

APPENDIX C

Orientation Guidelines and Role Responsibilities
of Nurse Pros, Float Pool RNs, and Travelers in NICU

Travelers

1. Orientation includes 3 days of unit-focused orientation, including vents and competency checklists completed.
2. Must have Level III NICU experience validated by nursing manager and ANM of shift to which assigned.
3. NRP certification a prerequisite.
4. Before expanding assignments, we recommend a 2-week "observation" experience post-orientation to allow ongoing feedback from preceptor and traveler to the ANM.
5. No transports!
6. Oscillator/Nitric Oxide (NO):
 - a. Must have documented experience with HFOV and NO.
 - b. With known oscillator experience, attempt to give an oscillator assignment during initial orientation.
 - c. If no oscillator assignment available during orientation, plan to give experience later as an "expanded assignment" while teamed with another RN.
 - d. Use oscillator test as a review of theoretical content and to get a feel for the traveler's experience, competence, and confidence with the oscillator.
7. Admissions: Orient to admission process and/or support in admission with expanded assignment with these exceptions:
 - a. <26 week's gestation (because of oscillator potential - unless already deemed to be oscillator competent).
 - b. Social situation is such that consistency of caregivers is critical (weigh this versus concept of assigning travelers to rooms as much as possible).
8. Resuscitations: Assign resource person for all resuscitations to which assigned.
 - a. Assign to resuscitation of infants >26 week's gestation due to oscillator potential and ethical issues related to resuscitation. Assign only if no other anticipated issues (such as anticipated exchange transfusions, diaphragmatic hernia, etc.).
9. May take post-ops - remember that experience with epidurals may be limited.

Nurse PROs/Float Pool

1. Orientation tailored to needs of staff and nurses.
2. No incoming transports unless recent transfer from JDH staff and working at a

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frequency to maintain competency.

3. Oscillator/Nitric Oxide (NO):
 - a. May be assigned if former NICU staff who have been oscillator/NO trained and who feel comfortable with oscillator assignment.
 - b. Nurse PROs with documented oscillator experience from another NICU: If interested and scheduled hours are reasonable, attend oscillator class and then assign for clinical with a resource person.
 - c. Validate competency annually. If experience is limited, will need to reevaluate the appropriateness of the assignments.
4. Resuscitation Room:
 - a. Vent trained:
 - (1) Attend deliveries accompanied by experienced NICU staff when the following criteria are met:

>32 weeks gestation
no anticipated other issues (such as surgical)

Nurse PROs who are former NICU staff may attend deliveries of infants of lower gestation, depending on their comfort level and maintained competence.
 - (2) Admissions from resuscitation room or transport: Based on assessment of the needs of the infant and the comfort of staff and competency.

Exceptions:

1 to 1 assignments and those with oscillator potential (unless oscillator competent)
 - b. Non-ventilator trained Nurse PROs:

Expect to be able to admit from the resuscitation room or from transport infants comparable to those who would be ordinarily assigned to that individual to include, but not limited to: healthy pre-term, rule out sepsis, evaluation of genetic problems, cleft lip/palate, hyperbili without concern for exchange transfusion.