Neonatal Admission, Discharge and Transfer Procedure

1. Purpose

The purpose of this document is to outline the service definition and agreed admission criterion for Bunbury Hospital as a Nationally accredited Level 2A (WA Clinical Service Framework Level 4) neonatal facility.

Wherever possible, neonates requiring specialist intensive care are to be transferred in utero and born at a tertiary health facility that can provide the appropriate level of care.

2. Procedure

As per the current Australian Institute of Health and Welfare (AIHW) 'Newborn Qualification Status' 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 (SCN)

Note - this is only a guide to the level of care:

- Resuscitation at birth +/- Apgar ≤ 6 at 5 minutes.
- Infants who respond slowly to significant resuscitation +/- required external cardiac compressions during resuscitation.
- Infants who require support to transition post maternal general anaesthesia i.e. Continuous Positive Airway Pressure (CPAP) / Intermittent Positive Pressure Ventilation (IPPV) post birth.
- Infants who have significant birth trauma where there is potential for sudden deterioration and require close monitoring ie Level 2 surveillance following operative birth.
- Any continuous monitoring (SaO_2, 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 Bubble Continuous Positive Airway Pressure (BCPAP) < 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.
- Remains in hospital without his or her mother

- Is admitted to hospital without his or her mother
- Admission for end-of-life care as requested by parents/guardian.
- Neonates <37 weeks gestation +/- birthweight < 2500g
- Birthweight < 2500g

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 medical practitioner/midwife caring for the neonate to give a clinical iSoBAR handover to the Special Care Nursery midwife/nurse including:

identity	Confirm identity, check name bands against accompanying paperwork.
Situation	Indication for admission, need for isolation/infection control measures required?
observation	Vital signs, weight, head circumference, length, voided, passed mec, cord clamped.
Background	A detailed history of the birth and relevant pre/perinatal events (maternal imaging or pathology results, known fetal abnormalities). Confirm Hepatitis, Group B Streptococcus status, blood group.
Assessment	Current status of neonate on admission
Recommendation	Provide consumer brochure 'Welcome to Special Care Nursery'. Confirm current treatment plan, ongoing management, further investigations/imaging required.
Readback	Confirm information in handover.

2.3 Admitting Nurse/Midwife:

- Confirm method of feeding (consent for breast milk substitute, BMS, if medically indicated).
- Confirm administration Vitamin K (check route) and Hepatitis B vaccine consent.
- 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.
- Document observations as per:
    - CAHS Recognising and Responding to Clinical Deterioration Guideline

- CAHS Monitoring Observation and Frequency Guideline
- WACHS Recognition and Response to Acute Deterioration (RRAD) in the Newborn Policy and
- as per guideline/requested by the paediatrician via MR140D Newborn Observation and Response Chart (N-ORC)

2.4 Equipment:

- ensure resuscitation equipment is available and functioning correctly
- a warmer, pre-warmed incubator or open cot
- humidifier and BCPAP set up if applicable
- stethoscope
- cardiopulmonary monitoring including non-invasive blood pressure measurement
- thermometer
- nappy (pre-weighed)
- beanie (if no operative birth or head trauma)
- scales / Measuring tape
- admission paperwork / Name bands
- infusion pump +/- syringe pump set to neonatal pressures
- equipment for peripheral intravenous cannula (PIVC) access
- equipment for septic screen
- ensure access to ABL90 blood gas machine.

2.5 Procedure:

- The order and priority of procedures will depend on the condition and initial assessment of the infant on admission to the unit.
- Admissions to SCN are varied and individual consideration must take place on the priority of admission procedures.
- Stabilisation and maintenance of airway, admission weight and baseline vital signs are initial priorities.
- Place the infant on a pre-warmed radiant warmer or incubator - see Thermoregulation
- If oximeter probe is insitu on admission to the Neonatal Intensive Care Unit (NICU) it must be released, and circulation assessed prior to being reapplied.
- Further procedures and care are then prioritised in conjunction with medical staff and shift coordinator.
- Complete full physical assessment including length and head circumference (may be done later if condition warrants). Document assessment findings on MR75 WACHS Newborn Care Plan.
- Complete the MR124A WACHS Glamorgan Paediatric and Neonatal Pressure Injury Risk Assessment.
- Document observations hourly for the first 3 hours (or as per WACHS Neonatal and Paediatric Continuous Positive Airway Pressure (CPAP) Guideline) then reassess the need for continuous monitoring - see CAHS Monitoring Observation and Frequency Guideline
- If there is a suspicion of sepsis, a septic screen should be performed - see WACHS Prevention of Maternal and Newborn Sepsis Policy
- Routine bloods as ordered on iClinical Manager (iCM) via (Computerised Provider Order Entry (CPOE)
- Medications: Administer prescribed medications after obtaining specimens for laboratory investigations. Administer Vitamin K and Hepatitis B vaccine as consented. Antibiotic administration is a priority in the unwell neonate.

- Chest X-Ray and further management as applicable.
- Commence fluids or feeds as early as possible. Respiratory compromised infants should only be fed enterally if their condition allows.
- Blood glucose should be tested with the ABL blood gas machine as soon as lines are in situ. Repeat within 2 hours or as ordered. If feeding is by enteral route, do a pre 2nd feed blood glucose - see CAHS Hypoglycaemia Guideline.
- Initially weigh all nappies to assess urine output.
- All parents/carers are to receive Bunbury Hospital Maternity Ward Welcome to the Level 2 Nursery information brochure

2.6 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 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 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

2.7 Readmission

Infants should not be readmitted to the SCN at Bunbury Hospital. See attached flow chart for readmission process for neonates in Appendix A.

2.8 Documentation

Compulsory documentation to be completed includes:

- Neonatal Certificate Admission to Level II Special Care Nursery (SCN)
- MR75 WACHS Newborn Care Plan
- MR124A WACHS Glamorgan Paediatric and Neonatal Pressure Injury Risk Assessment
- MR140D Newborn Observation and Response Chart (N-ORC)
- 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 with consent.
  - Hepatitis B Vaccine given with consent.
- 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)**:**

- WACHS Newborn Medical Emergency Response (MER) Record
- MR78C WACHS-SW Neonatal Abstinence Score Sheet (NAS)
- MR142 WACHS Neonatal / Paediatric Respiratory Observation Chart
- MR144P WACHS Neonatal / Paediatric Fluid Balance Worksheet
- MR176P WACHS Neonatal / Paediatric Intravenous Fluid Treatment form
- MR184 WACHS Inter-hospital Clinical Handover form
- MR 184P WACHS Interhospital Transfer Neonatal and Paediatric form

2.9 Discharge

The paediatrician is to document in BOSSnet when the newborn is no longer qualified and can return to ward nursery with mother and ensure the Neonatal Certificate Admission to Level II Special Care Nursery (SCN) is signed.

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 SCN in the Stork Perinatal database, on Neonatal Certificate Admission to Level II Special Care Nursery (SCN) and inform the ward clerk (or admissions after hours) of the change to baby status from **qualified** to **unqualified** or discharge home.

Complete Special Child Health Referral in Stork Perinatal database for all neonates admitted to SCN. If the neonate is admitted to SCN from a non-Stork site i.e. St John of God (SJOG) Bunbury complete a paper based Special Child Health Referral available in the WACHS Special Referrals to Child Health Services Policy and fax directly to 9223 8598.

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

The ward midwife is to attend SCN to receive iSoBAR handover from the SCN midwife/nurse of the neonate's condition, cares and further treatments or investigations required before leaving the SCN.

For readmissions, complete 'Infant Next Admission' in Stork Perinatal database and review discharge plans for follow up i.e. Visiting Midwifery Service (VMS) or continue care with the Child Health Nurse (CHN).

Consider referral to South West Lactation Consultant (face to face appointment made via ward clerk) or e-referral for telehealth WACHS Lactation Telehealth Service (if resides outside of Bunbury or Busselton) if required after gaining consent from mother.

2.10 Transfer of neonates from SJOG Bunbury and private patients:

- The consultant paediatricians of the SCN at Bunbury Hospital are happy to support and care for private patients (neonates) within this service.
- Parents can choose public or private care for their baby within Bunbury Hospital if transferred from SJOG.
- All such infants are admitted under the care of the consultant paediatrician on call. The consultant paediatrician carries out a daily ward round, oversees the care of these infants and discusses the management of care with the parents on a regular basis.
- For neonates born at Bunbury Hospital, it is not anticipated that consultant paediatricians will attend the delivery of private patients, except where this is indicated on clinical grounds as per the Paediatric Attendance for 'At Risk' Births Procedure-Bunbury Hospital, or as arranged individually between obstetrician and paediatrician. Escalation of care for these neonates occurs as per the same process for public patients i.e. via Resident Medical Officer (RMO), Registrar with communication to the on call paediatric consultant.
- If transferred back to SJOG Bunbury, complete iSoBAR clinical handover to SJOG midwife and complete MR 184P Interhospital Transfer Neonatal and Paediatric form. Copy all medical records and integrated progress notes from BOSSnet.
- Complete paper copy of Special Child Health Referral available in the Special Referrals to Child Health Services Policy and fax directly to 9223 8598.

2.11 Neonatal transfer to district sites

If a neonate is being transferred to a district site, the on call Paediatric team must discuss with the admitting General Practitioner Obstetrics (GPO) at that site to consider accepting care.

The ward coordinator will ensure bed capacity at the site and place the neonate on Enterprise Bed Management (EBM).

The SCN midwife/nurse must provide a verbal iSoBAR handover to the district site midwife, complete MR184P Interhospital Transfer Neonatal and Paediatric form, provide a photocopy of the current MR75 Newborn Care Plan or MR75AA Newborn Care Plan Continuation Sheet and complete Stork admission. Any medications required should be sought from the hospital pharmacy prior to transfer.

2.12 Neonatal Transfer to Tertiary Care:

- The primary medical practitioner is to request advice or transfer from the Newborn Emergency Transport Service WA (NETS) for any sick newborn or neonate up to 28 days of age and weight less than 6 kg (including ex-preterm babies up to four weeks corrected post-term age) requiring specialised skills for medical management.
- The midwife is to complete the 'Baby Details' in the Stork Perinatal Database, MR184P Interhospital Transfer Neonatal and Paediatric form (completed as per the WACHS Interhospital Clinical Handover Form Procedure) and, if necessary, for Royal Flying Doctor Service (RFDS) transfer, the flight referral form. Copies of all original medical record forms are to be provided as well as printed copies of BOSSnet integrated progress notes if babies are transferring to King Edward Memorial Hospital (KEMH) / Perth Children's Hospital (PCH) have read access and Fiona Stanley Hospital (FSH) have both read and write access to BOSSnet).

- A sample of maternal clotted blood and the placenta (with pathology request form) are to accompany the baby to KEMH / PCH.
- For more detailed information regarding stabilisation and initial management of common neonatal conditions, contact NETS on 1300 638 792 (1300 NETS WA).

Refer to WACHS Assessment and Management of Interhospital Patient Transfers Policy.

Maternal accommodation in Perth

Option 1:
- PCH have accommodation units located within ward 3B with a daily visiting midwife service.
- The mother must be independent and self-caring (min 72 hours post caesarean).
- Arrange via PCH midwives (0436 595 687 or email PCHmidwives@health.wa.gov.au)

Option 2:
- If the woman requires transfer of care (i.e. cannot be discharged) a postnatal bed may be available at KEMH for those babies that are transferred to KEMH Neonatal Intensive Care Unit (NICU).
- The obstetric team will need to arrange a medical transfer for mother.
- Confirm bed availability with the KEMH after hours nurse manager via 6458 2222.

Option 3:
- If the mother chooses to stay with relatives in Perth metro:
  - For neonates at PCH arrange postnatal follow up via PCH midwives (0436595687 or PCHmidwives@health.wa.gov.au).
  - For neonates at KEMH (or women discharged from hospital following lower uterine segment caesarean section [LUSCS] within 72 hours) a postnatal care referral can be made via KEMH Emergency Centre 6458 2222
  - At FSH discuss with NICU.

2.13 Neonatal Transfer to SCN from PCH / KEMH / FSH:

- Shift coordinator receives request from either PCH / KEMH / FSH.
- Write name of neonate on 'Expected Transfers from Tertiary Hospital' section of daily activity sheet.
- Coordinator confirms that the baby has been accepted for care by the on-call paediatrician.
- Coordinator confirms bed availability in the SCN or a bed on the ward for both mother and baby (if baby does not require SCN care) and arranges the date and time for transfer.
- Coordinator confirms bed requirements for mother (see next section).
- Coordinator receives the clinical handover or transfers the call to RN/RM in SCN, records this on the Inter Hospital transfer documentation (MR184) and places the documented handover in the ward daily activity folder (on the day of transfer) so subsequent coordinators are aware of the planned transfer.
- Coordinator to ascertain whether mother is tube feed competent.
- The coordinator confirms with Clinical Midwifery Manager/Specialist (CMM/S) that transfer is appropriate and safe to occur.
- Upon transfer back to SCN, the midwife/nurse follows the sections 2.3, 2.4 and 2.5 of this procedure and enters the neonate into Stork 'Infant Next Admission' if born at a Stork birth notification site.
- Create Special Child Health Referral for admission to SCN.

Maternal accommodation options at Bunbury (for discharged mothers or those transferring back to SCN):

- If the baby requires continued care in SCN the mother can choose:
  - To remain at home and visit baby in nursery to feed/express/mothercraft etc.
  - Can stay in a residential unit within the hospital and come to the nursery to feed/express/mothercraft.
- When the baby is ready to transition to home:
  - Mother can be admitted as an essential border in a ward bed to assist with mothercrafting (patient choice). This is generally an overnight night stay to offer support with independent feeding and mothercrafting, however, this will be reviewed on an individual basis if more time is required.

Further information related to accommodation in residential units at Bunbury Hospital is available in the Welcome to the Level 2 Nursery brochure.

3. Roles and Responsibilities

Specific roles are covered throughout section 2 of this document

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

4. Monitoring and Evaluation

4.1 Monitoring

The Clinical Midwifery Manager/Specialist will review compliance with this procedure by 6 monthly review of Special Care Nursery admissions and neonatal transfers from the maternity unit to other hospitals. Discharge criteria and process is routinely audited monthly via the In-MATernity audit.

4.2 Evaluation

Evaluation of this procedure will take place annually by Clinical Midwifery Manager or Specialist. Data related to admission, transfer and discharge gained from the In-Maternity audit and review of Special Care Nursery admissions will be examined to ensure effectiveness of processes within this procedure.

5. Compliance

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the Integrity Policy Framework issued pursuant to Section 26 of the *Health Services Act 2016* 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.

6. 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
2. Newborn Qualification Status (2021). Australian Government. Australian Institute of Health and Welfare. Meteor Metadata Online Registry.
3. Broome Regional Hospital, 'Admission to special care nursery' Site instruction 2010.
4. CAHS Admission to NICU KEMH and PCH Clinical Guideline.

7. Definitions

Nil

8. Document Summary

Coverage	Bunbury Hospital, WACHS South West
Audience	Paediatricians, Nurses and Midwives who work within the Maternity and Paediatric departments at Bunbury Hospital.
Records Management	WACHS Health Record Management Policy
Related Legislation	*Health Services Act 2016*
Related Mandatory Policies / Frameworks	Clinical Handover Policy – MP 0095 Recognising and Responding to Acute Deterioration Policy – MP 0171/22 Clinical Governance, Safety and Quality Framework
Related WACHS Policy Documents	Assessment and Management of Interhospital Patient Transfers Policy Documentation Clinical Practice Standard Maternity and Newborn Care Guidelines – Endorsed for Use in Clinical Practice Policy Neonatal and Paediatric Continuous Positive Airway Pressure (CPAP) Guideline Paediatric Attendance for 'At Risk' Births Procedure-Bunbury Hospital – WACHS -SW Prevention of Maternal and Newborn Sepsis Policy Recognition and Response to Acute Deterioration (RRAD) of the Newborn Policy Special Referrals to Child Health Services Policy
Other Related Documents	CAHS Admission to NICU KEMH PCH CAHS Hypoglycaemia Guideline CAHS Monitoring Observation and Frequency Guideline CAHS Recognising and Responding to Clinical Deterioration Guideline
Related Forms	MR75 WACHS Newborn Care Plan MR75AA WACHS Newborn Care Plan Continuation Sheet MR124A WACHS Glamorgan Paediatric and Neonatal Pressure Injury Risk Assessment MR140D WACHS Newborn Observation and Response Chart (N-ORC) MR142 WACHS Neonatal / Paediatric Respiratory Observation Chart MR144P WACHS Neonatal / Paediatric Fluid Balance Worksheet MR170D National Inpatient Medication Chart - Paediatric Short Stay MR176P WACHS Neonatal / Paediatric Intravenous Fluid Treatment Form MR 184P WACHS Neonatal and Paediatric Interhospital Transfer form

Related Forms (continued)	Neonatal Resuscitation and Code Blue Record (WACHS SW MR76) Neonatal Certificate for Admission to Level 2 SCN (WACHS SW MR78B) Neonatal Abstinence chart (WACHS SW MR78C)
Related Training Packages	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 2235
National Safety and Quality Health Service (NSQHS) Standards	1.01, 1.03, 1.05, 1.19, 1.21, 2.11
Aged Care Quality Standards	N/A
National Standards for Mental Health Services	N/A

9. Document Control

Version	Published date	Current from	Summary of changes
2.00	23 June 2023	23 June 2023	• Amendments to sections 2.1, 2.4, 2.11, 2.12 and 2.13 • New additions to procedure 2.3, 2.7, 2.9, 2.10 and Appendix 1. • Addition of MR184P

10. Approval

Policy Owner	Director of Nursing and Midwifery Services
Co-approver	Regional Director, South West
Contact	Clinical Midwifery Manager
Business Unit	Nursing and Midwifery
EDRMS #	ED-CO-17-24601

This document can be made available in alternative formats on request.

Appendix A: VMS / ED Referral and Readmission Pathway for Neonates

□ Neonates <10 days old

→ VMS referrals

□ Review in MFAU for standard referral

(ie. concern re poor feeding / weight loss / jaundice)

□ Review in ED with acute illness

(ie. fever / RDS / vomiting etc.)

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→ ED referrals (ie. via GP/O)

□ Review in ED

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→ Requires admission?

□ Admit to Maternity ward (or Paed ward if no capacity on Maternity)

□ Admit to SCN isolation at Paediatrician discretion (if requires close continuous monitoring/possible transfer to tertiary care)

□ Neonates > 10 days old

→ GP / ED referrals

□ Review in ED

↓

→ Requires admission?

□ Admit to Paeds