

What You Need to Know About Neonatal Intensive Care Unit (C7, C8 & W8)

Location / phone #	The NICU includes W8, C8 and C7. All floor plate charge RNs can be found in Voalte directory. Lead Charge phone number is 404-1950. HUC desk phone number is 266-8508.
Getting Assignment	W8 HUC desk at any time or staff lounge at 0700 and 1900. Your resources throughout your shift are your charge RN and the suite liaison. The suite liaison is identified in Voalte or not the phone reference sheet highlighted in yellow.
Bare Below The Elbows/Infection Prevention	<ul style="list-style-type: none"> • All staff must complete a 2-minute scrub at the start of their shift with the CHG scrub brushes found at all scrub sinks. • All staff must be bare-below-the-elbows, this includes, rings, bracelets and watches. If a ring cannot be physically removed, new clean gloves must be worn for each patient interaction, after hands have been scrubbed. • If you are wearing long sleeves they must be pushed up during patient care. • Hand hygiene must be performed upon entering a patient room and upon leaving a patient room. • Use the stethoscope assigned to the patient/room. • Use an additional barrier for all NICU patient care by draping a clean blanket over your shoulder, torso and/or lap for any interaction where you are holding a patient (e.g., feeding, rocking or calming, developmental interaction) to add a barrier between your clothes and each patient. • In accordance with the Children’s Wisconsin Dress Code policy, keep nail tips less than ¼ inch long. No artificial nails, enhancements or acrylic overlays of any length are allowed.
Getting Report	1:1 outside of patient room.
Vital Signs IV checks I&O	<ul style="list-style-type: none"> • Check Epic for patient specifics – VS and assessment frequency varies. • Temps are taken axillary. Infants in giraffes or incubators—both skin and air temp are important and documented hourly. <i>Any axillary temperature less than 36.5 needs intervention; see thermoregulation resource for assistance.</i> • Weights are done daily on PMs or Nights. On Saturday night also obtain height with stadiometer and OFC with tape measure. • Clear IV pumps and continuous feeding 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 delivers them, typically the first half of PM shift. If you have a PIV, you will prime fluids in the satellite pharmacy/medication rooms within each suite should it be time for a tubing change or if your fluid order is changed. Be sure to clean work surface. • 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 PO feeding should be held. • Babies should eat within a half hour window before or after their scheduled feed time. This depends on their cues. • Babies who have a stable airway should be held while gavage or for some portion of time during their pump feeding. • All breast milk will be delivered to your bedside and need to be scanned in Timeless. Breastmilk is treated like a medication. Please be mindful of expiration dates/times and order of feeding syringes/bottles delivered. • Intermittent feeding tubes are flushed with air and not water. • NG tubes are changed every Tuesday on day shift.
Medication Administration	<ul style="list-style-type: none"> • Small volume parental medications: must be diluted 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 the bedside cart in each patient’s room, with the suite restock cart (stored in the supply room); replenish only items that are being used. Restock cart should be brought out into the suite at 1400 and 0200.
Monitors	<u>Alarm Limits:</u> Phillips monitors should be set to the appropriate profile for the patient’s age.
Alert System	<p>Raulands 5, will alert with any overtime alarms, call lights, staff assist or codes. All alarms must be acknowledged in the room or they will alert Voalte phones.</p> <ul style="list-style-type: none"> • “Staff Assist” alert goes to nurses in suite, floor plate charge nurse and RCP. • Press “code” button in the room if patient needs full provider response. • Code button will also bring pharmacy to the bedside.

	<ul style="list-style-type: none"> • Dial 88 if you feel threatened in an emergency. Panic buttons are 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/ Phone Updates	<ul style="list-style-type: none"> • Parents and grandparents may visit 24/7 • Four visitors are allowed at a time in the room including the parents. • Visitors under the age of 18 must be siblings to the patient and are allowed to visit from 0800-2000 only. • All other approved visitors are from 0800-2000. • All families have a password that they have to give prior to giving them information over the phone (not name & DOB). The password can be found on the patient's sticky note in Epic. • All patient rooms have an Angel Eye camera; this can be turned on and directed only to the patient during non-care times. Camera should be shut off during cares. Curtains closest to the patient room door 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 in order to see and hear what is going on in the room.
Other	<p>Medical coverage –Providers are available on Voalte. If your communication requires the provider to come look at the patient, please call them. Texting should be used as an FYI only. The providers covering your patient are listed in Volate. You may also use the “Phone Reference Sheet” to access phone numbers and see which provider is the contact for your patient.</p> <ul style="list-style-type: none"> • Neonatal Nurse Practitioners 24 hour coverage; there are usually two on overnight. • Residents; there is usually one on overnight. • Neonatal Fellows; there is always one on overnight. • Neonatologists 24 hour coverage; there is always one on overnight. • During the day, there are multiple providers on throughout the unit. Providers are divided up by teams. Again; you can find your patient's provider by seeing who is signed into your patient on Voalte. <p>***Personal cell phones are prohibited from being out in the patient room. Personal cell phones can be used only when viewing your calendar or approving an Imprivata request to access Children's apps on a work computer. Personal devices should not be out to watch movies, text or engage on social media. If prolonged interaction is needed, you must go to an off stage area. Please excuse yourself and ask someone to watch your patients***</p>

Neonatal Intensive Care Unit (NICU)

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.

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