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, **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 <28 weeks' gestation*
- Unexpected birth of baby with congenital diaphragmatic hernia or other known significant congenital abnormality*
- 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
- Middle grade doctor / ANNP 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 (SBAR) 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

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
- Repeat any plans agreed to ensure accuracy