ADMISSION OF A NEONATE TO NEWBORN CARE CENTRE (NCC)

This Local Operating Procedure is developed to guide safe clinical practice in Newborn Care Centre (NCC) at The Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this Local Operating Procedure.
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1. AIM
- To ensure appropriate criteria is followed for admission of a neonate to NCC
- To minimise the separation of the mother and newborn infant whilst ensuring that the infant is cared for in the optimal environment to meet their needs
- To ensure safe, prompt and effective delivery of care to the neonate admitted to the NCC through organized and coordinated work of the medical, nursing and midwifery staff

2. PATIENT
- Newborns

3. STAFF
- Medical, nursing, midwifery staff

4. EQUIPMENT
- Cot, incubator or open-care bed as appropriate
- Stethoscope
- Cardio-respiratory monitor and cardiac electrodes
- Oximeter
- Thermometer
- Infusion Pump
- Ventilator/Continuous Positive Airway Pressure (CPAP) equipment
- Admission sheet and observation chart

5. CLINICAL PRACTICE
Admission procedure from within the hospital to NCC
- Eligibility criteria are summarised in Table 1.
- Inform Nursing Team Leader on mobile 0429098642 of admission prior to bringing the neonate to NCC.
- Describe the condition of the neonate and the level of care needed in NCC.
- Notify the fellow/consultant on call for Neonatal Intensive Care Unit (NICU)/Special Care Nursery (SCN) depending on admission level.
- Admit the neonate under the care of the neonatologist rostered for the week for NICU or SCN (Monday-Friday) and the neonatologist rostered for the NICU for the weekend.

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Table 1. Indications for admission to NCC.

CRITERION	**AUTOMATIC ADMISSION TO NCC**	**POSSIBLE ADMISSION TO NCC** (assess whether admission is required)
BIRTHWEIGHT	< 2.3 kg	> 4.5 kg
GESTATION	< 35 weeks	35 - 36 weeks
TACHYPNOEA	With cyanosis/respiratory distress at any age or other concerns	Tachypnoea without cyanosis – Neonatal Team to review and assess the need for admission to NCC
MATERNAL FACTORS	Poorly controlled maternal diabetes as assessed by the obstetric team, physician/endocrinologist, elevated fructosamine or HbA1C ≥ 6.5%, or elevated maternal BGL > 8mmol/L at delivery	Maternal insulin-dependent diabetes Woman with complex psychosocial care plan
BIRTH RELATED	Neonate with a low arterial cord pH as follows: - Asymptomatic neonate with arterial cord pH < 7.0. Admit within 30 minutes of birth for a minimum of 4 hours continuous observation - Neonate requiring intubation and positive pressure ventilation for resuscitation at birth - Significant birth trauma e.g. suspected subgaleal haemorrhage.	Asymptomatic neonate with arterial cord pH between 7.00 - 7.09. Perform a minimum of 2 sets of hourly observations including pulse oximetry, which can be performed in Birthing Services.
PRENATAL DIAGNOSIS	Examples include but not limited to: Isoimmunisation Major surgical conditions Major congenital heart disease Major congenital anomaly	
FROM POSTNATAL WARD	Suspected sepsis requiring septic work-up, observations and/or treatment Respiratory distress Persistent hypoglycaemia Suspected cyanotic episodes Persistent/bile-stained vomiting Bleeding Signs of drug intoxication/withdrawal Assumption of care order	Readmission for maternal reasons - to be assessed by the neonatal team: - Persistent poor feeding - Difficulties with temperature regulation - Jaundice requiring intense phototherapy (in general, this means more than double light phototherapy)

Admission procedure from another hospital to NCC

- Discuss all referrals with Neonatal Fellow/Neonatologist and the Neonatal Nursing Team Leader prior to accepting the admission.
- Ensure Neonatal Team/Neonatal Nursing Team Leader from referring hospital completes the Patient Flow Portal.
- Ensure Nursing Team Leader notifies Patient Bed Flow Manager/After Hours Nursing Manager with patient details.
- Admit the neonate to NCC.
- Ensure referring hospital discusses with the Patient Bed Flow Manager/After Hours Nursing Manager and Obstetric Team about maternal bed request.

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Admission procedure from home to NCC

- The Royal Hospital for Women should not be considered as an emergency department. Any infant who requires immediate attention should be referred to the Sydney Children's Hospital Emergency Department.
- Former Royal Hospital for Women NCC neonate/infant – consider re-admission to the NCC within 14 days of **discharge** from our NCC.
- Former Royal Hospital for Women inpatients on postnatal ward or under care of Midwifery Support Program (MSP) – consider admission to the NCC within 14 days of **discharge**.
- Other neonate/infant in the community – **consider** admission to the NCC within 14 days of **age**.
- The following criteria must be met:
    - There is no known communicable infectious disease risk
        - Includes infants with respiratory symptoms, suspicion of viral gastroenteritis, unexplained or infectious rashes, suspected sepsis
        - Does not include infants who are colonised with MROs
    - The reason for re-admission requires NCC services
        - Examples include jaundice requiring intensive phototherapy or exchange transfusion, conjugated jaundice, cyanotic episodes, bilious vomiting, signs of drug intoxication/withdrawal, subspecialty review
    - Neonatologist on-call authorised readmission

> **NOTE:**
> **Consider readmission to postnatal ward for infants with jaundice (not exceeding double phototherapy), poor feeding or weight loss (see Admission of a Neonate to Postnatal Services [NCC Medical LOP]).**

Born Before Arrival (BBA)

- Admit BBA newborn infant to birthing services.
- Assess the newborn infant and admit only if required (follow Table 1) to NCC for observation.

6. DOCUMENTATION

- eMR
- Medication Chart
- Neonatal Observation Chart
- NICUS database
- NCC Admission Summary
- NCC Routine Care Plan
- NCC Growth Chart
- Cot Card
- SWISH Consent and Report Form
- NSW Newborn Screening Programme Card (if relevant)

7. RELATED POLICIES / PROCEDURES/CLINICAL PRACTICE LOP

- RHW Local Operating Procedure – Admission of a neonate to Postnatal Services
- RHW Local Operating Procedure – Hypoglycaemia in a Neonate – Monitoring and management of at risk neonates

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- RHW Local Operating Procedure – Neonatal Abstinence Syndrome (NAS) Management
- RHW Local Operating Procedure – Resuscitation of the Neonate – Neonatal Resuscitation Guidelines at Delivery
- RHW Local Operating Procedure - Neonatal Observations Guideline
- RHW Local Operating Procedure - Identification and Security of Neonate
- RHW Local Operating Procedure - Born Before Arrival
- RHW Local Operating Procedure - Home Birth Transfer to Hospital
- RHW Local Operating Procedure - Diabetes Mellitus (GDM) - Gestational - Management
- NSW DOH Guideline, GL2016_027 - Neonatal - Jaundice Identification and Management in Neonates ≥ 32 Weeks Gestation
- NSW DOH Guideline, GL2020_020 - Clinical Determination for Boarder Baby Registration
- NSW Health Policy Directive, PD2010_030 - Critical Care Tertiary Referral Networks (Paediatrics)
- NSW Health Policy Directive, PD2010_031 - Children and Adolescents - Inter-Facility Transfers
- NSW Health Policy Directive, PD2019_053 - Tiered Networking Arrangements for Perinatal Care in NSW

8. RISK RATING

- Low

9. NATIONAL STANDARD

- Standard 1 Clinical Governance
- Standard 2 Partnering with Consumers
- Standard 5 Comprehensive Care
- Standard 6 Communicating for Safety
- Standard 8 Recognising and Responding to Acute Deterioration

10. ABBREVIATIONS AND DEFINITIONS OF TERMS

NCC	Newborn Care Centre	SCN	Special Care Nursery
CPAP	Continuous Positive Airway Pressure	BBA	Born Before Arrival
NICU	Neonatal Intensive Care Unit		

REVISION & APPROVAL HISTORY
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