ADMISSION and DISCHARGE POLICY FOR SPECIAL NEONATAL CARE UNIT (SNCU)

Points to be discussed:

a. *Introduction*
b. *Criteria for babies to be admitted in **SNCU***
    I. *For inborn babies*
    II. *For babies <28 days from the community*
c. *Criteria for babies to be admitted in **NEONATAL WARD***
    I. *For inborn babies*
    II. *For babies <28 days from the community*
d. *Criteria for babies to be admitted in **POSTNATAL WARD***
e. *Summary of place of management*
f. *Discharge policy*

a) *Introduction :*

The infants who fall into high-risk category and should be assessed by either the Nursing staff or the doctor for potential admission to the **SNCU** keeping in mind

- a large number of admissions to SNCU are clearly not necessary.
- The policy is that the sickest child must find place in the SNCU even if he does not survive
- risk of nosocomial infection is high in the SNCU.
- For monitoring hypoglycaemia, intravenous antibiotics, phototherapy in neonatal ward is a safe option and is much more cost effective.

Neonatal Ward is intended for babies requiring intermediate care or transitional care and also accommodates mothers.

- Phototherapy can be undertaken in this ward
- Can administer intra venous drugs via a heparinised cannula in well babies waiting to finish a course of antibiotics or awaiting culture report.

Mothers rest room for extra mural births or out born neonates admitted to the SNCU, essentially to accommodate mother of babies admitted in the SNCU

b.Criteria for babies to be admitted in SNCU

I. Criteria for babies to be admitted in SNCU for inborn babies:

1. Infants who are born prior to 34 weeks gestation
2. Infants weighing 1800 grams at birth (regardless of gestational age).
   *(*Neonates weighing less than 1.2 Kg should be referred to the higher centre after proper stabilization)*
3. Infants with an APGAR score of < 6 at 1 min and evidence of birth asphyxia or delayed cry after 5 minutes. (i.e slow gasping respiration or no respiration at 1 minute)fe
4. After prolonged Resuscitation that is after using Bag and mask or Bag and tube.
5. Persistent respiratory Distress.
6. Shock or CRT > 3 seconds
7. Central cyanosis
8. Vomiting ---especially bile stained
9. Small for date esp. Wt. less than 3rd centile for the corresponding gestational age
10. Neonates with surgical problems should also be referred after stabilizing.
11. Any infant who is felt to be at risk by the nursing staff or Doctor
12. Any infant with a birth weight of ≤1800 grams & /or ≤34 weeks must be admitted to the SNCU for a minimum of 24 hours.
13. Transfer from Neonatal ward due to need for close monitoring or any deterioration in the condition of the Neonate

b. ii. Admission criteria in SNCU for

any baby < 28 days from the community

1. Delayed cry after 5 minutes
2. Respiratory distress with Tachypnea, grunt , Chest indrawing or central cyanosis
3. Central cyanosis or spells
4. Vomiting esp. Bile stained
5. Abdominal distension
6. Suspected sepsis but child unstable
7. Unstable Babies with congenital abnormality requiring investigation
8. Jaundice requiring Exchange transfusion
9. Neonates in shock (*CRT > 3 seconds, poor skin colour , cold extremities, weak pulses and mottled skin)
10. Fits including subtle signs (refer to neonatal convulsion for details)
11. Low birth weight < 1800 gm or unstable baby
12. Severe Asphyxia, RDS or is satisfying the above criteria of admission to SNCU

c.Criteria for babies to be admitted in NEONATAL WARD:

I. Criteria for babies to be admitted in NEONATAL WARD For inborn babies

1. Babies weighing > 1.8 – 2.2 KG at birth, to be kept for observation for 1-2 days especially if unstable or feeding problems. Can be kept in the postnatal ward along with the mother, if child is feeding and is under some supervision.
2. Small for date with weight for gestation between 3rd to 10th centile.
3. >34 weeks gestation (Late Preterm), to be kept for observation for at Least 3 days. Can be kept in the postnatal ward along with the mother, if child is feeding and is under some supervision esp. for Jaundice and hypoglycaemia
4. Infants of diabetic or gestational diabetic mothers with no respiratory distress.
5. Siblings of previous infants with sudden infant death syndrome.
6. Multiple births provided weighing more than 1800 gm .
7. Infants with multiple congenital malformations where no intervention is possible
8. Well babies at risk of sepsis – after septic screen
9. History of pathological Jaundice in earlier sibling
10. Any infant who has received Naloxone for respiratory depression
11. Babies with cleft palate, Cleft Lip
12. Down Syndrome
13. Severely Dysmorphic infants not requiring monitoring
14. Known cardiac anomaly not requiring monitoring

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C.II . Criteria for babies to be admitted in NEONATAL WARD for any baby < 28 days from the community

1. Suspected sepsis but child stable
2. Babies with congenital abnormality requiring investigation
3. Jaundice requiring phototherapy
4. Weight loss for investigation , observation

d. Admission in the Post natal ward:

1. All babies who are healthy and did not require resuscitative measures like bag and mask and the newborns had normal vitals.
2. Low birth weight babies i.e. < 2500 gm , if the child is stable and sucking well with normal
   activities.
3. Babies more than 1800 gm who are stable and have no risk factors can be sent to post natal ward after period of initial stabilization using discretion.

e.SUMMARY OF PLACE OF MANAGEMENT:

SNCU	NEONATAL WARD	POST NATAL WARD
< 1.8 Kg , at least for 24 hrs	>1.8 Kg but less than 2.2 Kg	≥2.2 Kg or >1.8 Kg but stable
< 34 weeks	34-37 wks	>37 wks
<3RD PERCENTILE, weight for G.A.	3RD PERCENTILE-10 TH PERCENTILE , weight for G.A.	AFD
APGAR SCORE BETWEEN 4-6 AT 1 MIN /GASPING BREATHING (MODERATE HYPOXIA) LESS THAN 3 AT 1 MIN/ NO RESP AT 1 MIN (SEVERE HYPOXIA)	SLIGHTLY DELAYED CRY BUT APGAR >7 AT 5 MIN	NORMAL APGAR
COMPLICATED LFD	UNCOMPLICATED LFD	UNCOMPLICATED LFD
SYMPTOMATIC HYPOGLYCEMIC	ASYMPTOMATIC HYPOGLYCEMIA	NORMOGLYCEMIA
EXCHANGE TRANSFUSION	PHOTOTHERAPY	PHYSIOLOGICAL JAUNDICE
DANGER SIGNS IN NEWBORN PRESENT	NEWBORN WITH RISK FACTORS SEPSIS GFOR INVESTIGATION	ROUTINE CARE STABLE HIGH RISK NEONATES

g. DISCHARGE POLICY FROM SNCU:

1. All acute problems should have been resolved or no longer active
2. Baby should be accepting breast feeding or spoon feeds well
3. Adequate weight gain for 3 consecutive days.
4. Mother should be confident for managing
5. At discharge the baby weight should be more than 1.5 kg
6. Advice all children Retinopathy of Prematurity if weight < 1800 gm and esp. in children < 32 weeks
7. BERA in all children with Jaundice requiring Exchange transfusion.
8. Proper mention of Date, time and day for follow up (not generalization to come after a week)
9. A pre discharge physical examination including Weight, Head Circumference and length.
10. Medications demonstrated as the dose, drug , duration and method of administration to mother.
11. Emergency phone no. to contact whom.
12. Various problems, investigations and course during hospital stay should be properly noted.