

AAH-Transfer of a neonate requiring admission to NICU, delivered to a suspected/ confirmed Coronavirus positive mother

All mothers suspected/confirmed Coronavirus should be assessed immediately by a Doctor and transferred to an identified isolation room. The named Midwife should liaise with the Paediatric Consultant and Nurse in charge of NICU if delivery of an infant requiring NICU admission is anticipated, to ensure that staff are available to assist with neonatal resuscitation (if required) and transfer of a neonate to NICU

Preparation for delivery/ resuscitation and transfer to NICU

Nurse in Charge of NICU

- Midwife caring for mother should liaise with Nurse in Charge NICU to inform her of the anticipated delivery.
- Confirm infectious status with midwife and acknowledge outstanding tests and results
- Lead Nurse/ HOS /Consultant/ midwifery bleep holder informed. Consultant to review current occupancy in order to plan for possible discharges; and plan admission. **(See action cards for admission to ward)**
- Identify Nurse/ Doctor to attend delivery, if indicated, and assist with resuscitation and stabilisation of the baby. Same Team to transfer baby
- Liaise with IPC. Prepare isolation room for dependency of patient. (isolation rooms and parents room screened from main unit area).
- Establish plan to prepare for transfer of patient to NICU; porter to bring transport incubator/ incubator depending on the degree of respiratory support and monitoring required (Remove all unnecessary equipment form the transport incubator prior to use; retain resuscitation equipment for transfer).
- On transfer, enter NICU via doors opposite coffee room.
- A contact sheet is signed by staff involved in transfer of patients and ongoing care.
- Liaise with Midwife on Labour ward to ensure no further entry from doors on labour ward to NICU (ensure signage in place)

Transferring patient to NICU

Allocated Nurse

- The allocated nurse will be in close contact with NICU and wait until ward is ready to receive patient. Any further staff in contact with the patient should wear appropriate PPE and comply with IPC guidance.
- Allocated nurse and medical staff will move the patient to NICU from designated area to the isolation room in NICU according to local guidance ensuring appropriate PPE (Portering staff will follow local guidance and action cards)
- See admission pathway
- A contact sheet is signed by staff involved in transfer of patients and ongoing care.

**AAH-Transfer of a neonate requiring admission to NICU, delivered to a suspected/ confirmed
Coronavirus positive mother**

Paediatric Doctor :	
Action	Complete
Paediatric doctor to inform Paediatric Consultant on call for NICU of the anticipated delivery of a neonate requiring NICU admission delivered to a Coronavirus positive mother.	
Paediatric Consultant on Call ascertains if their presence is required at delivery and discusses the management of the patient depending on anticipated gestation/ weight/ condition/ antenatal diagnoses or concerns.	
The Paediatric Consultant in discussion with the Nurse in Charge / Lead Nurse NICU determines if admission to NICU is indicated or if the baby can stay with mother.	
Discussion with the Nurse in Charge and Lead Nurse should include: - availability of nursing and medical staffing to provide ongoing care for the patient NICU . Staffing numbers and occupancy are assessed	

Nurse in Charge : NICU	
	Complete
Midwife will contact the Nurse in Charge to discuss the anticipated delivery of the patient and need for admission to NICU	
The Nurse in Charge should then discuss with the Lead Nurse/ HOS/ Paediatric Doctor to determine the on-going care.	
<p>The Nurse in Charge should inform the Ward Manager/ Lead Nurse and HOS (Out of hours should be contacted)</p> <p>This discussion should include: - availability of nursing and medical staffing to attend the delivery; assist with resuscitation and stabilisation (if required); transfer to NICU and to care for the patient in NICU .</p> <p>Consideration should be given to the skill mix of available staff to go to designated ward area and for NICU also.</p> <p>Staffing numbers and occupancy are assessed</p> <p>Plan for additional staff if available/ bed closure</p> <p>Provision of transport incubator and emergency equipment</p> <p>The Nurse in charge should ensure that the allocated nurses are familiar with the identified area and route to NICU. All necessary equipment should be made available to patient area for resuscitation of the infant and stabilisation prior to transfer.</p> <p>The Nurse in charge should be available to co-ordinate action plans (delegate own tasks to other staff/ if possible)</p>	
<p>The Nurse in charge should identify a relief nurse (for breaks etc.) if the time from preparation for delivery to transfer is protracted.</p> <p>The relief nurse should not have direct patient contact if possible (2 metres away from patient)</p>	
<p>The Nurse in charge should ensure that all nurses caring for the patient are trained in putting on and taking off PPE (see Trust Podcasts).</p> <p>The nurse in charge will update all staff on events. Confidentiality should be maintained and discussions held away from ward area.</p>	
Support all ward staff and monitor nursing staff well-being and liaise with Infection Prevention and Control if any infection suspected	
Update Lead Nurse and HOS of progress at regular intervals (in hours) Escalate any concerns to the Lead Nurse	

Lead Nurse :	
Action	Complete
The Nurse in Charge should discuss with the Lead Nurse/ HOS/ Paediatric Doctor to determine the plan of care and indication for admission to NICU.	
<p>The Lead Nurse should inform the AD</p> <p>This discussion should include: - availability of nursing and medical staffing to care for the patient following delivery; transfer to NICU and for isolation room in NICU</p> <p>Consideration should be given to the skill mix of available staff.</p> <p>Staffing numbers and occupancy are assessed</p> <p>Plan for additional staff if available/ bed closure</p>	
Support all ward staff and monitor nursing staff well-being and liaise with Infection Prevention and Control if any infection suspected	
Ensure regular update meeting with medical and nursing staff involved	
Update AD of patient condition/progress at regular intervals	

Assistant Director	
Action	Complete
The Lead Nurse should inform the HOS/ AD of the patient condition and ward circumstances	
This discussion should include: - availability of nursing and medical staffing to care for the patient Consideration should be given to the skill mix of available staff to provide safe and effective care. Staffing numbers and occupancy are assessed Plan for additional staff if available/ bed closure	
The HOS/ AD should continue to liaise directly with ward staff to determine staffing/ ward pressures	
The AD should inform the Director of W&C (and escalate this to the Chief Executive)	
The HOS/AD should continue to liaise directly with ward staff to determine staffing/ ward pressures	
The HOS/AD should liaise with the Director of Women and Childrens and update on progress and any other clinical developments	