

PROTOCOL FOR: Cardiorespiratory Monitor

- POLICY:**
1. All infants in NICU, SCN and on NICU service in Newborn Nursery will remain on cardiorespiratory monitors unless:
 - a. They meet level I patient classification criteria and no bed is available in newborn nursery.
 - b. They are > 32 weeks corrected gestational age and there have been no episodes of apnea and/or bradycardia or desaturation requiring stimulation in the past 8 hours and they are interacting with families and staff.
 2. Any term or near term infants that are placed prone for sleep are to be on cardiorespiratory monitors with the exception of otherwise healthy newborns that are placed prone while under phototherapy.
 3. Set heart rate alarm limits as follows:
 - a. Preterm < 34 weeks' gestation: low alarm limit at 100.
 - b. Infants ≥ 34 weeks' gestation: low alarm limit at 80.
 - c. High alarm limit at 180 unless infant's condition requires a higher limit.

DESIRED PATIENT

OUTCOMES: Will have heart rate and breathing changes detected so that needed interventions may be initiated.

**CLINICAL
ASSESSMENT AND**

- CARE:**
1. Be sure that monitor alarms are functioning and are in the "ON" position.
 2. Alarms should never be left in the "OFF" position when the infant is unattended.
 3. Document and report significant changes in heart rate and/or respiratory rate.
 4. Leads may be used until they are no longer adhering to the skin or not conducting a good tracing. Rehydration of the hydrogel may improve lead function.
 5. Leads may be moved to different areas on the skin for cleansing skin surfaces.
 6. Assess skin integrity with each lead change.

**EXTENDED STAYS
FOR PURPOSE OF
DISCHARGE**

- PREPARATION:**
1. Obtain MD/AP order for extended stay if infant will be in a family room.
 2. Instruct the parent/caregiver:

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- a. That the cardiorespiratory monitor is to be on when the baby is placed in the crib to sleep.
 - b. How to use the emergency call system to contact staff if there are concerns about the baby.
 - c. The unit phone number.
 - d. To notify the staff if there are any monitor alarms.
 - e. That the baby is to sleep in the crib and not in the arms of the parent/caregiver.
 - f. That the baby is not to be left unattended and the security sensor must remain on at all times. Contact nursery staff if they need to use the bathroom or have other needs.
 - g. That they should notify the nursery staff when the baby is awake so that nursing care can be given and their questions can be answered.
 - h. To write down and/or tell the baby's nurse the time and amount of feeds, the content of the diapers, and any other observations that have been made.
 - i. That cell phone calls may be used in the family rooms only if 3 feet away from medical equipment.
3. Document instructions on the Extended Stay Worksheet.
 4. If the infant is being discharged on a monitor, both the monitor for home use and the hospital monitor are to be attached to the infant overnight.
 5. NBN staff are to inform SCN staff and/or NICU charge nurse when an overnight is being done in their family rooms.
 6. If medications are to be given to the infant, the RN must be present during their administration.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 2/89

REVISION DATES: 8/92, 12/92, 12/94, 2/97, 6/99, 10/01, 1/05, 10/08

REVIEWED DATES: 11/07