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RCNIC MANUAL	**PAGE:** 1 of 4
	DATE OF ORIGINAL: 5/04
	DATE OF REVIEW: 6/07
	DATE OF REVISION: 6/07

SUBJECT: Standard of Care for the RCNIC Patient

APPROVAL

Outcome Criteria:

Patient will maintain thermoregulation.

Process Criteria:

A. Place infant in a heated isolette or on a radiant warmer upon admission to the RCNIC. See RCNIC thermoregulation policy.

B. Obtain axillary temperature within 10 minutes of admission and at least every 4 hours and prn.

C. Monitor skin temperature with the use of a temperature probe, if applicable. Temperature probe should be placed on the abdomen or flank and covered with a reflective temp. probe cover.

D. Use hats, booties, T-shirts, and/or blankets as applicable.

E. Minimize procedural care that exposes the infant to cool air, cold surfaces/equipment and results in chilling.

Outcome Criteria:

Patient will maintain and achieve optimal oxygenation/ventilation.

Process Criteria:

A. Assess respiratory status upon admission to the RCNIC and at least every 4 hours or as needed. See Respiratory Assessment Standard (IV-101).

B. Monitor continuous respiratory rate via bedside monitor. High/low limits will be set in accordance with RCNIC policy. Apnea alarms will be set for no more than 20 seconds.

C. Maintain patent airway by positioning, suctioning, oral airway and/or endotracheal tube.

1. Frequency of artificial airway and nasopharyngeal suctioning is as needed.

2. Document suctioning - amount and color suctioned, infant's tolerance to intervention, and breath sounds after suctioning.

D. Monitor pulse oximetry as ordered.

E. If intubated, continuously assess endotracheal tube for adequate stabilization.

F. In collaboration with the respiratory therapist, verify and document ventilator settings at the beginning of each shift and with each ventilator change.

G. Obtain blood gases as ordered.

H. Follow protocol for VAP.

I. Observe for apnea.
   1. If apnea occurs and infant does not begin breathing on his/her own, gently touch to stimulate breathing, e.g., rub the baby's back. If infant does not respond to touch and apnea persists, provide blow-by oxygen advancing to bag and mask ventilation if needed. Notify physician if initial or significant event. Document apnea episodes on the Apnea/Bradycardia Flowsheet.

Outcome Criteria:

Infant will maintain optimal tissue perfusion.

Process Criteria:

A. Assess cardiac status upon admission to the RCNIC and at least every 4 hours or as needed. See Cardiac Assessment Standard (IV-101).

B. Monitor heart rate and rhythm continuously via bedside monitor. High/Low limits will be set in accordance with RCNIC policy.

C. Monitor continuous blood pressure if infant has an UAC or peripheral arterial line. High/Low alarms are to be set in accordance with RCNIC policy.
   1. Transducers are to be zeroed at the beginning of each shift and prn.
   2. A cuff pressure will be obtained once a shift to check correlation with the transduced line.
   3. Circulation distal to the line insertion area must be continuously monitored and documented.

D. Monitor cuff pressures every 4-8 hours and prn based on infant's acuity.
   1. If infant is on pressors and has no transduced arterial line, cuff blood pressures will be taken at least every hour.
   2. During the first five days of life, cuff pressures may be taken in either the arm or leg.
   3. After the first five days, the arm will be used to assess blood pressure. If both arms are unavailable (e.g. being utilized for arterial lines, PICC's or IV's), then a leg may be used.
   4. Document the blood pressure site on the patient flowsheet.

Outcome Criteria:

The infant will maintain adequate hydration.

Process Criteria:

A. Assess hydration status: e.g. skin turgor, heart rate, blood pressure, weight, mucous membranes, fontanels, and intake/output.

B. Administer IV fluids and or enteral feeds as ordered.

C. Maintain and document accurate intake and output.

D. Weigh infant daily unless ordered otherwise. The weight should be obtained using the same scale and at the same time of day.

E. Obtain electrolyte levels as ordered.

Outcome Criteria:

The infant will maintain skin integrity.

Process Criteria:

A. Assess skin upon admission and continually for any signs of breakdown.

B. Monitor IV sites continuously for redness, puffiness or leakage. If site becomes reddened, puffy or is leaking, IV will be d/c'd immediately.

C. Cleanse skin with warm water as needed.

D. Use paper or transpore tape sparingly.

E. Reposition infant every 2 hours as tolerated.

F. Check diaper area every 2-4 hours and change any soiled diapers.

G. Place infant on sheepskin with cloth barrier between baby and sheepskin.

Outcome Criteria:

Infant will be at minimal risk for sepsis/infection.

Process Criteria:

A. Follow infection control guidelines re: handwashing before handling individual infants.

B. Use clean or sterile equipment as indicated.

C. Prohibit personnel and visitors with infections from direct contact with infant.

Assess for signs of infection; e.g., positive culture, diarrhea, temperature instability, apnea/bradycardia, emesis, gastric aspirates.

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SUBJECT: **Standard of Care for the RCNIC Patient**

APPROVAL

Outcome Criteria:

Infant will demonstrate an acceptable level of comfort.

Process Criteria:

A. See V-301, Pain Management Standard.

B. Assess and document infant's comfort level every 4 hours and prn using the NIPS scale.

Outcome Criteria:

Infant will progress in his/her growth and development during hospitalization.

Process Criteria:

See V-312, Standard of Care for the Low Birth Weight Infant

Outcome Criteria:

Parents will develop attachment and demonstrate competence and comfort with infant's care.

Process Criteria:

A. Assess parent's understanding of infant's condition and treatment.

B. Provide explanations about medical condition, procedures and treatment.

C. Enable parents to be involved in infant's care as appropriate during progression throughout the infant's hospitalization; e.g., touching and holding infant, diapering, feeding, bathing.

D. Encourage family to learn infant CPR and care seat safety before discharge.

E. In collaboration with RCNIC discharge coordinators, arrange time for family to spend time with infant in the Family Centered Care rooms if applicable.

References

CHMC, RCNIC Policies and Procedures, Policy I.1.26 Process of Care in the RCNIC

Merenstein G., & Gardner, S., (1998). Handbook of Neonatal Intensive Care. Fourth Edition. St. Louis: Mosby Year Book, Inc.