



## Welcome to the CHKD Neonatal Intensive Care Unit (NICU)



**Welcome to the Neonatal Intensive Care Unit.** We are located on the fourth floor and staffed by nurses specially trained in the care of critically ill newborns. The following information is provided to help prepare you for your observational experience in this unit. You are encouraged to become familiar with the diagnoses, medications, procedures, and neonatal concepts identified on this sheet. Please check in with the charge nurse and she will assign you to a pod where you will get the most exposure/experiences during your time with us. Feel free to talk to any of the nurses remembering to use low voices to reduce noise in the pods and to maintain patient confidentiality in close quarters. Reference materials are available in the unit and at the Health Science Library at Sentara Norfolk General Hospital. We look forward to seeing you and hope this will be a great learning experience for you.

### SCOPE OF PRACTICE

The NICU is licensed for 56 beds, with an average census of 40 – 45 patients. Most of the 9 Pods contain beds for 6 – 8 babies; two of the pods have isolation rooms for 2 babies each. Approximately 65% of our patients are delivered at Sentara Norfolk General Hospital. We try to admit only those babies who come directly from the delivery room or from another “closed” nursery. Babies who have been home or to another hospital unit are isolated until we know it is safe to mix them into the general NICU population. We have an all RN staff practicing a modified primary nursing system. Typically, the assignment consists of 2 patients, but there are some 3:1 assignments as well as 1:1 for the very critically ill babies. A Charge Nurse and Team Leader are designated to help organize and oversee activities each shift. Other team members include 1-2 nursing assistants (Clinician 1’s), 2-3 respiratory therapists per shift, secretaries, support associates, social workers, case managers, continuity of care coordinators, lactation consultants, nutritionist, pharmacologist and even a school teacher. Our medical team divides into two teams, one consisting of 4 Pediatric Residents and the other consisting of Neonatal Nurse Practitioners, each headed by a neonatologist.

#### **MOST COMMON NEONATAL MEDICAL DIAGNOSES**

- Prematurity
- Respiratory Distress Syndrome (RDS)
- Bronchopulmonary Dysplasia (BPD)
- Transient Tachypnea of the Newborn (TTN)
- Meconium Aspiration Syndrome (MAS)
- Persistent Pulmonary Hypertension of the Newborn (PPHN)
- Persistent Fetal Circulation (PFC)
- Neonatal Sepsis
- Necrotizing Enterocolitis (NEC)
- Intraventricular Hemorrhage (IVH)
- Retinopathy of Prematurity (ROP)
- Gastroesophageal Reflux
- Short Gut Syndrome

#### **MOST COMMON NEONATAL CONCEPTS**

- Prematurity and its effects on growth and development
- Treatment & Prevention of BPD
- Prevention of Sepsis
- Reading an infant’s cues and signals
- Developmentally Supportive Care
- Maternal Role Attainment & Family Adaptation
- Family preparation & readiness for discharge
- Long-term effects of prematurity
- Effects of Perinatal Asphyxia
- Infant Growth and Development

### **MOST COMMON NEONATAL NURSING CONCERNS**

- Minimizing infant stress & conserving limited energy
- Promoting optimal growth & development
- Providing adequate nutrition
- Preventing infection
- Maintaining healthy skin
- Promoting adequate ventilation & respiration
- Thermoregulation
- Education for the family
- Family support

### **MOST COMMON PROCEDURES**

- Peripheral Venous Access for IV Therapy
- Heelstick Phlebotomy
- Medication Administration
- Assisting with Circumcision
- CVL / PIC Maintenance
- CVL / PICC Blood Draws
- CVL / PICC Site Care
- Blood Product Transfusions
- Chest Physiotherapy (CPT)
- Oral and Nasopharyngeal Suctioning
- Hand Held Nebulizer Treatments (HHN)
- Rectal Irrigations
- Assisting with Eye Exams
- Assisting with PICC Insertion

### **MOST COMMON DIAGNOSTIC PROCEDURES**

- Sepsis Workup (Including blood cultures, CBC, urine culture)
- Upper GI
- Video Swallow
- Lumbar Puncture
- Portable Chest X-ray
- EEG
- Miscellaneous Portable X-rays
- Cranial Sector Scan (Head Ultrasound)
- Eye Exams
- Hearing screening before D/C

### **MOST COMMON MEDICATIONS**

- Albuterol® Nebulizers
- Atrovent® Nebulizers
- Ampicillin
- Gentamycin
- Caffeine Citrate
- Ticarcillin
- Electrolyte Supplements (KCl & NaCl)
- Calcium Gluconate
- Actigal
- Furosemide (Lasix®)
- Aldactazide
- Immunizations
- Sucrose for procedural pain
- Hydrocortisone
- Reglan
- Oxacillin
- Tobramycin
- Simethicone

### **MOST COMMON EQUIPMENT**

- Nellcor® Pulse Oximeter
- Oxinet®
- Medfusion® Syringe Pump
- Hewlett Packer® Cardiac Monitor/Modules
- Oxygen Delivery Devices including nasal canula or oxygen hood
- Oxygen analyzers
- Infant Scales
- I-STAT® Bedside Analyzer
- Isolettes
- Radiant heat warmers
- Warming beds

