CONTACTING A CONSULTANT

The need to call for consultant support may vary with the experience of the staff involved. This guideline suggests scenarios where advice of a consultant should normally be sought. However the list is not exhaustive and **consultant advice should be sought any time that the junior medical team and/or experienced nurses feel the need for support**

Initiate life saving measures, e.g. intubation, before informing consultant

*** Consultant normally expected to attend in person**

Before birth
- Delivery <27 weeks' gestation*
- Unexpected birth of baby with congenital diaphragmatic hernia*
- If stated in neonatal alert form/antenatal MDT plan

During resuscitation
- No heart beat at 5 min/continuing resuscitation at 10 min*
- Request of consultant obstetrician

Admission
- <28 weeks' gestation
- Ex-utero intensive care transfer
- Cord pH <7.0 and/or 10 min Apgar score <6
- Suspected subgaleal haemorrhage

Inpatient
- FiO_2 >0.6 with/without respiratory support
- Baby who has required endotracheal ventilation (do not wait for consultant before intubating and initiating ventilation)
- Anticipated need for HFOV
- PPHN likely to need nitric oxide*
- Continuing hypotension despite volume expansion and dobutamine and dopamine*
- Seizures
- Neonatal encephalopathy requiring therapeutic hypothermia
- Severe jaundice
- bilirubin above exchange level
- bilirubin rising >8.5 micromol/L/hr despite intensive phototherapy
- Major deterioration
- Baby with ambiguous genitalia/disorder of sexual development
- Major congenital anomaly without antenatal plan
- Renal failure with serum K^+ >7 mmol/L or Na^+ <120 mmol/L
- Known subgaleal haemorrhage with haemodynamic instability needing volume or blood products replacement*
- Unexpected death*
- Initiation of, or unexpected withdrawal of, intensive care*
- Escalation level requiring in-utero or ex-utero transfers out or refusals from other units
- Tier 2 staff and nursing team cannot agree management plan for baby
- Inability immediately to site essential line*

COMMUNICATING WITH CONSULTANT

- If immediate attendance required, state this first
- Communicate essential details using Situation-Background-Assessment-Recommendation-Decision (SBARD) communication tool

Situation
- State who you are and where you are calling from
- State patient's name and reason for your call
- Describe your concern

Contacting a consultant 2025–28

Background
- Collect information from patient's chart and notes before calling
- Give overview of patient's background
  - admission diagnosis
  - date of admission
  - previous procedures
  - current medications
  - pertinent laboratory results
  - other relevant diagnostic results

Assessment
- Vital signs
- Clinical impressions/concerns
  - think critically, considering what might be the underlying reason for patient's condition
  - it may be "I'm not sure what the problem is, but I am worried"

Recommendation
- State your recommendation (in an urgent situation you may start with this)
- Explain what you need. Be specific about request and time frame
- Make suggestions
- Clarify expectations

Decision
- Clarify what has been agreed, who is going to do it, and what the next steps will be, e.g., 'We have agreed that you will do XX in the next YY hours and I will do ZZ' or 'if there is no improvement within XX, I will do YY'
- Repeat any plans agreed to ensure accuracy