Cincinnati Children's Hospital Medical Center	**NUMBER:** V-1.11
RCNIC MANUAL	**PAGE:** 1 of 5
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SUBJECT: The Low Birth Weight Infant (<2500 gram birth weight)

APPROVAL

OUTCOME CRITERIA

I. The infant will maintain adequate ventilation/oxygenation.

PROCESS CRITERIA

A. Maintain patent airway. Position prone only as tolerated.

B. Assess and monitor cardiorespiratory status.

1. Continuous cardio-respiratory monitor and pulse Oximeter per physician order.

2. Obtain blood gases as ordered.

See V-1.06 Infant with Respiratory Distress Syndrome (RDS).

C. Observe for apnea.

1. If apnea occurs and infant does not begin breathing on his/her own:

a. Gently touch to stimulate breathing; e.g., place hand on infant's back.

b. If infant does not respond to touch or apnea persists, provide blow-by oxygen advancing to bag and mask if needed.

c. If initial apnea episode or significant apnea, notify physician.

d. Document apnea episode on Apnea/Bradycarida Record noting:

- length of event
- circumstances, i.e. position, recent feed
- associated Bradycardia
- color changes and saturation
- stimulation/intervention needed, i.e., O2, gentle touch

2. Administer pharmacologic interventions per physician order, e.g. caffeine.

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OUTCOME CRITERIA

II. The infant will maintain thermoregulation.

PROCESS CRITERIA

A. Place infant in humidified isolette or radiant warmer and wean (RCNIC Policy I-1.21) to open crib as tolerated. Assure safe water level in humidified isolette.

B. Monitor temperature continuously using skin probe. Adjust heating unit temperature to meet infant needs.

C. Minimize procedural care that exposes the infant to cool air, cold surfaces/equipment which may result in chilling.

D. Use hat/booties/sleepers/blankets to cover exposed body surfaces. Use blankets/towels to cover cold surfaces; e.g. scales. Warm stethoscopes and/or other instruments prior to touching the infant.

OUTCOME CRITERIA

III. The infant will be at minimal risk for sepsis/infection.

PROCESS CRITERIA

A. Handwashing (RCNIC Policy I-1.03)

B. Follow the appropriate infection control guidelines.

C. Use clean or sterile equipment as indicated. Change isolette weekly and document.

D. Avoid direct contact by personnel and visitors with infections.

E. Assess for signs of infections and notify physician of abnormal findings/changes (e.g., lethargy, emesis/aspirates, temperature instability, apnea/bradycardia, positive blood culture, elevated white blood cell count).

1. Assess abdomen every 4 hours or before feeding:

    a. Observation; e.g., distention, discoloration, stool patterns/characteristics.

    b. Palpation; e.g., girth, loops, masses, rigidity.

c. Auscultation; e.g., bowel sounds.

F. Follow VAP bundle and discuss weaning ventilator daily.

G. Follow CVC bundle. Lines/catheters should be discussed daily in rounds.

H. Minimize invasive procedures.

OUTCOME CRITERIA

IV. The infant will maintain adequate hydration and adequate caloric intake.

PROCESS CRITERIA

A. Assess for fluid volume excess/deficit:

1. Maintain strict I & O.
2. Daily weights.
3. Monitor electrolytes and renal function labs per MD order.
4. Monitor for signs and symptoms of dehydration; e.g., depressed fontanelles, dry mucous membranes, decreased urine output, poor skin turgor.
5. Monitor for signs and symptoms of overhydration; e.g., changes in vital signs, weight gain, dependent edema, respiratory distress.

B. Provide fluid/electrolyte therapy as ordered.

1. Administer enteral feeds or IV fluids per physician order.
2. Administer pharmacologic & non-pharmacologic interventions as ordered or needed (i.e. diuretics).
3. Maintain thermoregulation (RCNIC Policy I-1.21).

OUTCOME CRITERIA

V. Infant will demonstrate steady weight gain.

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PROCESS CRITERIA

A. Assess abdomen every 4 hours or before feeding.

1. Observation; e.g., distention, discoloration, stool patterns/characteristics

2. Palpation; e.g., girth, loops, masses, rigidity.

3. Auscultation; e.g., bowel sounds.

B. Notify physician of abnormal findings/changes.

C. Provide enteral/Parenteral nutrition per order and monitor infant's tolerance to nutritional therapies.

D. Obtain weight daily or as ordered.

E. Obtain lab results as ordered; e.g., glucose, protein, albumin, triglycerides, and electrolytes.

F. Transition from parenteral to gavage to nipple feeding per physician order. Assess tolerance and developmental ability.

G. Promote and support use of breast milk and breast feeding.

H. Provide supportive measures to promote energy conservation.

1. Maintain neutral thermal environment.

2. Provide paced care and decrease external stimulation.

3. Encourage parental use of Kangaroo Care.

OUTCOME CRITERIA

VI. The infant will maintain skin integrity.

PROCESS CRITERIA

A. Cleanse skin with clear warm water.

B. Avoid use of lotions, powders and bath soaps.

C. Use paper or transpore tape. Avoid adhesive tapes directly on skin.

D. Apply protective coverings to skin prior to placement of adhesive tapes, e.g., tender grips, duoderm.

E. Use gentle removal of tape and tape removal products as appropriate.

F. Reposition infant every 2-4 hours as tolerated.

G. Use developmentally appropriate products to support body to relieve pressure points.

H. Document skin integrity and pressure areas with every assessment.

OUTCOME CRITERIA

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

A. Refer to Standard of Care for the RCNIC Patient V-1.01.

OUTCOME CRITERIA

VIII. Collaborate with families to encourage attachment and comfort with infant's care.

A. Refer to Standard of Care for the RCNIC Patient V-1.01.

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