



Neonatal Admission, Discharge and Transfer Procedure

Effective: 11 May 2017

1. Guiding Principles

Wherever possible, neonates requiring specialist intensive care are to be transferred in utero and born at a tertiary health facility that is able to provide the appropriate level of care. National accreditation of a Level 2A (WA Clinical Service Framework Level 4) neonatal facility at Bunbury hospital requires service definition and an agreed admission criteria.

2. Procedure

As per the current Admission, Readmission, Discharge and Transfer Policy for WA Health Services a newborn is classified as **Unqualified** or **Qualified**.

Unqualified Newborn is a patient that is nine days old or less at the time of admission but does **not** meet the criteria to be qualified.

Qualified Newborn is a patient that is nine days old or less at the time of admission and meets **at least one (1)** of the admission criteria.

2.1 Admission criteria for Special Care Nursery:

- Resuscitation at birth +/- Apgar ≤ 6 at 5 minutes.
- Any continuous monitoring (SaO₂, cardio-respiratory monitoring).
- Any phototherapy.
- Suspected sepsis requiring screen and treat.
- Poor feeding requiring enteral or parenteral nutrition.
- Treatment for hypoglycaemia.
- Neonatal Abstinence Syndrome (NAS) scoring.
- Short term ventilation via Continuous Positive Airway Pressure (CPAP) < 6 hours, or mechanical ventilation prior to transfer to tertiary care (Clinical Service Framework Level 6).
- Other congenital, medical or surgical conditions requiring further investigation.
- Any neonate previously unqualified with clinical deterioration following post birth observations.
- Second or subsequent infant in a multiple birth.
- Admission for end of life care as requested by parents/guardian.
- Admission for care in absence of a parent or guardian.

All neonates who meet the admission criteria are to be admitted to the Bunbury Hospital Special Care Nursery (SCN) facility after consultation with the on call Paediatrician.

The admitting Paediatrician is to complete the Neonatal Certificate for Admission to Level 2 Special Care Nursery (MR78B WACHS SW) and document in BOSSnet the plan of care.

Some babies may be nursed with their mother, dependent on care needs, clinical assessment as determined by, and documented by, the on call Paediatrician.

The primary midwife must document the date and time of admission to Special Care Nursery in the Stork Perinatal Database and in BOSSnet.

2.2 Admission procedure for Special Care Nursery at Bunbury Hospital

It is the responsibility of the primary midwife caring for the neonate to give a clinical ISOBAR handover to the Special Care Nursery midwife/nurse including:

- A detailed history of the birth and relevant pre/perinatal events.
- Ensure resuscitation equipment is available and functioning correctly.
- Ascertain if there is a need to isolate the infant.
- Check the infant's arm band identification number matches that of the mother, ensure printed ID sticker on name tag.
- Weigh the neonate to provide a baseline on which to calculate fluids/feeds/drug doses.
- If practical, complete head circumference and length – may be done later if clinical condition warrants.
- Check whether the neonate has voided or passed meconium since birth.
- Cord clamp is in place, there is no ooze and the skin is intact.
- Confirm the mother's preferred method of feeding. Obtain written consent for the use of breast milk substitute when medically indicated.
- Provide family with consumer pamphlet 'Welcome to the Level 2 Nursery at Bunbury Hospital'.
- Administration of Vitamin K. If not given, confirm written parental consent prior to administration.
- Confirm maternal Hepatitis status, Group B Streptococcus status, blood group and any abnormal ultrasound or test results.
- Document observations as per:
 - KEMH [Recognising and Responding to Clinical Deterioration guideline](#)
 - KEMH [Monitoring Observation and Frequency guideline](#)
 - WACHS [Recognition and Management of Newborn at Clinical Risk Policy](#) and
 - as requested by the Paediatrician via [MR140D Newborn Observation and Response Chart \(N-ORC\)](#)
- Prepare to administer other prescribed medications as ordered/ assist obtaining specimens for laboratory investigations.
- Commence fluids or feeds as early as possible, preferably within 2 hours of birth
- Respiratory compromised neonates are only to be fed enterally if their condition allows.
- Check blood glucose level pre- second feed or two (2) hours after commencement of IV fluids.

2.3 Staffing of the Special Care Nursery

There is to be a midwife/neonatal nurse/experienced registered nurse rostered to the nursery on each shift (unless there are no special care nursery (SCN) babies when they can be deployed to other duties).

The staffing ratio is 1: 4 neonates, except where the Paediatricians specify 1:1 care for very unwell babies or those awaiting transfer.

The allocated nursery staff member is also responsible for routine checking of equipment and nursery supplies each shift.

All staff that are allocated to the nursery are to have annual competency in Neonatal Resuscitation.

Staff caring for neonates on Continuous Positive Airway Pressure (CPAP) are required to have successfully completed the Queensland Health Clinical Learning Resource for neonatal respiratory distress including CPAP available on WACHS Learning Management System (or given recognition for prior learning).

WACHS [Neonatal and Paediatric Continuous Positive Airway Pressure \(CPAP\) Guideline](#)

2.4 Equipment

The resuscitation equipment/admission set-up is to be prepared/checked prior to admitting an infant. This includes:

- A warmer, pre-warmed incubator or open cot.
- Stethoscope.
- Cardiopulmonary monitoring, blood pressure – appropriate sized cuffs available.
- Cardio-respiratory monitoring.
- Thermometer.
- Appropriate clothing.
- Scales/ measuring tape.
- Admission paperwork.
- Infusion pump or syringe pump set to Neonatal pressures.
- Equipment for peripheral IV access.
- Equipment for septic screen.

2.5 Documentation

Compulsory documentation to be completed includes:

- Neonatal Certificate for Admission to Level 2 SCN (WACHS SW MR78B).
- [MR140D Newborn Observation and Response Chart \(N-ORC\)](#)
- [MR75 WACHS Newborn Care Plan](#)
- [MR124A WACHS Glamorgan Paediatric and Neonatal Pressure Injury Risk Assessment](#)
- Enter admission date, time and indication into Stork perinatal database.
- Enter admission information into electronic (ICM) handover sheet.

Routine Documentation (from birth):

- [MR170D National Inpatient Medication Chart - Paediatric Short Stay](#)
 - Vitamin K given.
 - Hepatitis B Vaccine given.
- Document in BOSSnet
- “All About Me” Personal Health Record (Purple Child Health book).
- Centre Link form.
- Birth Registration form.

Optional documentation (may be required upon or during course of admission):

- Neonatal Resuscitation and Code Blue Record (WACHS SW MR76)
- [MR176P WACHS Neonatal / Paediatric Intravenous Fluid Treatment Form](#)
- [MR144P WACHS Neonatal / Paediatric Fluid Balance Worksheet](#)
- [MR142 WACHS Neonatal / Paediatric Respiratory Observation Chart](#)
- Neonatal abstinence chart (WACHS SW MR78C)
- [MR184 WACHS Inter-hospital Clinical Handover Form](#)
- NETSWA / RFDS transfer documentation

2.6 Discharge

The Paediatrician is to document in the BOSSnet when the newborn is no longer qualified and ensure the Neonatal Certificate for Admission to Level 11 Special Care Nursery WACHS SW MR 78B is signed and NaCS discharge summary is completed.

If a newborn may ‘room in’ with mother but remains **qualified** the Paediatrician is required to document this in BOSSnet.

The midwife is required to document the date and time of discharge from Special Care Nursery in the Stork Perinatal database, on the MR 78B and inform the ward clerk (or admissions after hours) of the change to baby status from **qualified** to **unqualified** or discharge home.

Any equipment that was used in the care of the baby is cleaned appropriately, checked and prepared ready for use again.

2.6 Neonatal Transfer to Tertiary Care

The midwife is to complete the ‘Baby Details’ in the Stork Perinatal Database and, if necessary for RFDS transfer, the flight referral form. A sample of maternal clotted blood and the placenta are to accompany the baby to KEMH/PMH and stored in pathology. WACHS [Assessment and Management of Interhospital Patient Transfers Policy](#).

2.6.1 Maternal accommodation in Perth

Option one:

- Princess Margaret Hospital (PMH) have accommodation units with a daily visiting midwife service.
- The mother must be independent and self-caring (min 72 hours post Caesarean).
- Arrange via PMH bed manager.

Option two:

- A postnatal bed may be available in King Edward Memorial Hospital (KEMH) for those babies that were transferred to KEMH.
- A bed may be available in Agnes Walsh House for mother with babies in either KEMH or PMH with the mother needing to organise her own transport to PMH.
- The doctor will need to arrange a medical transfer for mother.
- Confirm bed availability with the KEMH after hours nurse manager via 6458 2222.

Option three:

- If the mother chooses to stay with relatives in Perth metro:
 - A. KEMH home visiting service (VMS) may do postnatal checks if within range
 - VMS referral can be made via KEMH Clinical Nurse Manager 6458 2222
 - B. Mother may be able to visit KEMH ED for daily assessment
 - Daily ED assessment can be arranged via KEMH Clinical Nurse Manager through switchboard 9458 2222.
 - C. If the baby is at PMH and the mother is visiting each day, the PMH midwife can do a postnatal assessment (arrange via NICU staff).

2.7 Neonatal Transfer from Princess Margaret Hospital/King Edward Memorial Hospital

- Shift coordinator receives request from either PMH/KEMH.
- Coordinator confirms that the baby has been accepted for care by the on call Paediatrician.
- Coordinator confirms availability of a bed for the baby in the SCN or a bed on the ward for both mother and baby (if baby does not require SCN2 care), and arranges the date and time for transfer.
- Coordinator confirms bed requirements for mother. (see below 5.1).
- Coordinator receives the clinical handover, records this on the Inter Hospital transfer documentation (MR 184) and places the documented handover on the Patient Journey Board so subsequent coordinators are aware of the planned transfer.
- Coordinator to ascertain whether mother is tube feed competent.
- Baby readmission documented into Stork 'Infant Next Admission'.

2.7.1 Maternal accommodation options at Bunbury

- If the baby requires continued care in the CSF Level 4 (SCN 2) Nursery
 - If mother is local to hospital – remain at home and visit babe in nursery to feed/express/mothercraft etc.
 - If mother lives out of town – there maybe the option of a residential unit within the hospital and come to the nursery to feed/express/mothercraft.
 - Provide mother with list of cheap accommodation options in Bunbury, provided she has transport.
- When the baby is ready to transition to home:
 - Mother can be offered a day/night as an essential border in a ward bed to assist with mothercrafting (patient choice.)

3. Definitions

BSL	Blood Sugar Level
CPAP	Continuous Positive Airway Pressure
CSF	Clinical Service Framework
ICM	iClinical Manager
IV	Intravenous Fluids
KEMH	King Edward Memorial Hospital for Women
NETSWA	Newborn Emergency Transport Service WA
NICU	Neonatal Intensive Care Unit
PGL	Plasma Glucose Level
PMH	Princess Margaret Hospital for Children
RFDS	Royal Flying Doctor Service
SaO2	Oxygen Saturation
SBR	Serum Bilirubin Rate
UMRN	Unit Medical Record Number
VMS	Visiting Midwifery Service

4. Roles and Responsibilities

All Staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

5. Compliance

This policy is a mandatory requirement under the [Health Services Act 2016](#) (HSA). Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Evaluation

- a. This procedure is to be reviewed by the Paediatric Advisory Committee (PAC) every two years or as required.
- b. All SCN admissions and transfers are to be audited monthly via Stork and reported to the Obstetric Advisory Committee and the Paediatric Advisory Committee meetings.
- c. Compliance with Paediatrician documenting admission status on the MR78B is to occur monthly until 100% achieved.

7. Standards

List the relevant [National Safety and Quality Health Care Standards](#)
1.1, 1.1.2, 1.2, 1.4, 1.4.1, 1.4.2, 1.4.3, 1.4.4, 2.1

8. Legislation

[Health Services Act 2016](#) (HSA)

9. References

1. Women's and Newborn's Health Network "Framework for the care of neonates in Western Australia' March 2009,
[Framework for the Care of Neonates in WA.pdf](#)
2. Commonwealth of Australia Circular (1999), '*Neonatal Facilities for the treatment of newly born children approval under the Health Insurance Act 1973*' HBF 583/PH 340.
3. Broome Regional Hospital, Admission to special care nursery' Site instruction 2010
4. WA Health [Admission Readmission Discharge and Transfer Policy for WA Health Services \(2014\)](#)
5. NCCU Clinical Guidelines. [Admission to NICU:Level of Care](#). King Edward Memorial Hospital for Women. Last update June 2016.

10. Related Forms

Neonatal Certificate for Admission to Level 2 SCN (WACHS SW MR78B)

[MR140D Newborn Observation and Response Chart \(N-ORC\)](#)

[MR75 WACHS Newborn Care Plan](#)

[MR124A WACHS Glamorgan Paediatric and Neonatal Pressure Injury Risk Assessment](#)

[MR170D National Inpatient Medication Chart - Paediatric Short Stay](#)

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[MR142 WACHS Neonatal / Paediatric Respiratory Observation Chart](#)

Neonatal abstinence chart (WACHS SW MR78C)

[MR184 WACHS Inter-hospital Clinical Handover Form](#)

11. Related Policy Documents

WACHS [Neonatal and Paediatric Continuous Positive Airway Pressure \(CPAP\) Guideline](#)

WACHS [Recognition and Management of Newborn at Clinical Risk Policy](#)

WACHS [Assessment and Management of Interhospital Patient Transfers Policy](#)

WACHS [Documentation Clinical Practice Standard](#)

WACHS [King Edward Memorial Hospital \(KEMH\) Resources - Endorsed for Use in Clinical Practice Policy](#)

KEMH [Recognising and Responding to Clinical Deterioration Guideline](#)

KEMH [Monitoring Observation and Frequency Guideline](#)

12. Related WA Health Policies

WA Health [Operational Directive OD 0501/14 Clinical Deterioration Policy](#)

WA Health [Operational Directive OD 0484/14 Clinical Handover Policy](#)

13. WA Health Policy Framework

[Clinical Governance, Safety and Quality Policy Framework.](#)

**This document can be made available in alternative formats
on request for a person with a disability**

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