



RCNIC MANUAL

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SUBJECT **CYCLED LIGHTING IN THE RCNIC**

APPROVAL

I. POLICY STATEMENT

To provide a developmentally sensitive lighting cycle for infants in the RCNIC.

II. PERSONNEL

ALL

III. IMPLEMENTATION

Attention to both light and noise levels is an important consideration when building a developmentally supportive Newborn Intensive Care Environment. Light has been shown to alter physiologic systems and biologic rhythms. If light intensity is seldom changed, there may be interference with the establishment of diurnal rhythms, which are necessary for normal growth and development. There is evidence to support reduced lighting and noise levels in the NICU setting and the consideration of flexible lighting periods.

1. Cycled lighting will be used. From 0730-1930 light levels should simulate a daytime environment. In the RCNIC pods, all 5 center overhead fluorescent lights will remain turned on. The overhead can lights will not be used if the light is in close proximity to an infant bedspace (bulbs removed). Glass doors will remain closed with curtains open, unless privacy is needed. Individualized bedside examination lights and side charting lights will be used as needed. Protect the infant from sudden changes in light and from direct bright light. Individualize lighting based upon infant acuity, adjusted age and activity level. Staff are encouraged to use "up" lighting whenever possible to avoid shining light directly into an infant's eyes.
2. From 1930-0730 light levels should stimulate a nighttime environment. In the RCNIC pods, all 5 center overhead lights will be turned off. The overhead can lights will also be turned off. Side charting lights may remain on to provide dim lighting during nighttime sleep cycles; protect infants' eyes from these lights. Bedside exam lights will be used as needed for assessments/examination/treatments/procedures, and then promptly turned off again. Protect the infant from sudden changes in light and from direct bright light. Glass doors will remain closed with curtains pulled closed.
3. For promotion of diurnal rhythm in private rooms, provide dimness to encourage sleeping. Allow sunshine and lights to encourage alertness. Attention to gestational age with individualization of the infant's schedule is imperative. Consider activity level and nap times for the older infant.
4. To meet the recommended light levels for assessments/examination/treatments/procedures, use individualized bedside examination lights above each infant. REMEMBER to shield the infant's eyes and gradually change light from dark to light.
5. Remember that noise levels fluctuate with light levels.
6. It is every practitioner's responsibility to adjust the lighting according to the standard. Gentle reminders to dim the light at 1930 and brighten the lights at 0730 may be given by each other.
7. Based on the infant's tolerance levels, premature infants in isolettes should have isolette covers during the day

and night.

References

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