

What You Need to Know About – NICU (C7, C8 & W8)

Neonatal Intensive Care Unit (C7, C8 & W8)

The Neonatal Intensive Care Unit is a 70-bed level IV unit designed for the individualized care of critically ill newborns and their families from admission to discharge. These infants are admitted from a diverse geographical area with a variety medical and or surgical need. These infants and families are cared for by a unique blend of interdisciplinary caregivers: neonatal nurses, neonatal nurse practitioners, lactation consultants, physicians, OT/PT and speech therapists, respiratory care practitioners, social workers, dieticians and internal case managers. The space is designed in suites with animal and color designations. W8: Purple Owl and Yellow Duck, C8: Blue Bear and Orange Fox, C7: Pink Bunny and Green Deer.

Location & Phone	W8, C8 and C7 / W8 charge phone 76182, C8 charge phone 76183, C7 charge phone 76184, Lead charge phone number 76181, HUC 68508
Getting Assignment	W8 HUC desk. Your resources throughout your shift are your charge RN and the suite liaison (who is highlighted on the Team reference sheet).
Getting Report	1:1 at bedside Epic- change Dept to "NICU"
Vital Signs I&O IV checks	<ul style="list-style-type: none"> • Check Epic for patient specifics-VS frequency varies. Use CC alarms flow sheet to doc alarm limits. • Temps are taken axillary. Infants in giraffes or incubators—both skin and air temp are important and documented hourly. <u>Any temperature less than 36.5 needs intervention; see resource for assistance.</u> • Weights on PMs or Nights daily. Sat night also obtain height and OFC. • Clear pumps at 0600, 1400, and 2200. • All diapers are weighed and output recorded in the column diaper weight with urine • Stools are documented as an occurrence and described in the description section • TPN, IL and fluids changed after Pharmacy delivery, first half of PM shift. If you have a PIV, you will prime fluids in the medication room on the clean work surface. IL also changed Q12hrs on nights. • Daily CHG treatments are performed on all infants with CVAD's who are \geq 37 weeks gestation. • Ask resource RN about flush volumes for IV meds or NGs • NICU uses N-PASS tool for pain and sedation scoring. Need to wrench in "NICU Comfort" flowsheet
Feedings	<ul style="list-style-type: none"> • Babies who are fed orally have their feedings documented on the "Cue Based feeding" Doc flowsheet. • Babies who are stable are held while gaviged (unless on pump for long duration). • All breast milk will be delivered to your bedside and is scanned in Timeless. Please be mindful of expiration dates/times and order of feeding. • Intermittent feeding tubes are flushed with air and not water. • NG tubes are changed every Tuesday on day shift. Verify placement by measurement
Medication Administration & Classification	<ul style="list-style-type: none"> • Small volume medications: must dilute to a minimum volume of 0.5 ml to place on pump. RN administers Ampicillin via 5-minute push method for CVLs and on syringe pump for PIVs (see suite reference binder located in cabinets near the tube station).
Supplies	<ul style="list-style-type: none"> • In bedside cart in each patient's room, replenish using the restock cart at 1400 and 0200. • Satellite supply rooms in each suite, one central supply on W8.

Monitors	<p>Alarm Limits:</p> <ul style="list-style-type: none"> • GE carescape has 5 profiles. Chose the profile according to the patient.
Alert System	<ul style="list-style-type: none"> • Swipe card access only to unit: may obtain float badge from Charge Nurse • Raulands 5, GE mobile viewer and Duty assignment client (brady alarms go to Ascom phones). • “Staff Assist” alert goes to nurses in suite and RCP. Press “code” button in the room if patient needs full provider response. • Dial 88 if you feel threatened in an emergency. Panic buttons located below lower counter on the internal end of admin workstations in each suite. • Safe rooms are all supply rooms in the NICU
Family visitation	<ul style="list-style-type: none"> • Parents and grandparents may visit 24/7 • All families have a password that they have to give prior to giving them information (not name & DOB) • Visitors under the age of 18 must be siblings and are allowed to visit 08-2000. • All other visitors 08-2000 • All patient rooms have an Angel Eye camera; this can be turned on and directed to only the patient. Camera should be shut off during cares. If the red light is flashing, the family is viewing their baby. • Patient side curtains must remain tied back at all times unless a procedure is taking place and health care providers are in the room. • The sliding glass patient room doors must also remain at least half way open at all times for visibility and audibility. Patient side curtains must remain tied back at all times unless a procedure is taking place and health care providers are in the room. • The sliding glass patient room doors must also remain at least half way open at all times for visibility and audibility.
Other	<ul style="list-style-type: none"> • Medical coverage – there is usually someone in the unit at all times, if not, they are in-house and available on pager or phone. You may use the “Team Reference Sheet” to access phone numbers and see which provider is the contact for your patient. • Neonatal Nurse Practitioners 24 hour coverage • Residents • Neonatal Fellows • Neonatologists 24 hour coverage • Nurse Call/Wireless phone system – wireless phone is main means of communication within NICU; each RN carries a wireless phone. We do not use the Voalte platform. <p>Personal cell phones are prohibited from being out in the patient room. Personal cell phones can be used only when viewing your calendar. If prolonged interaction is needed, you must go to an off stage area.</p>

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