

October 1, 2015

Memo: Re-Admission and Ambulatory Care Pathway For Neonates

Effective Date: October 1, 2015

To: ED Physicians, ED RNs, PMU Physicians, PMU RNs, PICU Physicians, PICU RNs, NICU Physicians, NICU RNs, Switchboard, FNASU Physicians, FNASU RNs, Children Leadership & Ops, DAL Family Medicine, Women's Ops, Dept. of Family Medicine, Director's Council

Created By: Barb Bergeron, Manager, Emergency Care
Joanna Holland, Lead Physician, Pediatric Medical Unit
Stacy Burgess, Manager of Pediatric Critical Care
Gavin Morrison, Chief, Pediatric Intensive Care
Shannon MacPhee, Chief, Emergency Medicine
Hilary Kinnear, Chief, Family Medicine
Diane O'Reilly, Manager, IWK Community Midwifery Service and Family Newborn and Adult Surgery Unit
Darlene Inglis, Manager Neonatal Care Team
Krista Jangaard, Chief, Neonatology
Michelle LeDrew, Director, Women's and Newborn Health Program
LeeAnn Larocque, Director Children's Surgical, Emergency and Critical Care

Reassessment Date: April 1, 2015

Document Edited: September 29, 2015

There are variable practices for admitting and providing ambulatory care for our neonatal population. In the past we have made decisions based on chronological age only but this has led to neonates being cared for in areas that are not equipped deal with their needs. We hope to identify clinical pathways that match up the appropriate care team and expertise to meet patient needs. There are two separate issues being addressed in this memo:

1. Ambulatory Pathway for Neonates
2. Admission Pathway for Neonates who have been discharged home and are returning for care

The ambulatory process will be of most interest to the community **Family Physicians** and gives direction on who would be best to consult.

The admission pathway is most applicable to **providers at the IWK Health Centre** at the time of Decision to Admit.

October 1, 2015

Ambulatory Care for Neonates

Neonates who have an isolated feeding issue that cannot be managed by community supports such as Primary Care, Public Health Services or LaLeche League can be referred to the IWK Primary Maternity Care (Family Doctor on call for deliveries) in the first two weeks of life or the Emergency Department for further medical assessment.

The Primary Maternity Care and the Emergency Department are both available to provide unscheduled care for neonates. If there is any uncertainty about how stable the neonate is or whether the baby has a coexisting condition, the default referral should be to the Emergency Physician (902-470-8050).

Neonates who have an isolated feeding or an isolated jaundice issue can be effectively managed by the Primary Maternity Care if they are less than two weeks old. **It is preferred that the patient's family doctor contact the Primary Maternity Care prior to transfer or referral of the baby.** The pager number for the Primary Maternity Care is #3090 through locating at (902) 470-8888. Neonates should **NOT** be sent to the Primary Maternity Care Physician if there is any question about their stability; the Primary Maternity Care Physician is not always immediately available. It is important that only the most straightforward and stable neonates are sent to the Primary Maternity Care physician.

Patients who require a medical assessment to rule out coexisting conditions such as sepsis, UTI, inborn error of metabolism, etc. in addition to jaundice or a feeding concern can most easily be managed by the Emergency Department. These babies should be referred by their family physician to the IWK **Emergency Physician (902-470-8050).**

Babies who present to the Emergency Department will be fully assessed by the Emergency Physician. The Emergency Department will no longer refer patients to the Primary Maternity Care until they have had a full medical assessment. In the past, it has been difficult to determine the need for additional testing/care in our abbreviated triage assessment.

October 1, 2015

Options for Neonates who require Re-admission

Neonates may require re-admission to the IWK Health Centre for issues such as failure to thrive, weight loss needing rehydration, supplementation beyond mother’s expressed breast milk (needing access to donor milk or NG tube/IV) or unexpected medical issues such as sepsis, urinary tract infection or workup for underlying metabolic disorder. There are four different teams that can be utilized for re-admission of neonates: The Pediatric Intensive Care Unit (PICU), Neonatal Intensive Care Unit (NICU), Pediatric Medical Unit (PMU) and the Family Newborn and Adult Surgery Unit (FNASU). Each one of these areas offers clinical expertise and support for families. The following flow chart is provided to ensure that neonates are admitted to the most appropriate provider and location. Care should be taken to involve the family in the handover process.

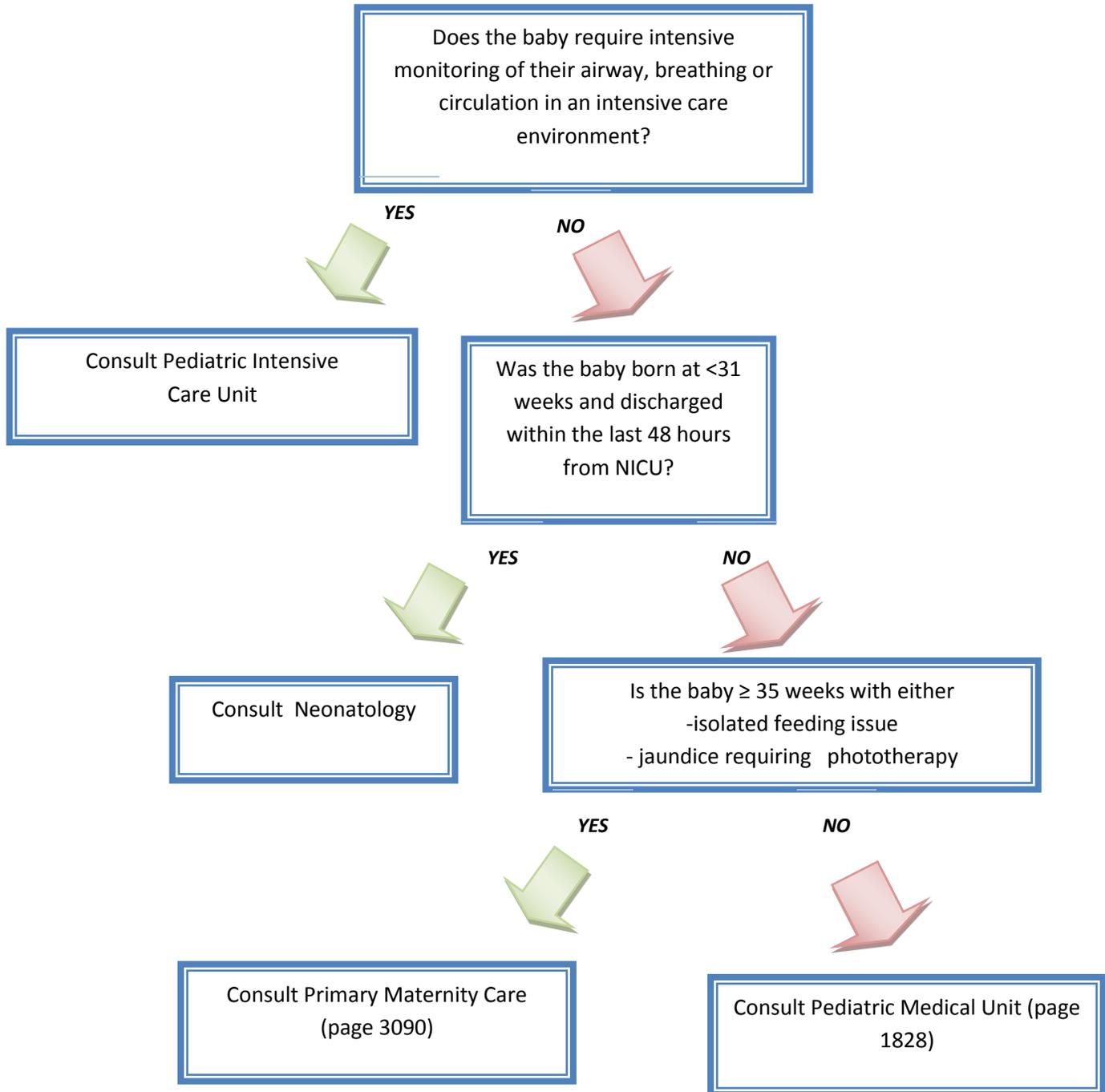
From Primary Maternity Care or Emergency Department to			
Pediatric Intensive Care Unit (PICU)	Neonatal Intensive Care Unit (NICU)	Pediatric Medical Unit* (PMU)	Family Newborn and Adult Support Unit (FNASU)
PICU will look after newborns being admitted from the ED if PICU determines them to be unstable and the neonate requires close monitoring of their airway, breathing or circulation.	NICU will care for babies born extremely premature (less than 31 weeks) AND discharged within the previous 48 hours from the NICU. This is intended for the continued management of problems that existed during their NICU stay.	Pediatric inpatient expertise will be provided by PMU. This will be the preferred choice for babies with an outstanding medical concern who may also require phototherapy or breastfeeding support. **	FNASU should be reserved for stable, uncomplicated late preterm babies who are more than 35 weeks and term infants who only require either: - feeding support or - phototherapy. Babies who have concomitant problems such as rule out sepsis, vomiting are NOT appropriate for the FNASU

*Pediatrics can be consulted in both the Primary Maternity Care location and the Emergency Department for potential admissions.

** Pediatric Staff could notify Family Newborn Adult Surgery at local 7135 to borrow a phototherapy unit. The FNASU Team Leader will assess if there is equipment available for loan. If there is equipment available, staff could come to FNASU 5 B side and retrieve the equipment. There is a sign out sheet that must be completed before the equipment could leave the unit.

October 1, 2015

Key Decision Points for Re-Admission of Neonates Care Pathway for Neonates Requiring ADMISSION



Handover must always involve Physician to Physician communication as well as RN to RN communication to ensure no critical information is lost.