Title of Guideline (must include the word “Guideline” (not protocol, policy, procedure etc)) | Indications for Admission to the Neonatal Unit (A3)
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Directorate & Speciality | Neonatal Intensive Care Unit Family Health
Date of submission | February 2017
Explicit definition of patient group to which it applies (e.g. inclusion and exclusion criteria, diagnosis) | Newborn infants that meet the designated criteria as set below.
Version | 8
If this version supersedes another clinical guideline please be explicit about which guideline it replaces including version number. | 7
Statement of the evidence base of the guideline – has the guideline been peer reviewed by colleagues? | Evidence base: (1-6)
1 | NICE Guidance, Royal College Guideline, SIGN (please state which source).
2a | meta analysis of randomised controlled trials
2b | at least one randomised controlled trial
3a | at least one well-designed controlled study without randomisation
3b | at least one other type of well-designed quasi-experimental study
4 | well –designed non-experimental descriptive studies (ie comparative / correlation and case studies)
5 | expert committee reports or opinions and / or clinical experiences of respected authorities
6 | recommended best practise based on the clinical experience of the guideline developer

Consultation Process | Nottingham Neonatal Service Staff and Clinical Guideline Meeting.
Ratified by: | Nottingham Neonatal Service Staff and Neonatal Task & Finish Guideline group. February 2017
Date: | February 2017
Target audience | Staff of the Nottingham Neonatal
1. **Introduction**

   The Neonatal doctor / ANNP on duty and the co-ordinator for the Neonatal Unit should be contacted prior to transferring any baby to the Neonatal Unit. If doubt exists about the appropriateness of admission, advice should be sought from either the neonatal registrar or consultant.

2. **Indications**

2.1 Babies requiring immediate admission to the Neonatal Unit from the Labour Suite or immediately after delivery elsewhere:

   1. Infants <1800g or < 34 weeks gestation
      
      - Some infants who are<1800g but who are relatively mature may require only a short period of assessment (<12hours) before transfer to the postnatal ward.
      - Babies 1800-2500g and 34-35 weeks may be admitted to the postnatal ward subject to staffing / workload restraints.

   2. Infants who appear unstable and cause concern / require intensive care

   3. Suspected significant perinatal asphyxia / neonatal encephalopathy (see encephalopathy guideline E )

   4. Respiratory problems

      Any baby with signs of respiratory distress should be reviewed by the neonatal SHO.

      If a baby has any 2 of the following respiratory signs between 1 and 4 hours of age it should be admitted to the neonatal unit for further investigation:

      - Tachypnoea >70bpm
      - grunting
      - central cyanosis
      - recession

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**Review Date:** (to be applied by the Integrated Governance Team)

A review date of 5 years will be applied by the Trust. Directorates can choose to apply a shorter review date, however this must be managed through Directorate Governance processes.

**February 2022**

This guideline has been registered with the trust. However, clinical guidelines are guidelines only. The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using guidelines after the review date.
A single sign persisting or developing after 4 hours of age requires admission.

5. **Congenital abnormalities**

   Where intensive care is anticipated or diagnosis of multiple anomalies is in doubt

6. **Haemolytic disease where exchange transfusion is likely**

7. **Babies who have received IM naloxone**

### 2.2 Consider admitting:-

1. Siblings of previously unexplained perinatal death

### 2.3 Admit from postnatal wards:-

1. Convulsions, apnoeic or cyanotic attacks

2. Respiratory distress (including grunting) at or beyond 4 hours of age

3. Hypoglycaemia not responding to regular three hourly feeds of breast milk or formula milk (see hypoglycaemia guideline)

4. Spontaneous bleeding

5. Jaundice requiring exchange transfusion

6. Major feeding problem and / or vomiting

7. Any bile stained vomit

8. Low temperature (<36°C) not responding to measures available on postnatal ward

### 2.4 Transfer from home:-

1. At the request of the GP or midwife following home delivery

2. Any baby requiring neonatal **intensive** care in the first week of life unless there is a history of exposure to infectious disease e.g. chicken pox

3. Where any baby requires admission from home a flexible decision must be made after discussion between the neonatal consultant, paediatric consultant, senior neonatal nurse in charge and the paediatric ward sister.

### 2.5 Re-admissions:-

1. Babies who have 'graduated' from the neonatal unit and are still under the care of the family care team will generally be admitted to the paediatric ward.
A flexible decision must be made after discussion between the neonatal consultant, paediatric consultant, senior neonatal nurse in charge and the paediatric ward sister.

2. Babies likely to have or with proven infectious illness should not be cared for on the neonatal unit.

3. Babies with chronic lung disease or other problems likely to need recurrent admission should not be re-admitted to the neonatal unit. These families should visit the paediatric ward and meet the nursing staff prior to their initial discharge from the neonatal unit.

2.6 Neonatal surgical problems:-

1. Neonatal surgical problems should be generally admitted to the neonatal unit unless the child has been home for >7 days.

2. Where any child >7 days needs admission from home a flexible decision should be made after discussion with the paediatric surgeon, neonatal consultant, the senior neonatal nurse in charge and the surgical ward sister.

3. Audit points

3.1 Routine data collected

Annual audit of No. of admissions and reasons for admission.

4. Allied guidelines

Guideline no. A2. Indications for calling a neonatal doctor to the Labour Suite
Guideline no. A4 Indications for informing the Neonatal SHO after the delivery of an infant