



## Welcome to the CHKD Neonatal Step-Down Unit



**Welcome to the Neonatal Step-Down Unit.** We are located on Unit 7C and staffed by specially trained 7C nurses. The following information is provided to help prepare you for clinical practice in this unit. You are encouraged to become familiar with the diagnoses, medications, procedures, and neonatal concepts identified on this sheet. Though you will receive much of the information during your orientation, you may wish to pursue these topics independently in order to feel more comfortable in your new role. Reference materials are available in the unit and at the Health Science Library at Sentara Norfolk General Hospital.

### **SCOPE OF PRACTICE**

The Neonatal Step-down is a 5-7 monitored bed area for the care of high-risk infants who no longer require Neonatal Intensive Care. Some of these infants require continued hospitalization as they gain weight and prepare for discharge. Others may require longer hospitalizations to convalesce from surgery. These infants are at risk for sepsis due to their inadequate immune system. For this reason we do not wear jewelry and hand hygiene is very important. Once you perform an initial 3-minute scrub, please use hand sanitizers before and after each patient care activity, especially before and after handling the charts, equipment or the phone.

We utilize a multidisciplinary team approach to provide quality patient care to meet the physical, emotional, social, and developmental needs of the patients and their families. The team includes the 7C Leadership Team, Residents, Nurse Practitioners, Social Workers, Teachers, Child Life Specialists, Therapists, Case Managers, Advanced Practice Nurses, and staff nurses. Nursing care is delivered by Registered Nurses (RN's) and Clinician II's (LPN's) with support from Clinician I's, Support Associates, and Unit Secretaries.

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

- Prematurity
- Chronic Lung Disease (CLD)
- Bronchopulmonary Dysplasia (BPD)
- Sepsis
- Necrotizing Enterocolitis (NEC)
- Pneumonia
- Developmental Issues R/T Prematurity
- Short Gut Syndrome
- Apnea & Bradycardia
- Gastroesophageal Reflux (GER)
- Feeding Intolerance
- Intraventricular Hemorrhage (IVH)
- Retinopathy of Prematurity (ROP)
- Birth-related Asphyxia

#### **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 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 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 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

### **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