



RCNIC MANUAL

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DATE OF ORIGINAL: **6/06**

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SUBJECT **Standard of Care for the Older Baby**

APPROVAL

Philosophy statement:

It is recognized that older babies are medically fragile and may have lasting effects from hospitalization. Staff is committed to promoting optimal development physically, emotionally, socially, and cognitively by:

- Honoring and empowering the family as having the primary relationship and being the main caregivers.
- Promoting a collaborative partnership with the family and the health care team.
- Assessing and responding to the baby's/family's strengths and needs for individualized care.
- Providing the optimal environment, interventions and materials.
- Evaluating, adapting, communicating and documenting the plan of care for consistency.
- Providing support, modeling and teaching in a culturally sensitive manner.
- Preparing for discharge and providing verbal/written information and resources so the transition home is smooth and the family can celebrate continued growth in the home setting.

Definition of terms:

Older Baby: Babies who are 2 months adjusted age to 2 years of age, medically appropriate and who may tolerate an environment conducive for ongoing individualized developmental growth.

OUTCOME CRITERIA

- 1. Infants will be provided an individualized environment that fosters growth and development.**



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PROCESS CRITERIA

1. Infant will receive consistent care giving.

- Staff will identify a core group of familiar caregivers that respond to each infant in a consistent manner.
- Staff will foster regular family participation.
 - Staff will initiate conversations with family in order to establish ideal parental participation times.
 - Key staff people will arrange for care conferences in order to define a plan of care that aligns with family wishes.
- Staff will implement specialists' plans of care into daily care giving sessions; e.g. developmental plan of care, feeding plan, etc.

2. Flexible care giving will be provided to promote growth and development while balancing the needs of the infant's medical state.

- Infant will progress towards achievement of day/night rhythms.
- Staff will develop bedtime rituals in collaboration with families.
- Staff will promote a quiet soothing environment for rest and awake times.
- Staff will provide scheduled activities during day hours.
- Staff will respond rapidly, appropriately, and consistently to infant crying/cues.



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3. Infant will have posted routines at 2 months of age or when appropriate.
 - The Developmental Care Team in collaboration with family and staff will identify infant readiness for establishment of routines.
 - Staff will collaborate with families to establish desired schedules for home-like environment, e.g. bath time, feeding schedules and medication times.
 - The development of routines will be guided by information gained from developmental observations and specialty disciplines.
 - In addition to family education and care giving activities, routines will focus on opportunities for emotional development, cognitive development, motor development, and language and communication development.

4. Each infant's personal space and environment will be respected.
 - Staff will have an awareness of each infant's medical status, state level and developmental plan when approaching each infant prior to care giving.
 - Staff will honor personalized bed spaces and items by following family input.
 - Staff will support infant before, during and after painful procedures. Some examples are:
 - Minimize painful procedures in infants bed, e.g. use of a procedure bed or radiant warmer bed.
 - Use 24% glucose water (Sweet Ease) for procedural pain as ordered and when appropriate.
 - Consider using resources that focus on comforting the infant before, during and after anticipated painful procedures, e.g. families, Child Life Specialist and staff.
 - Staff will document supportive care giving interventions that include infant's response.



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OUTCOME CRITERIA

2. Family will develop attachment, demonstrate competence and express comfort with infant's care.

PROCESS CRITERIA

1. Family will have continued support in building relationships with their infant.
 - Staff will partner with families to understand the infant's behavior and create developmental goals.
 - Staff will model individualized developmentally supportive care that nurtures the infant.
 - Staff will accommodate family involvement for care giving activities.
 - Staff will document family care giving activities to provide consistent support through all shifts.
 - Staff will share community resources with family as they prepare to transition into the community. Some examples include:
 - Early intervention services
 - Home therapy services
 - Home health care providers

2. Family will demonstrate competent care of infant.
 - Staff will provide identified education that considers the family preferred language and learning style.
 - Staff will partner with family to create clear goals for discharge.
 - Staff will provide an environment conducive to learning.
 - Staff will document learning activities to provide continuity with education.



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References for Older Baby Standard of Care

Eichten, P., 1993. Help Me Talk: A Parent's Guide to Speech and Language Stimulation Techniques for Children 1 to 3 Years.

Frost, J., Worthman, S., Reifel, S., 2001. Play and Child Development. Columbus, Ohio: Prentice Hall.

Helm, A., 1999. What to Do, Baby & You! Ideas for Parents and Caregivers of Babies from Birth to Two Years.

New Perspectives on Infant/Toddler Learning Development and Care. Retrieved on February 14, 2006 from <http://www.wested.org/cs/we/print/docs/we/areas.htm>

Perry, B., 2005. Attachment: The first core strength. Retrieved on February 14, 2006 from <http://teacher.scholastic.com/professional/bruceperry/attachment.htm>

Ohio Family and Children First Initiative. Help Me Grow: A guide to wellness and development for families and parents-to-be. June 2005.

The Goddard School of Early Childhood Development Infant Program. 2003. Retrieved on February 14, 2006 from <http://www.goddardschool.com/>



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Williams, E., 2003. A comparative review of early forms of object-directed plan and parent-infant play in typical infants and young children with autism, *Autism*. 7 (4), 361-377.

Winders Davis, D., Sweeney, J., Turnage-Carrier, C., Graves, C., & Rector, L., (2004). Early intervention beyond the newborn period. In C. Kenner, & J. McGrath (Eds.), *Developmental care of newborns & infants*. St. Louis, MO: Mosby.

Zero to Three. 2004. The Power of play. United States of America.