 <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-I-29-P03
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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

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- 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

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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

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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.

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DOCUMENTATION:

Revised Policy


DISSEMINATION:

Hospital Communicator






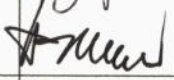
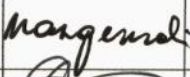

Manual of Policies and Procedures

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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