

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

### **Neonatal Intensive Care Unit (C3 & 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 of medical and/or surgical needs. 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, dietitians 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.

<b>Location</b>	Center Tower, 7 <sup>th</sup> and 8 <sup>th</sup> floor and West Tower, 8 <sup>th</sup> floor
<b>Getting Assignment</b>	7 am and 7 pm W8 staff lounge; all other times W8 HUC desk
<b>Getting Report</b>	1:1 at bedside
<b>Vital Signs I&amp;O IV checks</b>	<ul style="list-style-type: none"> <li>• Check Epic for patient specifics</li> <li>• VS vary - temps axillary. Infants in giraffes or incubators—both skin and air temp is important and documented hourly.</li> <li>• Clear pumps at 0600, 1400, and 2200</li> <li>• All diapers are weighed and output recorded in the column “diaper weight with urine”</li> <li>• Stools are documented as an occurrence and described in the description section</li> <li>• TPN, IL and fluids changed after Pharmacy delivery, first half of PM shift. If you have a PIV, ask a NICU RN to help prime in the Medication Room.</li> <li>• Weights on PMs or Nocs daily. Sat night height and OFC also.</li> <li>• PIV site assessed and documented hourly. If capped, flush every 8 hours with normal saline.</li> <li>• CVAD dressing and site assessment q 4 hours or more frequently if needed. Know where the tip of your line is located. Watch for infiltrates.</li> <li>• CVAD nurse champions assess all CVADs on Tuesday nights and perform necessary dressing changes with your assistance.</li> <li>• Capped second lumens of PICCs and UVCs are hep-locked Q8hrs.</li> <li>• Thermometers are docked on the wall. You need to pull the probe before pulling the unit out of the base. This is a security feature. You will get an error message. If you do this, put the unit back in the base and it will reset.</li> <li>• Ask resource RN about flush volumes for IV meds or NGs</li> </ul>
<b>Feedings</b>	<ul style="list-style-type: none"> <li>• Babies who are fed orally have their feedings documented on the “Cue Based feeding” Doc flowsheet</li> <li>• Babies who are stable are held while gavage (unless on pump for long duration)</li> <li>• Breast milk is scanned in Timeless. You can simply call the IS Help desk to request login access. The Timeless application is found within Epic at the top of your screen under the heading “IP RN References”.</li> <li>• All breast milk will be delivered to your bedside. Please be mindful of expiration dates/times.</li> </ul>
<b>Labs</b>	<ul style="list-style-type: none"> <li>• Lab does all lab draws except for arterial lines. Consult assistance from Resource RN if you are not familiar with the “drip method” for peripheral arterial lines.</li> <li>• Bedside glucose checks are referred to as “dexis”</li> </ul>

<b>Medication Administration &amp; Classification</b>	<ul style="list-style-type: none"> <li>• Each patient room has a badge-access medication drawer with individual patient medications</li> <li>• Small volume medications: must dilute to a minimum volume of 0.5 ml to place on pump. RN dilutes ampicillin in Medication room and administers via 5-minute push method for CVLs and on syringe pump for PIVs (see Suite reference binder)</li> </ul>
<b>Supplies</b>	<p>In bedside cart in each patient's room</p> <p><b>Stock own bedside cart using the Restock Cart at 1400 and 0200</b> with supplies that patient will use for the next 12-14 hours.</p> <p>Satellite supply rooms in each suite, One Main central supply on W8</p>
<b>Monitors</b>	<p><u>Alarm Limits:</u></p> <ul style="list-style-type: none"> <li>• GE carescape has 5 profiles. Chose the profile according to the patient.</li> </ul>
<b>Alert System</b>	<ul style="list-style-type: none"> <li>• Swipe card access only to unit: may obtain float badge from Charge Nurse</li> <li>• Raulands 5, GE mobile viewer and Duty assignment client (brady alarms go to phones)</li> <li>• Press code button in the room if patient needs immediate assistance.</li> <li>• Panic buttons at each admin work station in each suite, "Security" on Raulands staff terminal (message to phones only), or Dial 88 if you feel threatened in an emergency.</li> </ul>
<b>Other</b>	<p>Medical coverage – there is usually someone in the unit at all times, if not, they are in-house and available on pager. You may use the "Team Reference Sheet" to access phone numbers and see which provider is the contact for your patient</p> <ul style="list-style-type: none"> <li>• Neonatal Nurse Practitioners 24 hour coverage</li> <li>• Residents</li> <li>• Neonatal Fellows</li> <li>• Neonatologists 24 hour coverage</li> <li>• Nurse Call/Wireless phone system – wireless phone is main means of communication within NICU; each RN carries a wireless phone</li> </ul>

<b>Supervisors</b>	<b>Shift</b>	<b>Voicemail</b>
Kari Fixel, RN	Administrative	<b>63937</b>
Katie Zazworskey, RN	Administrative	<b>66155</b>
Cheryl Weber, RN	Lactation and milk kitchen	<b>62961</b>
Sarah Antczak, RN	PMs -WE	<b>63527</b>
Kara Schwobe	Days/pms	<b>62918</b>
Tiffany Fabian	Pm/nights	<b>64109</b>
Lisa Van Dyken	Days	<b>66095</b>
<b>Director</b>		
Sarah Currie		<b>64100</b>
<b>CNS</b>		
Ann Grippe		<b>62178</b>
Genesee Hornung		<b>78228</b>