 <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-I-29-P01
	Effective Date:	03-31-2022
	Document Type:	Policy
	Page Number:	2 of 10
	Department/Section:	Neonatal Intensive Care Unit
	Document Title:	SCOPE OF SERVICE

The unit is staffed with the nurse to patient ratio of 1:1-2. Many other disciplines are involved in the care of the sick neonate including but not limited to Medical Staff, Respiratory Therapy, Pharmacy, Radiology, and Social Worker, Patient Educator for mothers, Infection Prevention, and Control and Physical Therapy.

The NICU provides a Family-centered approach to care; encompassing the parents and sick infant as a single unit. Thus including the family in all decision making and kept well informed and have a complete understanding of all patient care activities/procedures.

The NICU services provide the best technological evidence-based treatment and care. Examples are: ventilator support inclusive of high frequency oscillatory and sensor medics ventilation, various forms of oxygen therapy, Continuous Positive Airway Pressure (CPAP), the unit also provides continuous hemodynamic monitoring, pulse oximetry, continuous cardiac monitoring, blood exchange transfusion, administration of medications and Total Parenteral Nutrition, high-intensity phototherapy, specimen collection for chromosomal analysis (specimen are sent to performing laboratories outside the province) and Metabolic Screening.

Viewing Time:


Babies in the NICU can be viewed by parents and other members of the family at the glass window at any time. Newly delivered babies can be viewed at the window regardless of the time.

Location:

The NICU is located on the 3rd floor South Wing of the hospital

Staffing and Direction:

The Nursing Service Division provides nursing coverage to the unit 24 hours a day including weekends and holidays. Nurses work 8 hours per shift with days off. Patients are provided nursing care by Registered Staff Nurses through primary nursing care.

 <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-I-29-P01
	Effective Date:	03-31-2022
	Document Type:	Policy
	Page Number:	3 of 10
	Department/Section:	Neonatal Intensive Care Unit
	Document Title:	SCOPE OF SERVICE

Method of Adjusting to Staffing Variances:

When more staff is needed for the shift than has been scheduled, the Head Nurse or Nursing Supervisor is notified of the additional numbers of staff required.

In-Services/ Continuing Education Programs:

Committed to a competency-based orientation and education program, the Staff Nurses of the unit are to undergo training and pass the competencies set by the unit and the Nursing Service Division before deployment. Competency is determined through written examination, evidenced-based practice, clinical performance, and documentation review by Educator/Preceptor and the Head Nurse.


Continuing education is offered to ensure staff development and coordinated by the Nursing Educator. Staff meetings and bulletin boards are also utilized to update and assist staff clinically. Clinical and educational needs are also identified and supported through the performance improvement plan.

Health Standards:

Health status is assessed before exposure to NICU. A normal chest x-ray result and negative stool exam must be submitted to the Section Head. Personnel is required to have a yearly chest x-ray and semi-annual stool exam. Personnel should be free from transmissible infectious diseases.

NICU Attire:

1. NICU Personnel exposed in the area are required to wear a short-sleeved and clean scrub gown or scrub suit and a clean pair of slippers while on duty.
2. Long hair must be neatly secured so as not to block vision and to avoid contact with patients and equipment.
3. No jewelry should be worn while on duty.
4. Mask and cap should be worn while exposed in the area.
5. Visiting physicians, chaplains, technicians, and parents must wear clean NICU gowns over their clothes and a pair of NICU slippers.

 <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-I-29-P01
	Effective Date:	03-31-2022
	Document Type:	Policy
	Page Number:	4 of 10
	Department/Section:	Neonatal Intensive Care Unit
	Document Title:	SCOPE OF SERVICE


6. Upon entering the area, personnel must be clean, well-groomed, and have no nail polish. Artificial and long natural fingernails are not permitted in the clinical setting.

Rules for Visitors:

1. Strict handwashing techniques should be strictly practiced if they are allowed to carry or handle the baby with the permission of the Attending Physician.
2. Only healthy individuals will be allowed to enter the area. The presence of the following will be restricted:
 - 2.1. Skin lesions
 - 2.2. Fever
 - 2.3. Febrile respiratory infection
 - 2.4. Gastroenteritis of bacterial or viral origin
3. Parents should refrain from using their cellular phones, bringing their bags, wearing of jewelry and bringing their small children when visiting their baby at the NICU.
4. All visitors must wear prescribed protective barriers while in the unit such as a clean NICU gown, mask, cap, and clean pair of NICU slippers

Care of the Newborn Upon Admission:

1. Thermoregulation of newborns should be observed by all personnel.
 - 1.1. Maintain axillary temperature at 36.5° – 37.5° C.
 - 1.2. Report unstable temperature to Resident on duty.
2. Anthropometric measurements (head circumference, chest circumference, arm, abdominal girth, and length) including the weight must be taken initially to all newborns.
3. Supplies (diapers and bath soap) should be provided by the NICU Department.
4. For premature or high-risk neonates who need immediate resuscitation, Billing Personnel must be informed, as well as parents and significant others must also be notified.
5. Routine newborn care is rendered by personnel such as:
 - 5.1. Infant's bath

 <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-I-29-P01
	Effective Date:	03-31-2022
	Document Type:	Policy
	Page Number:	5 of 10
	Department/Section:	Neonatal Intensive Care Unit
	Document Title:	SCOPE OF SERVICE

B.S. Aquino Drive,
Bacolod City,
Negros Occidental,
6100

- 5.2. Cord care
- 5.3. Feeding
- 5.4. Care of buttocks and genitalia
6. Vitamin K must be administered as ordered by the physician.
7. All NSVD should be placed under droplight while LTCS deliveries should be placed inside the isolette/incubator; premature babies should be placed under a radiant warmer.

Lay Baptism:


1. There should be a request from parents or immediate relatives.
2. NICU personnel should inform the chaplain.
3. NICU personnel should notify the family of the chaplain's availability.
4. Baptism should be done in the presence of the family.
5. In cases of critical status of the newborn, NICU staff or physicians can do lay baptism.

Detecting, Recording, and Reporting Observations:

1. Nurses notes should include temperature, cardiac rate, respiratory rate, number and amount of feeding given, feeding tolerance, skin color, cry and activity of infant, usual appearance and behavior, color, smell and consistency of stool each shift, number of voiding and any characteristic or odor of urine.
2. Report delayed/abnormal bowel movement or vomiting and absence of urination.
3. Medical staff should record and sign progress notes daily and as necessary.
4. All entries in patients' charts should be legible, accurate, relevant, and concise.

Feeding Guidelines:

1. Assess readiness
 - 1.1. Absence of respiratory distress and neurologic contraindications
 - 1.2. Coordinated sucking – swallowing reflexes
2. Method of feeding
 - 2.1. Breastfeeding; by tube or by parenteral route depending on the current status of the patient.


 <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-I-29-P01
	Effective Date:	03-31-2022
	Document Type:	Policy
	Page Number:	6 of 10
	Department/Section:	Neonatal Intensive Care Unit
	Document Title:	SCOPE OF SERVICE

3. Continuing care


- 3.1. Assess the patient for feeding intolerance. Daily weight measurement at the same time, same weighing scale, and before feeding should be observed.
- 3.2. Observe signs of stress.
4. Prompt interruption of feeding by the nurse if any untoward signs such as cyanosis, vomiting, respiratory distress, or apnea develop.
5. Decisions concerning subsequent feeding are to be made by the Pediatric Resident or Attending Physician after examining the infant and evaluating his/her status.

Other Procedures being done in the NICU:

1. **Blood Cultures.** A blood culture is a sample of blood drawn to identify infection. After one is taken, the baby will be started on antibiotic medications to fight a suspected infection. Preliminary results will be available in 72 hours (3 days), and final results will be available after 120 hours (5 days). If bacteria grows in the culture, the laboratory will perform "sensitivity tests" to identify the most effective antibiotic medication to use and the length of antibiotic treatment required. A blood culture will be drawn when the baby shows signs of infection.
2. **Blood Pressure Readings.** Blood pressure readings are taken as indicated according to the baby's condition.
3. **Blood Transfusions.** Transfusions of blood or other blood products will be given to the baby only as needed. Many of the risks of blood transfusions to babies have been effectively eliminated through careful screening and blood banking practices. Due to the small volume of blood transfused, one unit of blood is assigned to a baby at the time of the first transfusion. If the infant requires more than one transfusion, the blood bank will deliver blood from this initial bag to minimize an infant's exposure to multiple donors.
4. **Circumcision.** Circumcision is a procedure where the foreskin of a male's penis is removed. This procedure is done only at the parent's request and once consent has been obtained. The procedure is performed under sterile conditions and a local anesthetic.

 <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-I-29-P01
	Effective Date:	03-31-2022
	Document Type:	Policy
	Page Number:	7 of 10
	Department/Section:	Neonatal Intensive Care Unit
	Document Title:	SCOPE OF SERVICE


5. **Frequent blood samples.** Samples of the baby's blood are taken to determine when changes need to be made in his or her medical care. Blood samples may be taken from the baby's heel, a vein, or through umbilical lines.
6. **Cranial or Head Ultrasound.** Routine head ultrasound are performed on those babies at risk for intraventricular hemorrhage (IVH) or those infants who are very critical. Much like ultrasounds performed through the pregnancy, a probe is scanned over the baby's head to take picture of the baby's brain. This procedure is painless. Routine head ultrasounds are scheduled at days 10-14 of life.
7. **Lumbar Puncture (LP).** An LP is a procedure performed to determine if the baby has an infection in the fluid that circulates the brain. Evidence of an infection in the spinal fluid would require antibiotic treatment for two to four weeks. An LP is necessary when an infant's blood cultures test positive or antibiotics will be given longer than 3 days.
8. **PICC (Peripherally Inserted Central Catheter) line.** PICC is a long, thin tube that's inserted through a vein in the arm and passed through to the larger veins near the heart. It's generally used to give medications or liquid nutrition. This avoids frequent needle sticks for the baby.
9. **Placement of umbilical lines.** Umbilical lines are arterial and venous catheters that are placed into blood vessels within the baby's umbilical cord (belly button). These are called "umbilical artery catheters" (UAC) and "umbilical venous catheters" (UVC). The purpose of the UAC is to monitor the baby's arterial blood pressure, provide fluids and provide access to the baby's bloodstream for laboratory and arterial blood tests. The purpose of the UVC is to provide fluids and nutrition.
10. **Pulmonary Surfactant.** Is a prophylactic or preventive treatment that involves giving natural (bovine) pulmonary surfactant through the endotracheal tube into the windpipe over the course of a few minutes to newborns with confirmed RDS to prevent atelectasis.
11. **Radial Artery Puncture.** Blood samples may be obtained using the artery in the baby's wrist. Use of the radial artery is necessary when larger volumes of blood are needed.

 <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-I-29-P01
	Effective Date:	03-31-2022
	Document Type:	Policy
	Page Number:	8 of 10
	Department/Section:	Neonatal Intensive Care Unit
	Document Title:	SCOPE OF SERVICE

B.S. Aquino Drive,
Bacolod City,
Negros Occidental,
6100

12. **Restarting an IV.** The baby's veins are very small and fragile and often will not last long when fluids and medications are infused through them. When the IV leaks out of the vein, it may irritate the surrounding tissues. In addition, IV sites should be changed every few days to decrease the risk of infection. Sites for IV starts include hands, feet, arms, legs, and scalp veins.
13. **Suctioning.** Suctioning is a procedure in which a small catheter connected to a vacuum-like machine is inserted into the baby's nose, mouth, or breathing tube. The purpose of suctioning is to remove mucous or secretions from the baby's airway or stomach. A bulb syringe can also be used to remove mucous and secretions from the baby's nose and/or mouth.
14. **Weighing and measuring.** The baby is weighed on a scale daily. The weight will tell how well the baby is growing and help the healthcare team determine the care that is needed. The baby's length and head circumference will be measured weekly.
15. **X-rays and other procedures.** X-rays are pictures taken to view the baby's lungs, intestines, and bones. These x-rays help determine the medical treatment the baby needs. These are performed only as needed. A very low amount of radiation is used during this procedure. Whenever possible, lead shields will be used to protect the infant's genitals.

Note: Procedures of EKG, EEG, Echocardiograms, and other ultrasounds may be performed on infants to help in the diagnosis of certain conditions. These tests are not routinely performed unless determined by the infant's clinical condition.


 <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-I-29-P01
	Effective Date:	03-31-2022
	Document Type:	Policy
	Page Number:	9 of 10
	Department/Section:	Neonatal Intensive Care Unit
	Document Title:	SCOPE OF SERVICE

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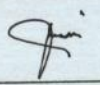
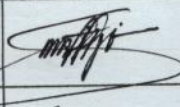
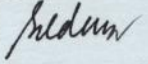


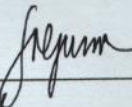
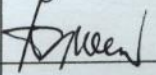
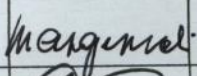
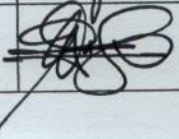
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 <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	<p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p>	Document Code:	DPOTMH-I-29-P01
		Effective Date:	03-31-2022
		Document Type:	Policy
		Page Number:	10 of 10
		Department/Section:	Neonatal Intensive Care Unit
		Document Title:	SCOPE OF SERVICE

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 <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-I-29-P01
	Effective Date:	03-31-2022
	Document Type:	Policy
	Page Number:	1 of 10
	Department/Section:	Neonatal Intensive Care Unit
	Document Title:	SCOPE OF SERVICE

PURPOSE:

1. To provide information on the services being offered by the Neonatal Intensive Care Unit (NICU)
2. To identify common procedures done specifically in the NICU.
3. To provide the guidelines in the use of NICU medical equipment and all protocols and practices related thereto.

LEVEL:

Consultant or Resident Physician, NICU Personnel, Midwife, Medical Technologist, Radiologic Technologist

DEFINITION OF TERMS:

Medical Equipment- all apparatus used for medical practice and procedures needed for a purpose.

Disinfection- a method of cleaning medical equipment/apparatus by using a chemical substance that kills all germs and bacteria.

Sterilization- the process of making something free from bacteria or other living microorganisms.

SCOPE OF SERVICE

The Neonatal Intensive Care Unit of Dr. Pablo O. Torre Memorial Hospital has a total of 5 beds to cater to neonates requiring specialized care. Out of this capacity, one (1) bed is reserved for isolation, two (2) beds for intensive care, and two (2) beds for intermediate care. The NICU accepts 23 weeks gestation to term infants. The unit provides 24 hours service, 7 days a week.

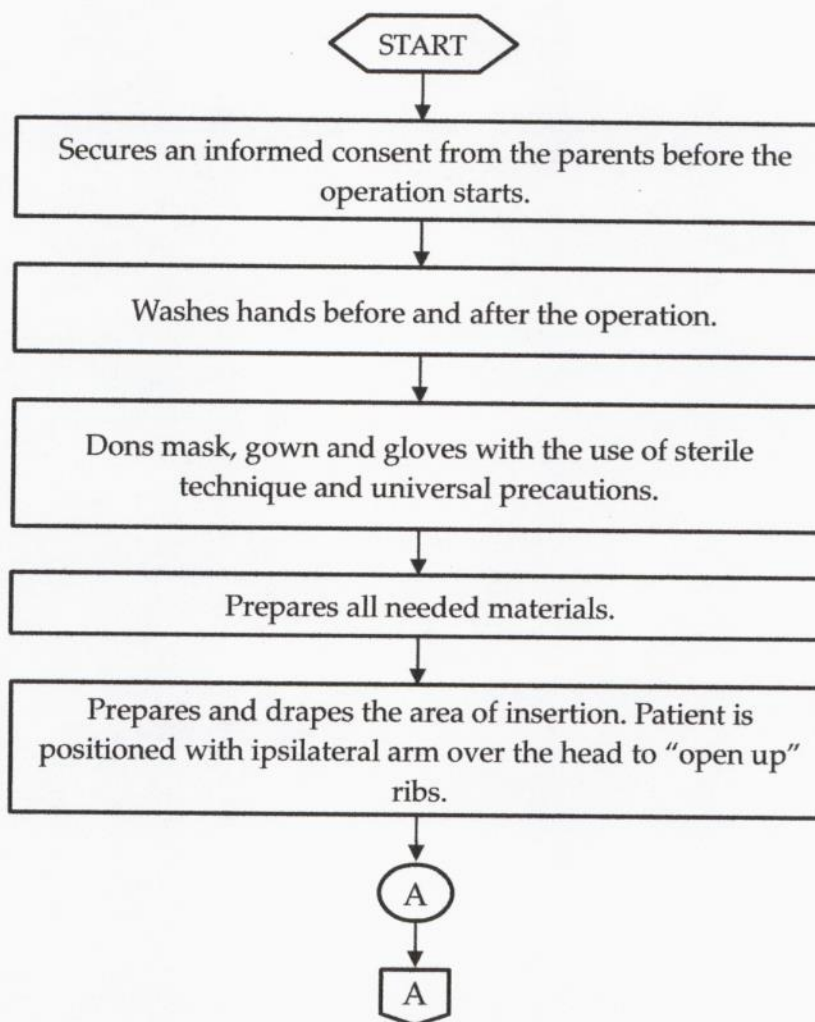


DR. PABLO O. TORRE
MEMORIAL HOSPITAL

B.S. Aquino Drive,
Bacolod City,
Negros Occidental,
6100

Document Code:	DPOTMH-I-29-P01-FC05
Effective Date:	09-30-2021
Document Type:	Flowchart
Page Number:	1 of 3
Department/Section:	Neonatal Intensive Care Unit
Document Title:	ASSISTING IN NEONATAL CHEST TUBE PLACEMENT

FLOWCHART:

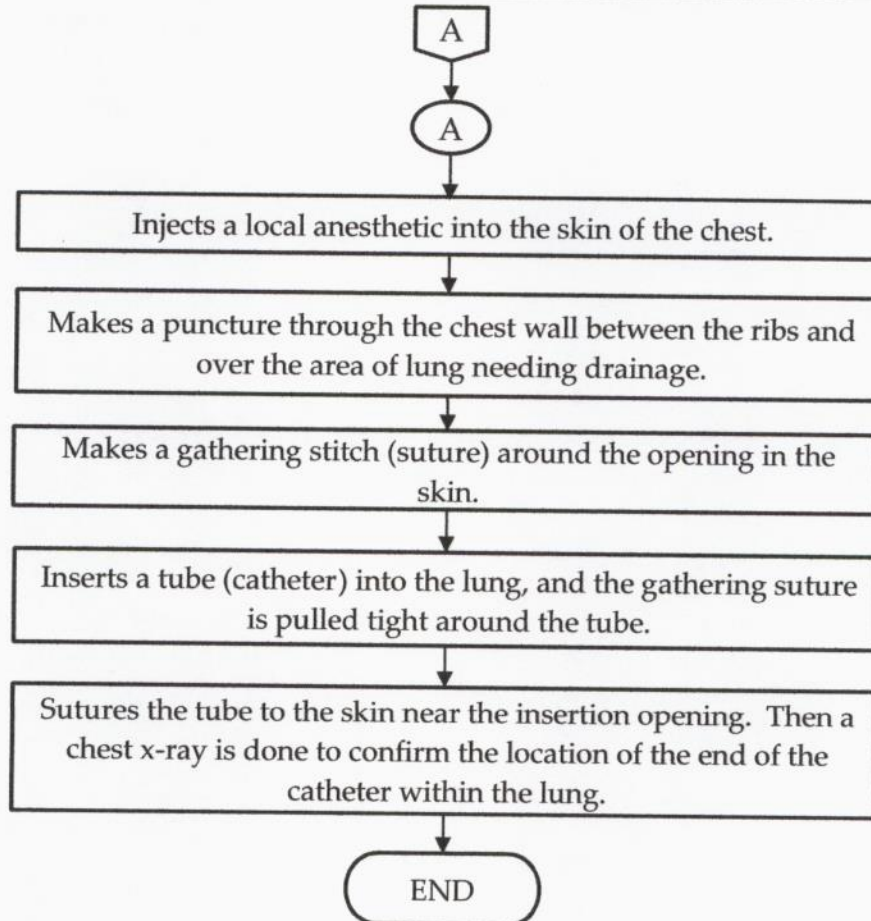





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MEMORIAL HOSPITAL






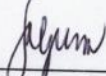
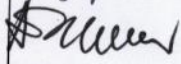
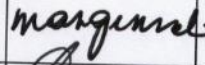

B.S. Aquino Drive,
Bacolod City,
Negros Occidental,
6100

Document Code:	DPOTMH-I-29-P01-FC05
Effective Date:	09-30-2021
Document Type:	Flowchart
Page Number:	2 of 3
Department/Section:	Neonatal Intensive Care Unit
Document Title:	ASSISTING IN NEONATAL CHEST TUBE PLACEMENT



 <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p> <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p>	Document Code:	DPOTMH-I-29-P01-FC05
	Effective Date:	09-30-2021
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	Page Number:	3 of 3
	Department/Section:	Neonatal Intensive Care Unit
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Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		2/12/22