge and the neonatal consultant if relevant depending upon the clinical condition.

All infants over the age of 24 hours up to age 14 days thought to need urgent assessment in hospital by any health professional should be referred to the Tier 2 or 3 doctor on CAU on *****These babies will be seen on CAU and assessed by nursing staff. If the problem is feeding difficulties, weight loss >10% or jaundice in an otherwise well infant (CEWS score =0), a serum bilirubin, sodium and glucose will be taken, and infant discussed with CAU Tier 2. If the infant has been referred by the community midwife following a transcutaneous bilirubinometer result in the yellow or red zone, a serum bilirubin must be sent (see link to guideline below).

Consideration should also be given as to whether mother and baby need referral to an infant feeding keyworker ([Infant feeding keyworkers](#)).

Please see other relevant guidelines (links below) as appropriate, including

- [Prevention and management of excessive weight loss in healthy term newborns](#)
- [Tongue tie assessment](#)
- [Tongue tie referral](#)
- [Jaundiced Babies Management](#)
- [Healthy Babies over 37 weeks gestation who are reluctant to feed](#)
- [Hypoglycaemia guideline](#)
- [Transitional care guideline](#)

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- [Infant Feeding Policy](#)
- [Clinical Guideline/Standard Operating Procedure for the for the Use of Transcutaneous Bilirubinometers in Neonatal and Maternity Services](#)

Those requiring admission for phototherapy or feeding difficulties will be admitted to Transitional Care (TC) under the joint care of the appropriate NICU consultant (see policy for [Named Consultant Care in Neonatal Services](#)) and midwifery care. The admission should be completed by the NICU Doctor/ANNP covering transitional care. If the child has previously been admitted to NICU they will keep the same named consultant. The CAU Shift co-ordinator (extn 5774) should call the NICU Doctor/ANNP on bleep 1377 (9am-5pm) or 1060 (out of hours) to arrange the admission. The NICU doctor/ ANNP should discuss with the Neonatal nurse in charge to confirm whether a transitional care bed is available.

If there is no TC bed available other options should be considered including

- Blakeney Ward,
- Baby to stay with mother in side room on NICU (looked after by room 3 nurse)
- Buxton ward.
- Neonatal unit

The final decision about place of admission to be made within 60 minutes of the referral to bleep 1377 (9am-5pm) or bleep 1060 (any other time).

Babies requiring admission with other diagnoses will be admitted to Buxton by the CAU/Buxton Tier 1 Doctor.

The attendance will be identified to Medicom by the CAU nurse assessing the baby in order to make the Community midwife aware of admission & diagnosis and to ensure ongoing provision of midwifery care where appropriate - in community or in hospital at the Pregnancy And Wellbeing Service (PAWS), The mother and baby should be visited within 24 hours if discharged home; ideally this visit should be done by an infant feeding keyworker.

If the baby requires intensive care, they will be stabilised on CAU and admitted to NICU (side room), under the care of the NICU consultant by the NICU Tier 1/2. Please see relevant guideline (link below)
[Infants under 5kg requiring intensive care](#)

5) Clinical Audit Standards derived from guideline

- Infants < 14 days referred as per guideline.
- Full set of observations and notes made for all infants.
- All infants with breastfeeding difficulties or requiring phototherapy to be admitted to Transitional care
- All mothers and babies should be referred to an infant feeding keyworker to develop a feeding plan if relevant
- Appropriate midwifery care for mother

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6) Summary of development and consultation process undertaken before registration and dissemination

The guideline was circulated to Neonatal and Paediatric Consultants, NICU staff, senior nursing staff and midwifery staff for comment. Final guideline approved at departmental meeting and by Clinical Guidelines Assessment Panel. It was reviewed by Dr O'Reilly, Neonatal Consultant in November 2020 and minor changes were made.

7) Distribution list/ dissemination method

Trust intranet.

8) References/ source documents

Pre-audit survey of infants 10 days old and younger – where best to assess, and subsequently manage these children *Katherine Piccinelli SpR Paediatrics*