DR. PABLO O. TORRE MEMORIAL HOSPITAL
B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100

Document Code:	DPOTMH–I-29-P03
Effective Date:	09-15-2021
Document Type:	Policy
Page Number:	1 of 6
Department/Section:	Neonatal Intensive Care Unit
Document Title:	**ADMISSION AND DISCHARGE OF PATIENT TO NEONATAL INTENSIVE CARE UNIT**

PURPOSE:

1. To assist nursing staff in the process of patient admission.
2. To establish guidelines in the admission of the patient to NICU.
3. To establish ease, ensure safety and promote quality patient care.
4. To ensure that newborns who are considered as high-risk are given the proper care.
5. To ensure that facilities and equipment are available, functional and safe.
6. To ensure that aseptic technique is observed to avoid or minimize infection.

LEVEL:

Pediatric Consultants or Neonatologist, Resident Physicians, Post-Graduate Interns, NICU Registered Nurses, Admitting Personnel, Supervisor on Duty

DEFINITION OF TERMS:

Neonatal Intensive Care Unit (NICU). A special care unit in the hospital that caters to sick newborns needing special treatment with equipment specifically designed for them with the Doctors and Nurses trained in critical care of the newborn. Babies admitted to NICU need close monitoring and immediate management of the problems that may arise.

POLICY:

1 All high-risk newborns delivered via NSVD or Caesarian Section needing intensive care as assessed by the Pediatric Team shall be admitted to the NICU.

1.1 High- risk neonates shall include the following:

1.1.1 Infants who are born to mothers who are or have:

1.1.2 less than 16 or greater than 40 years old

1.1.3 exposed to drug or alcohol exposure

1.1.4 diagnosed with diabetes mellitus or gestational diabetes mellitus

1.1.5 diagnosed with hypertension
1.1.6 bleeding
1.1.7 multiple pregnancy
1.1.8 oligohydramnios or polyhydramnios
1.1.9 with premature rupture of membranes
1.1.10 under general anesthesia
1.1.11 Infants who are delivered due to fetal distress or asphyxia
1.1.12 breech presentation or other abnormal presentation
1.1.13 meconium aspiration
1.1.14 nuchal cord clamping
1.1.15 forceps delivery

1.2 Infants who have or are:
1.2.1 age of gestation less than 37 weeks or greater than 42 weeks
1.2.2 birth weight of less than 2500 grams or greater than 4000 grams
1.2.3 with birth defects
1.2.4 demonstrating unstable vital signs (e.g. tachypnea, tachycardia, fever, hypotension)
1.2.5 potentially life-threatening or congenital infections (e.g. herpes, Guillian-Barre Syndrome, varicella)
1.2.6 need IV therapy
1.2.7 need special procedures such as blood transfusion, blood exchange transfusion
1.2.8 delivered as multiple pregnancies
1.2.9 need complex medical care such as:
1.2.9.1 abnormal hematology or laboratory analysis (e.g. polycythemia with Hct of > 65, leukopenia, hyperbilirubinemia, prolonged coagulation, hypoglycemia, hyponatremia)
1.2.9.2 pulmonary distress (respiratory distress requiring oxygen for more than 1 hour, persistent tachypnea, low oxygen

saturation for more than 1 hour of life, need for continuous ventilator support, apnea, congenital diaphragmatic hernia, etc.)

1.2.9.3 Metabolic distress (e.g. acidosis, inborn error of metabolism, adrenal insufficiency, hypothyroidism, etc.)

1.2.9.4 Cardiac instability (e.g. hypotension or hypertension, cardiac dysrhythmia, cyanosis, congenital heart disease, symptomatic heart murmur, etc.)

1.2.9.5 Neurologic problems (seizures, hydrocephalous, hypotonia, hypertonia, lethargy, etc.)

1.2.9.6 Gastrointestinal abnormalities (e.g. inability to tolerate feeding or pass stool within 24hours

1.2.9.7 Cleft lip or cleft palate or both, imperforate anus, significant abdominal distention or concerns for necrotizing enterocolitis, etc.)

1.2.9.8 Genitourinary abnormalities (e.g. inability to void within 24 hours after birth, distended urinary bladder, abnormal urinary passageways, etc.)

2 All neonates admitted in the NICU shall be referred to or co-managed by a neonatologist. Neonatologist services include the following:

2.1 Diagnose and treat newborn with conditions such as breathing disorders, infection, and birth defects.

2.2 Coordinate care and medically manage a newborn who is born premature, critically ill or in need surgical management or treatment.

2.3 Ensure that critically ill newborn receives proper nutrition for healing and growth.

2.4 Provide care to the newborn at caesarian section or other deliveries that involves medical problem in the mother or baby that compromise the infant's health and require medical intervention at the Delivery Room or

Surgical Complex.

2.5 Stabilize and treat the newborn in life-threatening condition or with medical problems.

2.6 Consult with Obstetrician, general pediatrician other specialists about conditions affecting the newborn.

3 Dr. Pablo O. Torre Memorial Hospital shall establish the process for admitting patients in the Neonatal Intensive Care Unit.

4 No patient shall be denied for admission regardless of its race, color, religion, ancestry, financial status or national origin.

5 Parents of patients admitted in NICU shall receive prompt and timely attention by qualified professionals upon entry.

6 The institution documents and follows policies and procedures, and provides resources to ensure proper patient care.

7 The institution shall uniquely identify all patients including newborn infants, and creates a specific patient chart for each patient that is readily accessible to authorized personnel.

8 The health professional responsible for the care of the patient shall obtain informed consent for treatment.

9 Planning for discharge shall begin upon entry into the institution and ensures a coordinated approach to discharge and continuing management.

DOCUMENTATION:

Revised Policy

DISSEMINATION:

Hospital Communicator
Manual of Policies and Procedures

REFERENCE:

Haidari, E. S. (n.d.). *Hospital variation in admissions to neonatal intensive care units by diagnosis severity and category*. PubMed. Retrieved June 18, 2021, from https://pubmed.ncbi.nlm.nih.gov/32801351/

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	Page Number:	6 of 6
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APPROVAL:

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Reviewed:	**DENNIS C. ESCALONA, MN, FPCHA, FPSQua** Quality Assurance Supervisor		10/04/2021
Recommending Approval:	**MARIA LIZA C. PERAREN, RN, MAN** Nursing Service Division Officer		14-Dec-21
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	MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA Vice President – Chief Medical Officer		12.15.2021
Approved:	**GENESIS GOLDI D. GOLINGAN** President and CEO		2/12/22

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Document Type:	Standard Operating Procedure
Page Number:	1 of 7
Department/Section:	Neonatal Intensive Care Unit
Document Title:	**ADMISSION AND DISCHARGE OF PATIENT TO NEONATAL INTENSIVE CARE UNIT**

PURPOSE:

To discuss the processes involved in the admission and discharge of patients, to and from the NICU.

SCOPE:

Applies to all Neonatal Intensive Care Unit personnel of Dr. Pablo O. Torre Memorial Hospital.

PERSON RESPONSIBLE:

Pediatric Consultants or Neonatologist, Resident Physicians, Post-Graduate Interns, NICU Registered Nurses, Admitting Personnel, Supervisor on Duty

PROCEDURE:

ADMISSION

1. The NICU Nurse on duty prepares the following materials and equipment for possible admission:
   a) radiant warmer with temperature probe fully functional
   b) pulse oximeter with probe
   c) oxygen set (oxygen with gauge, connecting tube nasal catheter or oxygen face mask and aqua pack/humidifier
   d) laryngoscope with blades
   e) endotracheal tube size 2.5, 3, or 3.5 with sterile guide wire or stylet
   f) neonatal bag valve mask
   g) adhesive tape (micropore, leukoplast)
   h) suction apparatus with connecting tube, inner liner and suction catheter
   i) OGT insertion and gastric lavage (orogastric tube – feeding tube fr. 8, 10cc syringe, sterile plastic container, sodium chloride for irrigation)
   j) umbilical catheterization set with Vygon umbilical catheter (fr. 3.5 or 5), suture, 10cc syringe, urine container, gauze swab, micropore, sterile gloves 6, 6.5 or 7, sterile iris scissors, surgical blade 15 or 20, bacticide 10% antiseptic solution
   k) IV line materials (IV cannula g. 24 or 26, luer lock, 3 way stop-cock, perfusor, 50cc syringe, IV solution, syringe pump)
   l) hemoglucose test (blood lancet, glu-test strips)
   m) syringes, diapers, digital thermometer
2. The NICU Nurse on duty receives patient from Delivery Room or Surgical Complex. The Nurse or Resident Physician and takes note of the following data:
   2.1. Name of patient
   2.2. Time of delivery
   2.3. Type of delivery
   2.4. Attending physician

2.5. Emergency measures done (e.g. intubation – take note of time and ET size, administration of emergency medications such as epinephrine or naloxone, etc.)

2.6. Indication for admission to NICU

3. The NICU Nurse calls the station where the mother is admitted (either Station 11 or 7B or any other room as the case requires) or the delivery room to ask for the father or the folks of the patient to come over to NICU for doctors' appraisal of the patient's situation and the essential intervention and to secure informed consent on the procedures to be performed or refusal thereof by signing in waiver as deemed necessary.
4. The NICU Nurse assists the Attending or Resident Physicians with procedures to be performed (endotracheal intubation, umbilical catheterization, gastric lavage, ambu bagging, IV insertion, etc.)
5. The NICU Nurse positions patient comfortably under radiant warmer.
6. The NICU Nurse ensures proper ways of identification for the baby (e.g. name tag in the bassinet, identification tags)
7. The NICU Nurse performs initial interview with the father or the folks about the patient's condition and concerns.
8. The NICU Nurse orients the relatives as to the physical set-up of the unit, call system, facilities, equipment, medicines, feeding pattern and other support services.
9. The NICU Nurse makes an initial assessment of all observations and information gathered from patient's vital signs.
10. The NICU Nurse carries out doctor's orders:
    10.1. Scans and requests for medications ordered
    10.2. Requests for radiologic and diagnostic tests needed
    10.3. Transcribes doctors' orders in the Kardex
    10.4. Transcribes medication orders in the Medication and Treatment Record and Summary of Medication and Treatment Record
    10.5. Makes medication cards and gives the initial dose of medicines as ordered

once available

10.6. Follows up results of diagnostic exams and relays/refers to resident on duty

10.7. Draws a vertical line from the first line of the order up to the last line of the order, writes "NOTED" beside it and affixes complete name, signature, date and time the order was carried out under the NOTED

11. The NICU Nurse monitors vital signs every 30 minutes or hourly and records at the Flow Sheet
12. The NICU Nurse makes a Fall Assessment Tool (Humpty Dumpty Scale) upon admission.
13. The NICU Nurse completes all charges of the materials and equipment used upon patient's admission.

DISCHARGE

Once the infant reached the criteria set by their attending physician, the infant can be a candidate for discharge (example: continuous daily weight gain, can tolerate good amount of milk without complications and no signs of problem or distress in any areas the physician can determine if the child and family is ready for the discharge).

1. The Attending Physician gives the order for discharge
2. The NICU Nurse checks for final diagnosis and orders from the physician
3. Checks if the vaccines are given, and expanded newborn screening and hearing test are done.
4. The NICU Nurse notifies the family of the order and start the discharge process until the bill is done and settled and clearance is provided by the folks upon discharge.

CLAIMING OF THE BABY UPON DISCHARGE:

1. A clearance issued by the Billing Section is submitted to the NICU staff.
2. Only the legitimate mothers are allowed to claim the baby. To avoid the discharge of infants to the wrong families, be sure to use at least two (2) patient identifiers.

Ask the mother to verify identifying information to confirm that it is correct. If the mother is still admitted, the ID band should be checked. If the mother has been discharged already, ask the mother to present a valid ID bearing her name and date of birth for verification purposes.

3. If for some reasons the mother is unable to claim the baby during discharge (e.g. mother is too sick to come back to the hospital or has passed away during or after child birth), claimants shall be required to bring the following:
   3.1. A letter of authority from the mother with valid ID
   3.2. Valid ID of father or claimant
   3.3. A note from the OB/Pedia Attending Physician is acceptable if a letter of authorization is not available.
   3.4. A confirmatory call to the mother and/ or the OB/Pedia Attending Physician is also recommended for verification purposes (to avoid unauthorized claiming of the child without the mother's permission in cases of family issues).
   3.5. All events should be documented and included in the nurses notes.
4. If the claimant is unable to provide the necessary documents/ proof, do not discharge the baby and inform the Charge Nurse/ Head Nurse immediately.

FOR NON-VIABLE INFANT

The general principles of special care will dictate the need for admission, unless ordered otherwise by the physician. These include:

A) An infant of 20 weeks gestation or more with an APGAR score of one or more at any time after delivery is considered live born, regardless of whether the patient dies in the delivery room or NICU and regardless of whether the pediatric team was in attendance.

B) An infant with an APGAR score of zero at all times after delivery is considered stillborn and is entered into labor and deliver statistics, but not admitted to the NICU.

FOR LIVE BORN BUT NON-VIABLE INFANTS:

1. If the infant is physically admitted to the NICU:
   - 1.1. The delivery room staff will admit the patient to the NICU.
   - 1.2. The delivery room staff will assemble a chart which includes a record of labor and delivery, doctor's notes including delivery room resuscitation, if required and other pertinent information.
   - 1.3. NICU personnel will Complete the admission assessment form.
   - 1.4. NICU personnel will notify the Nursing Service Division Office and the Nurse Supervisor on duty of the infant's death.
     The Resident on duty completes the physician's notes and other pertinent information.
2. If the infant is not physically admitted to the NICU (regardless of whether pediatric physicians or residents attended the infant)
   - 2.1. The delivery room staff will assemble a chart of the infant, fill out completely pertinent data.
   - 2.2. Notify Nursing Service Office and the Nurse Supervisor on duty of the infant's death.
3. If a pediatric resident provides any assessment or treatment, a note will be written for inclusion in the infant's chart.
4. The physician in attendance at the time of death, regardless of department, will be responsible for completing the chart.

REFERENCE:

Haidari, E. S. (n.d.). *Hospital variation in admissions to neonatal intensive care units by diagnosis severity and category*. PubMed. Retrieved June 18, 2021, from https://pubmed.ncbi.nlm.nih.gov/32801351/

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	Department/Section:	Neonatal Intensive Care Unit
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Reviewed:	**DENNIS C. ESCALONA, MN, FPCHA, FPSQua** Quality Assurance Supervisor		10/04/2021
Recommending Approval:	**MARIA LIZA C. PERAREN, RN, MAN** Nursing Service Division Officer		14-Dec-21
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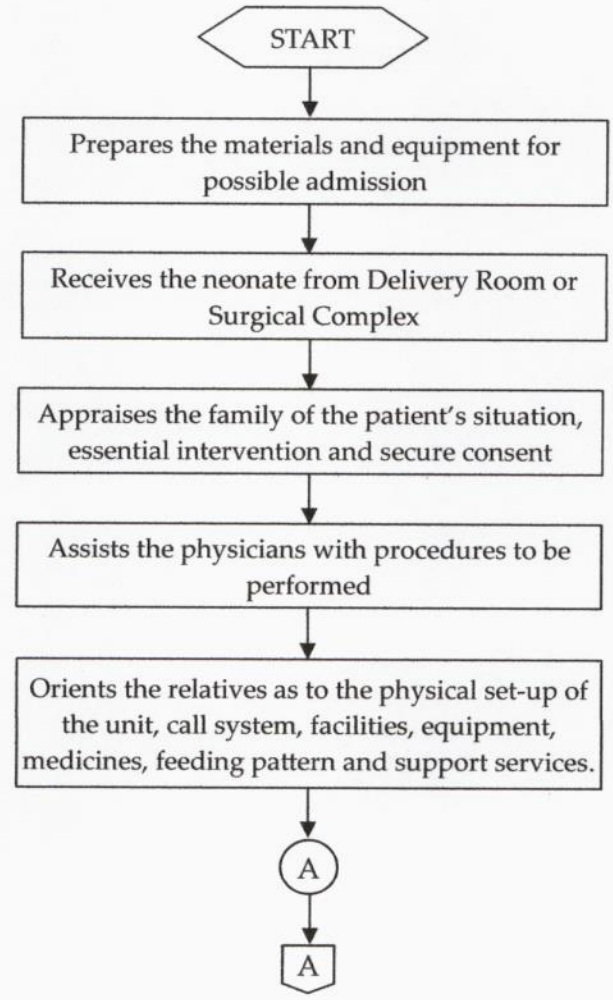
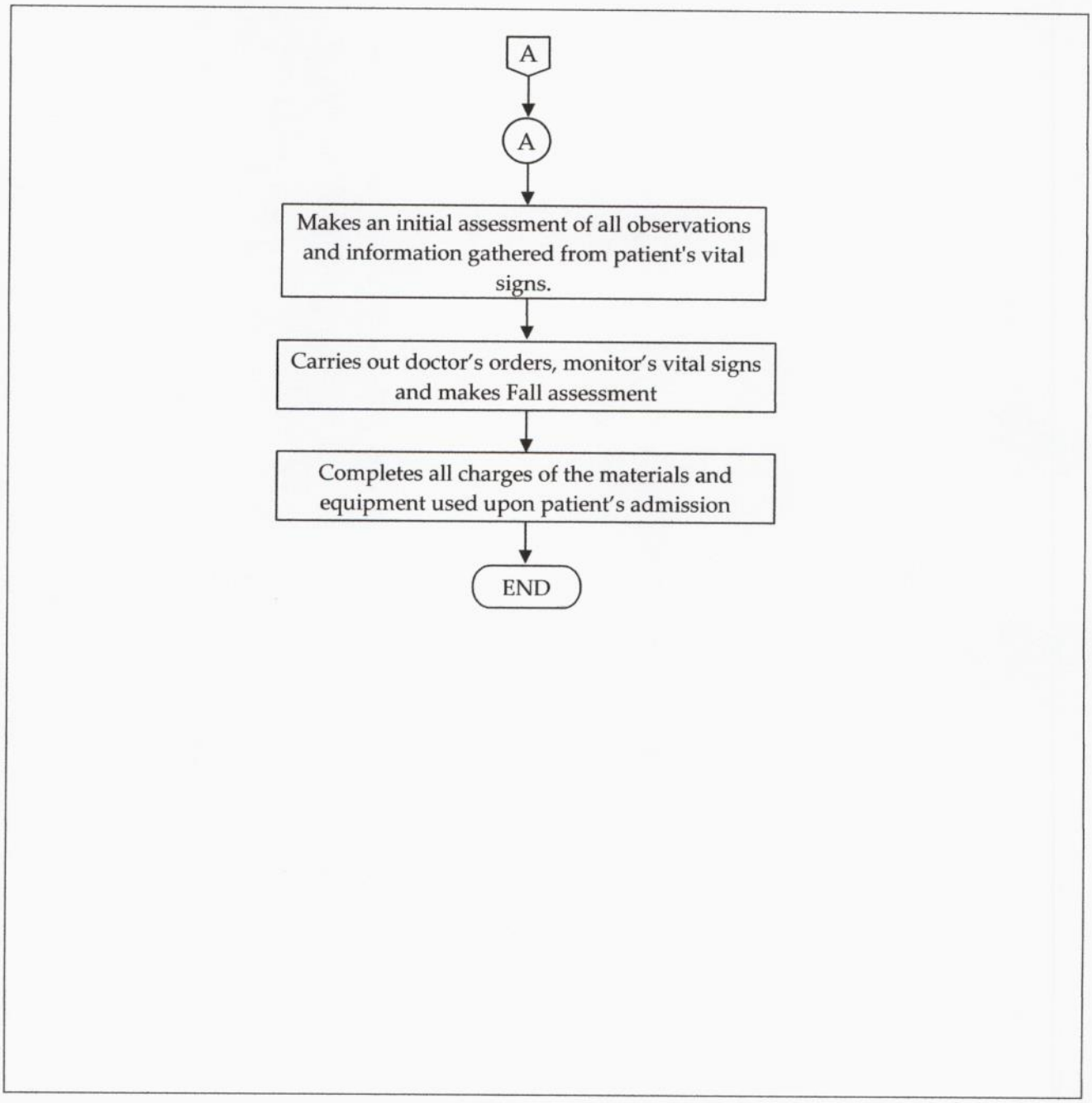
	Document Type:	Flowchart
	Page Number:	1 of 5
	Department/Section:	Neonatal Intensive Care Unit
	Document Title:	**ADMISSION AND DISCHARGE OF PATIENT TO NEONATAL INTENSIVE CARE UNIT**

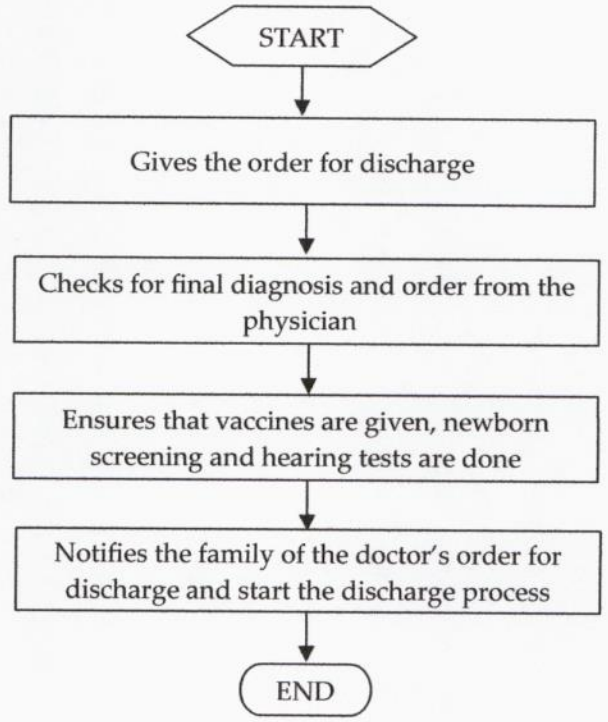
FLOWCHART

ADMISSION





DISCHARGE



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Effective Date:	09-15-2021
Document Type:	Flowchart
Page Number:	4 of 5
Department/Section:	Neonatal Intensive Care Unit
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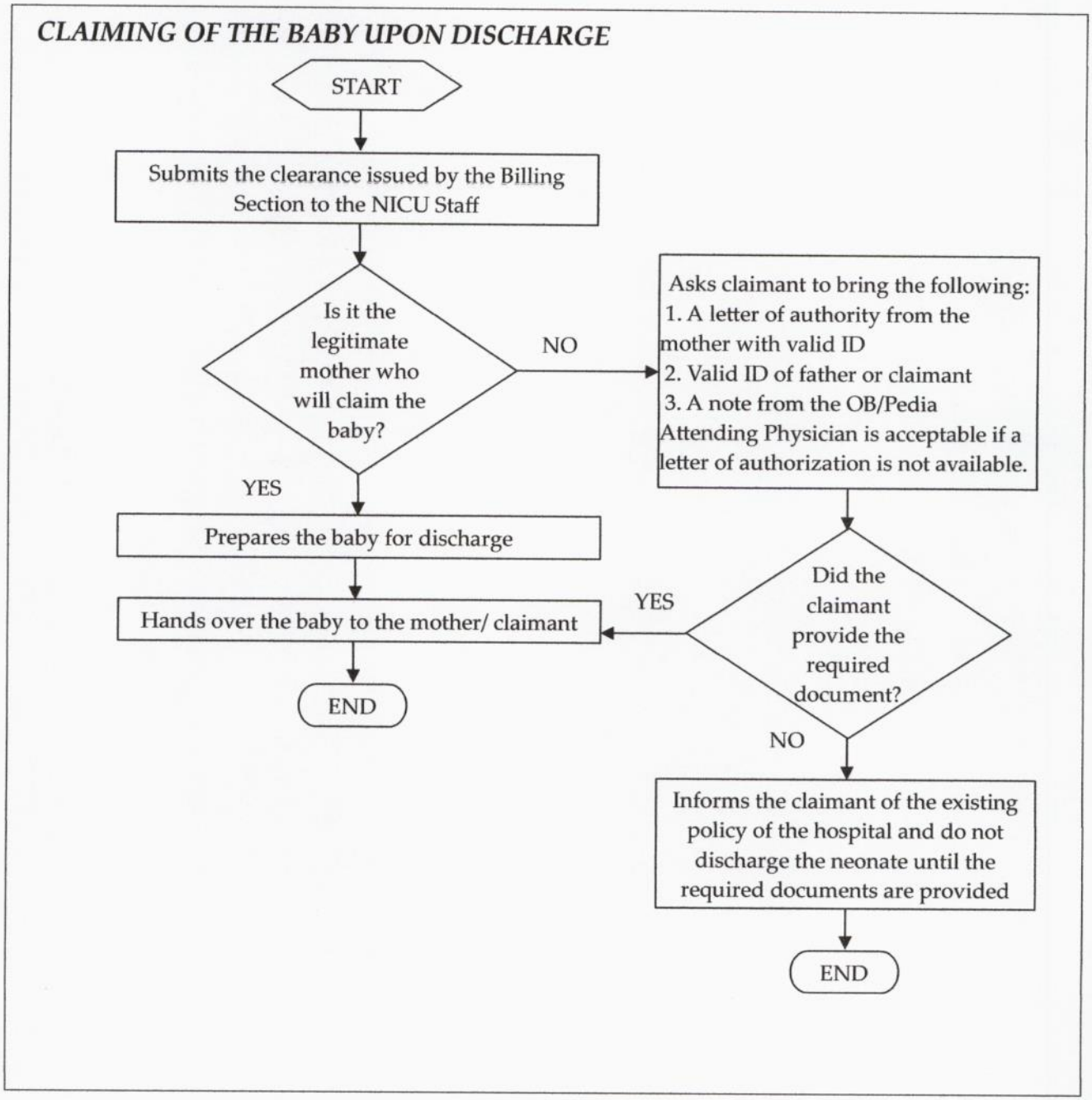
CLAIMING OF THE BABY UPON DISCHARGE



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Effective Date:	09-15-2021
Document Type:	Work Instruction
Page Number:	1 of 3
Department/Section:	Neonatal ICU
Document Title:	**ADMISSION AND DISCHARGE OF PATIENT TO NEONATAL INTENSIVE CARE UNIT**

KEY TASKS	PERSON RESPONSIBLE
1. Prepares the needed materials and equipment for admission.	Staff Nurse
2. Receives endorsement of patient from Delivery Room or Surgical Complex.	Staff Nurse
3. Calls the station where the mother is admitted or the delivery room to ask for the father or the folks of the patient to come over to NICU for doctors' appraisal of the patient's situation and the essential intervention.	Staff Nurse
4. Secures informed consent on the procedures to be performed or refusal thereof by signing in waiver as deemed necessary.	Staff Nurse
5. Assists the Attending or Resident Physicians with procedures to be performed	Staff Nurse
6. Positions patient comfortably under radiant warmer.	Staff Nurse
7. Ensures proper ways of identification for the baby (e.g. name tag in the bassinet, identification tags)	Staff Nurse
8. Performs initial interview with the father or the folks about the patient's condition and concerns.	Staff Nurse
9. Orients the relatives as to the physical set-up of the unit, call system, facilities, equipment, medicines, feeding pattern and other support services.	Staff Nurse

10. Makes an initial assessment of all observations and information gathered from patient's vital signs.	Staff Nurse
11. Carries out doctor's orders.	Staff Nurse
12. Monitors vital signs every 30 minutes or hourly and records at the Flow Sheet.	Staff Nurse
13. Makes a Fall Assessment Tool (Humpty Dumpty Scale) upon admission.	Staff Nurse
14. Completes all charges of the materials and equipment used upon patient's admission.	Staff Nurse

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Approved:	**GENESIS GOLDI D. GOLINGAN** President and CEO		2/12/22