| Institutional Handbook of Operating Procedures<br>Policy 09.01.10 | |
|---|---|
| Section: Clinical Policies | Responsible Vice President: EVP & COO Clinical Enterprise |
| Subject: Admission, Discharge, and Transfer | Responsible Entity: Neonatal Nurseries |

## I. Title

*Admission, Discharge, and Transfer Criteria - Neonatal Intensive Care Unit (NICU)*

## II. Policy

The Attending Faculty Physician (or designee) will evaluate the neonates for the need to admit, transfer, or discharge. Factors to consider are available space, patient acuity, and nursing staffing pattern.

The faculty on-call (or designee), in collaboration with the charge nurse, is accountable for admissions to the NICU. When a patient is admitted to the NICU, the complete medical care of the patient is transferred to the NICU team.

Requests for transfer to UTMB must come through the Patient Placement Center (PPC). The Attending Neonatologist and the Nurse Manager will be consulted prior to acceptance or refusal of a neonatal admission or transfer from outside UTMB.

All patient transfers and discharges require a physician's transfer/discharge note and a physician's order that includes medication, treatments, and necessary lab requests.

## III. Procedure

### A. Admission to the NICU:

1. Candidates for admission to the NICU are neonates requiring comprehensive and/or subspecialty care with the staff and equipment available to provide continuous monitoring, intervention, and sustained life support.
2. Specific candidates for admission to the NICU are neonates:
   a. With vital signs outside of the expected parameters requiring monitoring and/or intervention;
   b. With respiratory disease process requiring respiratory support >4 hours in duration;
   c. Requiring ECMO;
   d. With severe hyperbilirubinemia requiring escalation of care, IV fluids, or an exchange transfusion;
   e. Requiring continuous IV and medication therapy;
   f. With pneumothorax requiring medical management by thoracentesis or chest tube;
   g. Requiring the placement of UAC, UVC, Broviac and percutaneous lines;
   h. With surgical emergencies such as omphalocele, meningomyelocele, gastroschisis, imperforate anus, and tracheoesophageal fistula;
   i. With multiple congenital anomalies requiring extensive therapy;
   j. With severe hypoglycemia;

k. Experiencing seizure activity; or
l. Whose medical care needs cannot be met in the referring nursery.
m. Liveborn Neonates in the periviable period:
   i. If the neonate has a heartbeat with or without other signs of life, the neonate is considered live-born and should be admitted to the NICU.
   ii. Initial assessment will include temperature, heart rate, respirations, birth weight and gestational age.

**B. Acceptance and Admission to the NICU of a Neonate born at an Outside or Referring Institution**

1. Neonate meets above criteria.
2. Transfer and bed assignment is contingent upon:
   a. space availability,
   b. patient acuity, and
   c. nursing staffing patterns.
3. Attending Neonatologist and Nurse Manager/Charge Nurse will confer on accepting the neonate. The Neonatologist will make the final decision to accept neonate.
4. Information to be sent with the transferred neonate is:
   a. Copies of the neonate's and mother's chart,
   b. X-rays, and
   c. Signed consent for transfer and treatment
5. If the neonate is not accepted for transfer, the Neonatologist will request pertinent information concerning the neonate's condition and give the referring physician phone numbers to other Neonatal Units and specific Transfer Centers.

**C. Re-Admissions to NICU**

The NICU does not routinely accept patients who have been discharged home after the birth hospitalization. However, the attending neonatologist in the NICU may accept neonates discharged from UTMB who need the special services unique to the NICU. This decision will be made in consultation with nurse management.

**D. Transfer to Referring Hospital**

Neonates transferred to the NICU are eligible for transfer back to their referring hospitals. They must meet the following criteria:

1. Parental consent has been obtained;
2. The referring hospital can provide the level of care needed by the neonate; and
3. The Neonate is accepted by a physician at the referral hospital.
4. The following will be sent with the neonate:
   a. Consent for transfer,
   b. Copy of neonate's chart with discharge summary and copy of progress notes,
   c. Medication Administration Report,
   d. Handoff Report,
   e. Memorandum of transfer, and
   f. Summary of teaching needs.

**E. Transfer to Pediatric Medical and Surgical Service**

1. Neonates who are eligible for transfer to Pediatric medical and surgical services shall also have the approval of the neonatology faculty physician prior to transfer.
2. Neonates eligible for transfer to Pediatric medical and surgical services are those neonates with a stable chronic illness who require extensive time and teaching prior to

discharge, and infants requiring presence of their authorized care giver at their bedside 24 hours a day to learn their care.

3. The criteria for transfer are as follows:
   a. Continuous cardiorespiratory monitoring is not required,
   b. Weight is greater than 1850 grams, and
   c. Stable nutritional status
4. Examples include: infants with Chronic Lung Disease and who are going home on oxygen and/or PO medications, Infants going home with an enterostomy, gastrostomy or an indwelling feeding tube, Infants whose authorized care givers and need additional time at the bedside to receive the necessary teaching, and Infants going home with a tracheostomy or a home ventilator.
5. Infants must be accepted by the faculty responsible for Pediatric Medical and Surgical service.
6. Neonates who are term and require an extended stay beyond the mother's postpartum stay may also be eligible for transfer to Pediatric Medical and Surgical service so that the mother can stay with her baby.

## F. Procedure for Transferring Infants to Pediatric Medical and Surgical service

| Role | Responsibility |
|---|---|
| NNP,<br>Care manager,<br>Charge Nurse | • Aids physicians in selecting neonates who may benefit from transfer to Pediatric Med/Surg.<br>• Calls Pediatric Med/Surg for bed space.<br>• NP/Provider calls PPC to notify of transfer need for bed in Pedi Med/Surg.<br>• Calls parents to notify of intent to transfer infant.<br>• Gives Charge Nurse infant's name and a short report. |
| Charge Nurse in Pediatric Med/Surg | • Checks with Pediatric Med/Surg Faculty for available bed space.<br>• Notifies faculty of infant status.<br>• Gets bed ready. |
| Pediatric Med/Surg Physician | • Goes to NICU to assess the neonate (optional).<br>• Accepts neonate.<br>• Writes acceptance note.<br>• Notifies the Pediatric unit Charge Nurse of patient acceptance. |
| NC or Transport Nurse | • Notifies physicians/NP to write provider transfer note and orders.<br>• Nursery NC Collects and sends:<br>o Newborn Screen,<br>o Care plan,<br>o Chart, and<br>o Infant's belongings.<br>• Nursery NC calls report.<br>• Notifies HUC (Health Unit Coordinator) of physical transfer.<br>• Transfers patient to bed provided by PPC.<br>• Pediatric NC reviews report with Neonatal Transport Nurse upon patient arrival. |

### G. Discharges

Infants will be discharged from the NICU when the following criteria are met:

1. The Attending Faculty clears the infant for readiness for discharge;
2. Infant is maintaining temperature in open crib;
3. Infant is nipple feeding (or tolerating gastrostomy feeds) well enough to meet caloric intake needs for growth;
4. Discharge teaching is complete, and parents demonstrate ability to care for infant at home;
5. Parents are able to give medications correctly, work with specialty equipment if necessary, and perform any special procedures necessary for infant's care; and
6. Infant is 5-7 days without apnea or bradycardia or is free of illness.

| Role | Responsibility/Action |
|---|---|
| **Registered Nurse** | • Identify mother of the baby from I.D. bracelet and delayed discharge papers.<br>• Reviews the discharge orders written by physician.<br>• Complete discharge teaching and have mother sign.<br>• Pack infant's belongings including diapers, thermometer, toys, gift pack, formula or stored breast milk, bottles and nipples (as appropriate), bulb syringe, follow-up appointment and written teaching materials or physician's instructions, as appropriate.<br>• The RN will ensure contact with Case Management for guidance in CPS or CPS pending cases. |
| **HUC/HTA** | • Upon notification of infant's discharge, will discharge the infant from the computer and give papers to nurse. |
| **Role** | **Responsibility/Action** |
| **Registered Nurse** | • Have mother/caregiver sign computer printout for release of infant and acknowledgement of Texas State Law concerning car seats.<br>• Mother/Caregiver will also sign the last page of the discharge summary.<br>• Infant is then released to mother's/caregiver's care. |

## IV. Definitions

Nurse Clinician (NC): Registered Nurse

NICU: This is the name of the combination of the Infant Special Care Unit (NICU), the Intermediate Nursery (ISCI), Newborn Nursery (NBN), and Admission/Transition Nursery.

Attending Physician: The Faculty physicians who are in charge of the respective units for a designated period of time.

Patient Placement Center: Referred to as PPC, the Patient Placement Center assists with bed assignment for patients transferred into and out of the Neonatal Nurseries.

## V. Related UTMB Policies and Procedures

IHOP Policy 09.01.09 Delayed Discharge of Newborns
IHOP Policy 09.01.12 Interfacility Transfer of Patients from UTMB
IHOP Policy 09.01.16 Admission of Interfacility Transfer Patients

## VI. Dates Approved or Amended

| *Originated: 03/19/2015* | |
|---|---|
| *Reviewed with Substantive Changes* | *Reviewed without Substantive Changes* |
| 06/24/25 | 08/24/16 |
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## VII. Contact Information

NICU
(409) 772-2025