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| <b>Department:</b>                                 | Neonatal Intensive Care Unit/Special Care Nursery/Newborn Nursery  |
| <b>Administrator:</b>                              | Ellen Leone<br>Associate Hospital Director/Director of Nursing   |
| <b>Goals:</b>                                      | To provide state of the art comprehensive care for sick, premature, and well newborn infants and a nurturing environment for the optimal physical and developmental well being of the infants and their families.  |
| <b>Objectives:</b>                                 | <p><b>Patient Care:</b> 1) Provide care and consultation services for the critically ill, recovering, and well newborn infant. 2) Function as a regional referral center for all problems relating to the newborn infant. 3) Facilitate stabilization and transport of the infant in distress from the community hospital.</p> <p><b>Education and Training:</b> 1) Foster advanced learning and training for all health care professionals involved in newborn care. 2) Provide health care professionals with knowledge to open new horizons of inquiry.</p> <p><b>Research:</b> 1) Maintain a current and up-to-date database. 2) Seek new scientific insights to develop better therapies for newborn infants and their families.</p> <p><b>Community Service:</b> 1) Implement outreach education programs to promote fetal and newborn infant well being. 2) Be a community resource for families and health care providers.</p>   |
| <b>Practice Standards:</b>                         | <ol style="list-style-type: none"> <li>1. JDH Medical Staff Rules and Regulations</li> <li>2. State of CT Nurse Practice Act</li> <li>3. JDH Clinical &amp; Administrative Practice Manual</li> <li>4. Lippincott Manual of Nursing Practice</li> <li>5. NICU/NBN Unit Clinical &amp; Administrative Practice Manual</li> <li>6. Guidelines for Perinatal Care</li> </ol>  |
| <b>Scope of Services:</b>                          | <ol style="list-style-type: none"> <li>1. Clinical care of well, premature, and sick newborn infants.</li> <li>2. Transport of premature or sick newborn infants to appropriate facility. Back transport of convalescing infants.</li> <li>3. Provide consultative service to the community.</li> <li>4. Provide outreach education to community health care providers.</li> </ol>   |
| <b>Service Availability:</b>                       | 24 hours a day, continuous   |
| <b>Patient Population/ Customers:</b>              | All inborn infants and those referred for hospitalization by community physicians.   |
| <b>Providers/ Staffing:</b>                        | <ol style="list-style-type: none"> <li>1. State of CT licensed, Registered Nurse, usual staffing for NBN is 2 at all times; for NICU/SCN staffing based upon census and acuity.</li> <li>2. State of CT licensed JDH credentialed, Attending Neonatologist, one available at all times.</li> <li>3. State of CT licensed JDH credentialed APRN/PA, or Pediatric house staff, provide care 24 hours per day.</li> <li>4. Ancillary: Social Worker, Developmentalist, Pharmacist, Respiratory Therapist, Office Assistants, Nursing Care Associate.</li> </ol>   |
| <b>Clinical Care/ Current Priority Activities:</b> | <p><b>Assessment: Physicians/APRN/PA:</b> Physical exam, perinatal and delivery history, systems review, diagnostic testing, ongoing evaluation for changes in clinical status.</p> <p><b>Nursing:</b> Vital signs, patient assessments, assessment of family interaction, psycho-social assessment, assessment of response to treatment plan and medication, developmental assessment.</p> <p><b>Treatment/Intervention: Physicians/APRN/PA:</b> Treatment and medication prescription, interventional procedures, interpretation of laboratory and radiological testing, consultation, family education, communication and support, referral for pediatric sub-specialty consultation, attendance at high-risk deliveries, transport of infants.</p> <p><b>Nursing:</b> Medication and treatment administration, hemodynamic monitoring, intravenous and blood component therapy, parent and family support and education, attendance at high-risk deliveries, transport of infants, obtaining laboratory specimen, documentation of care, consultation with the health care team.</p> |

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Dept. Head/Date

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Administrator/Date

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Medical Director/Date