

<b>Institutional Handbook of Operating Procedures</b> <b>Policy 09.01.10</b>	
Section: Clinical Policies	Responsible Vice President: EVP & CEO Health System
Subject: Admission, Discharge, and Transfer	Responsible Entity: Neonatal Nurseries

**I. Title**

*Admission, Discharge, and Transfer Criteria - Neonatal Nurseries*

**II. Policy**

The Nurse Manager (or his/her designee), Attending Faculty Physician (or his/her 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 Neonatal Nurseries. When a patient is admitted to the Neonatal Nurseries, the complete medical care of the patient is transferred to the Neonatal Nurseries team.

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

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

For transfers, one of the following will write the nursing transfer note: Transport Nurse, Discharge Planning Nurse (DPN), or Nurse Clinician (NC). The note will include diagnosis, treatment, diet, consults, medications, parent teaching needs and social assessment, appointments and tests needed prior to discharge.

Prior to transfer to Pediatric Med/Surg or another facility, there will be an appointment made for the neonate to be seen in the Premie Clinic, if appropriate.

**III. Audience**

Physicians and Nursing Service Personnel

**IV. Admissions to the ISCU Level III:**

A. Specific candidates for admission from in house or from outlying nurseries to the ISCU are neonates:

1. With ineffective respiratory effort or inadequate heart rate.
2. Experiencing shock.

3. With Respiratory Distress Syndrome requiring ventilator or extended oxygen therapy.
4. Requiring ECMO.
5. With severe hyperbilirubinemia requiring an exchange transfusion.
6. Requiring extensive IV and medication therapy.
7. With pneumothorax requiring chest tubes.
8. Requiring the placement of UAC, UVC, Broviac and percutaneous lines.
9. With surgical emergencies such as omphalocele, meningomyelocele, gastroschisis, imperforate anus and tracheoesophageal fistula.
10. With multiple congenital anomalies requiring extensive therapy.
11. With severe hypoglycemia.
12. With severe hypoxia experiencing seizure activity.
13. Whose medical care needs cannot be met in the referring nursery.
14. live born Neonate:
  - a) 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 ISCU and the Admitting Office notified. Should the neonate subsequently expire, the Admitting Office should be notified of this neonatal death.
  - b) Initial assessment to include heart rate, respirations, etc., plus weight and gestational age.

**B. Admission of an outborn neonate:**

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. 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) Mothers Blood - 5 ccs
  - c) Cord blood
  - d) X-rays
  - e) Placenta
  - f) Signed permits for anticipated procedures
  - g) Permission for transfer

5. If the neonate is not accepted for transfer, then the following steps need to be taken:
  - a) 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.

**V. Re-Admissions to ISCU**

Infants may be readmitted post discharge from the Neonatal Nurseries to the ISCU if they are in need of the special services provided by ISCU. The Faculty Neonatologist makes decisions about the admission of infants with infectious diseases.

**VI. Admission to ISCI Level II**

Specific candidates for admission to Infant Special Care Intermediate are neonates who are:

1. Greater than 34 weeks' gestation and 1850 grams.
2. In stable condition.
3. Requiring IV therapy.
4. Experiencing mild to moderate hypoglycemia.
5. Requiring three to seven day IV medications or PO medication therapy.
6. Free from an infectious disease process.
7. Born outside the hospital if they meet the above criteria.
8. the decision to accept the neonate will be a joint decision between the Nurse Manager and Faculty Physician.

**VII. Admission to ISCU Level III/ISCI Level II from Transition/Admissions Nursery**

Candidates for admission from Transition/Admissions Nursery to ISCU or ISCI are neonates:

1. less than 2250 gm birth weight
2. with oxygen or other respiratory support requirements for over 2-4 hours
3. requiring continuous IV fluid infusion or IV medications for stabilization – These neonates will be monitored for a period of at least 2 hours prior to The physician making the decision to admit to ISCI or ISCU

**VIII. Transfer into ISCU Level III from ISCI/Transition/NBN**

When the neonate's condition indicates the need for procedures and/or special cares which are not routinely provided in the ISCI.

1. Neonates requiring major surgery will be admitted to the ISCU for post-surgery care.
2. Neonate's condition deteriorates and special procedures such as percutaneous line placement, UAC placement, ventilator support or chest tubes are required.

**IX. Transfer into ISCI Level II from ISCU Level III**

The neonate can be transferred to the ISCI from ISCU with the following:

1. 34 weeks gestation and at least 1850 grams
  - a) in stable condition
  - b) with a stable enterostomy or gastrostomy
  - c) on oral medications
  - d) on continuous feeds
  - e) on phototherapy
  - f) on IV therapy for medications

**X. Increased to Level II in NBN**

Neonates who are 35 weeks gestation or more that weigh 2250 and meet the following criteria:

1. on a treatment plan requiring medications for neonatal Abstinence Syndrome, OR
2. on IV therapy for medications

**XI. Transfer to Referring Hospital**

Neonates that were transferred to the Neonatal Nurseries are eligible for reverse transfer to their referring hospitals. They must meet the following criteria:

1. Parental consent has been obtained.
2. The referring hospital is capable of providing the level of care needed by the neonate.
3. 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.
  - c) Printed copy of last week of progress notes
  - d) Printed 3 day historical MAR
  - e) Printed Handoff Report
  - f) Memorandum of transfer.
  - g) List of neonate's existing and unresolved problems.
  - h) Summary of teaching needs.

**XII. Transfer to Pediatric Med/Surg**

- A. Neonates who are eligible for transfer to Pediatric Med/Surg shall also have the approval of the neonatology faculty physician prior to transfer.
- B. Neonates eligible for transfer to Pediatric Med/Surg 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.
- C. The criteria for transfer are as follows:
  1. Do not require cardiorespiratory monitoring
  2. Weight greater than 1850 grams
  3. Neonate has a stable nutritional status

4. Infants with Chronic Lung Disease and who are going home on oxygen and/or PO medications
5. Infants going home with an enterostomy, gastrostomy or an indwelling feeding tube
6. Infant whose authorized care givers and need additional time at the bedside to receive the necessary teaching
7. Infants going home with a tracheostomy or a home ventilator
8. Exceptions to these criteria may be made by the Attending Physician.

D. Infants must be accepted by the faculty responsible for Pediatric Med/Surg.

E. Neonates who are term and require an extended stay beyond the mother’s postpartum stay may also be eligible for transfer to Pediatric Med/Surg so that the mother can stay with her baby.

**XIII. Procedure for Transferring Infants to Pediatric Med/Surg**

Role	Responsibility
NNP, DPN, NC, Charge Nurse or Transport Nurse	<ol style="list-style-type: none"> <li>1. Aids physicians in selecting neonates who may benefit from transfer to Pediatric Med/Surg.</li> <li>Calls Pediatric Med/Surg for bed space.</li> <li>Calls parents to notify of intent to transfer infant.</li> <li>Gives Charge Nurse infant's name and a short report.</li> </ol>
Charge Nurse in Pediatric Med/Surg	<p>Checks with Pediatric Med/Surg Faculty for available bed space.                      Notifies faculty of infant status.                      Gets bed ready.</p>
Pediatric Med/Surg Physician	<ol style="list-style-type: none"> <li>1. Goes to ISCU/ISCI to assess the neonate.</li> <li>2. Accepts neonate.</li> <li>3. Writes acceptance note.</li> </ol> <p>Notifies the Pediatric unit Charge Nurse of patient acceptance.</p>
Nursery NP, DPN, NC or Transport Nurse	<ol style="list-style-type: none"> <li>1. Nursery NC Writes nursing transfer note.</li> <li>2. Notifies physicians/NP to write provider transfer note and orders.</li> <li>3. Nursery NC Collects and sends:                             <ul style="list-style-type: none"> <li>• Newborn Screen</li> <li>• Vaccination card</li> <li>• Care plan</li> <li>• Chart</li> <li>• Infant's belongings</li> <li>• Appointment slips</li> </ul> </li> <li>4. Nursery NC calls report.</li> <li>5. NP/Provider calls PPC to notify of transfer need for bed in Pedi Med/Surg.</li> <li>6. Nursery NC/Transport Nurse notifies HUC (Health Unit</li> </ol>

	<p>Coordinator)/PCT (Patient Care Technician) of physical transfer.</p> <ol style="list-style-type: none"> <li>7. HUC/PCT transfers patient to bed provided by PPC.</li> <li>8. Pediatric NC reviews report with Neonatal Transport Nurse upon patient arrival.</li> </ol>
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**XIV. Discharges**

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

1. The Faculty will clear the infant for readiness for discharge.
2. Infant is maintaining temperature in open crib.
3. Infant is nipple feeding 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.
6. Infant is 5-7 days without apnea or bradycardia or is free of illness.

Role	Responsibility/Action
<b>Registered Nurse</b>	<ol style="list-style-type: none"> <li>1. Identify mother of the baby from I.D. bracelet and delayed discharge papers.</li> <li>2. Reviews the discharge orders written by physician.</li> <li>3. Complete discharge teaching and have mother sign.</li> <li>4. Pack infants belongings including a 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.</li> </ol>
<b>HUC/HTA</b>	Upon notification of infant's discharge, will discharge the infant from the computer and give papers to nurse.
Role	Responsibility/Action
<b>Registered Nurse</b>	<p>Have mother/caregiver sign computer printout for release of infant and acknowledgement of Texas State Law concerning car seats. Infant is then released to mother's/caregiver's care. Mother/Caregiver will also sign the last page of the discharge summary.</p>

**XV. Procedure for Discharge of Neonate With an Apnea and Heart Monitor**

Step	Action
1	A Physician's order will be obtained for a home apnea/heart monitor. The Social Worker/Case Manager will contact a medical supply company of the parent's/caregiver's choosing.
2	The Discharge Planning Nurse will instruct the caregivers in the use of the monitor and CPR, providing time for return demonstrations of CPR.
3	The company providing the monitor will provide teaching to the family on the use of the monitor prior to discharge.
4	The Discharge Planning Nurse will instruct the caregivers when to call for emergency help (i.e., 911) or when to call their neonate's doctor.
5	The Discharge Planning Nurse/NNP will complete UTMB Neonatal Nurseries Home Apnea Monitoring Checklist and place in the chart.

**XVI. Definitions**

These definitions will help clarify the terms used in this document:

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

Level of Care:

I – Normal newborn care for the healthy, term neonate.

II – Neonatal intermediate care for newborns who weigh <2000 and are 32-35 weeks gestation and/or moderate care needs such as PIV, IV fluids, supplemental oxygen, feedings via or gastric, nasogastric, nasojejunal or gastrostomy tube, intensive phototherapy of 3 or more banks, Neonatal Abstinence Syndrome (NAS) with drug withdrawal therapy, non-invasive hemodynamic monitoring, continuous apnea/bradycardia monitoring, and sepsis evaluation and treatment.

III- Intensive care for neonates born at <1500 gms, or gestation <32 weeks, or hemodynamically unstable with complex medical conditions that require invasive therapies such as but not limited to chest tubes, ventilator support, Umbilical Artery Catheter (UAC) maintenance, Umbilical Venous Catheter (UVC) maintenance, Peripherally Inserted Central Catheter (PICC) maintenance, Central Venous Catheter (CVC) maintenance, exchange transfusion, IV pharmacological treatment for apnea/bradycardia, or central/peripheral hyperalimentation.

IV – Patients requiring ECMO (Extracorporeal Membrane Oxygenation) support are the only patients that meet Level IV criteria at UTMB.

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.

**XVII. Related UTMB Policies and Procedures**

[IHOP Policy 9.1.9 Delayed Discharge of Newborns](#)

[IHOP Policy 9.1.12 Interfacility Transfer of Patients from UTMB](#)

[IHOP Policy 9.1.16 Admission of Interfacility Transfer Patients](#)

**XVIII. Dates Approved or Amended**

<i>Originated: 03/19/2015</i>	
<i>Reviewed with Substantive Changes</i>	<i>Reviewed without Substantive Changes</i>
	08/24/16

**XIX. Contact Information**

Neonatal Nurseries  
(409) 772-5510