NEONATAL NURSING PROCEDURE FOR ADMISSION TO NEONATAL UNITS

Key Document code:	WAHT-KD-015
Key Documents Owner:	Dr Vivianna Weckemann | Consultant Paediatrician
Approved by:	Neonatal Guidelines Review Meeting
Date of Approval:	11th November 2022
Date of Review: **This is the most current version and should be used until a revised document is in place**	11th November 2025

Key Amendments

Date	Amendments	Approved by
November 2022	Document approved for 3 years with no amendments	Dr Gregory/ Neonatal Guidelines Review Meeting

INTRODUCTION

This provides guidelines for the admission of babies to Neonatal Units. The order of care is dependent on the baby's clinical condition. Preparation for admission enables the procedure to be less stressful and easier to carry out.

Use in conjunction with guideline WAHT-NEO-009, which identifies, babies who will require admission to Neonatal unit

COMPETENCIES REQUIRED

This procedure may be undertaken by any qualified nurse/midwife working on the Neonatal Unit.

PATIENTS COVERED

This guideline applies to babies on neonatal Units at Alexandra Hospital and Worcester Royal Hospital.

GUIDELINE

Equipment

- Clean cot/Incubator
- Admission tray
- Nursing documentation

Procedure

- Check the baby's identification bracelets and cot card to ensure patient safety
- Commence heart rate, breathing and pulse oxymetary monitoring

- Record weight and if not already done to obtain baseline measurements
- Record temperature and repeat as necessary
- Record blood sugar and repeat as necessary
- General observations of breathing (tachypnoea, recession), colour and movements – record/document
- Record if baby has passed urine or had bowels open prior to admission

Vitamin K

Vitamin K to be administered soon after birth (refer to guideline *WAHT-NEO-006*) with parental consent, if not already administered on delivery suite

Documentation

Once baby's condition stable, complete documentation

- Nursing care plan, admission book/chart
- Badger database
- Bed state
- Ensure all maternal details required are noted on neonatal record

General Information

- Discuss method of feeding with parents – breast or bottle and ask parents for their informed choice of branded formula
- Discuss and inform parents of baby's condition. Plan care with parents and discuss their involvement in their babies care and document on care plan
- Take a photograph of the baby if very sick, or requiring transfer or mother unable to visit unit

Information

- A Nasogastric tube should be passed in babies:-

  <35/40 weeks as these babies will need help feeding
  Any babies who require a chest X-ray use a radiopaque gastric tube
  When respiratory symptoms evident to ensure stomach empty to prevent further respiratory embarrassment

- MRSA screen on all transfers in from another hospital.
- Doctors to clerk baby as per policy

MONITORING TOOL

STANDARDS:

Item	%	Exceptions
Correct documentation completed for admission	100%	

How will monitoring be carried out?	Audit of records
When will monitoring be carried out?	Continuously
Who will monitor compliance with the guideline	SCBU/NNU nurses/midwives

REFERENCES

Halliday H.L., McClure B.G., Reid M. (1998) Handbook of Neonatal Care 4th ed London: W.B. Saunder

Kelnar C.J.H., Harvey D., Simpson C. (1995) The Sick Newborn Baby 3rd ed London: Bailliere Tindall

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CONTRIBUTION LIST

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