

NICU

NS35 x1987

Director: Dr. Gloria Valencia

- Main purpose of rotation is to become comfortable caring for neonates, with neonatal resuscitations (on the floor, at deliveries), neonatal emergent pathology (e.g. NEC, meconium aspiration), and procedures (IV, LP, intubation, a-stick)
- Dress code: change into your scrubs in the call room on arrival and wear a coat/gown/scrub top when leaving to unit to minimize contamination, no watches/nail polish, per NICU policy
  
- **Schedule**
  - Days: 7a-5p
    - Sometimes you may be assigned to stepdown but Dr. Valencia prefers EM residents in the NICU. Just check with your attending and the PA in stepdown where you should go.
  - Nights: 5p-7a
    - Order AM labs, update the daily rounding sheets in the notebook, you cover stepdown but generally NTD there so may help out with NICU
  - 24h call 2-4x depending on staffing
  - You may make requests to [sunypedschiefs@gmail.com](mailto:sunypedschiefs@gmail.com)
  - Should have 20 shifts (24 hour counts as 2)
  
- **Daily Tasks**
  - Pre-rounds: review your patients overnight informations, updated labs, discuss TPN with pediatric resident to ensure that it is done for the patient, examine your patient and potentially start the note.
  - Rounding presentation: Most of the pertinent information for rounds is in the book that has the daily updated sheets of events and labs.
  - NBS, HUS, ECHO, ROP sheet
  - Daily lab sheet
  
- **Weekly tasks**
  - Mondays
    - Update weekly growth data in subjective of notes
    - Most babies get full set of labs (CBC/r, CMP, T/D bili, Mg, Phos, gas)
  - Fridays: update face sheets/discharge


- Babies on TPN: BMP 2x a week, CMP every 10 days
- **NRP credentialing (optional)**
  - This is not officially sponsored by ED program but Dr. Valencia offers this at minimal cost to you.
  - Part 1 (\$35, you pay): online quizzes, eSIM cases. Do-able without the textbook but you could borrow it from the peds residents. Register here <https://www.healthstream.com/hlc/aap>
  - Part 2: once you get your certificate for part 1, ask Dr. Valencia to help you schedule the practical portion which includes education about equipment and 2 test scenarios
- **Clinical tidbits**
  - Total Fluid Goal (TFG) (cc/kg/day) = IVF + TPN + IL (intralipid, i.e. fat) + PO feeds (non-trophic) + transfusions (if included in TFG)
    - Feeds are trophic if <20 cc/kg/day and do not count towards TFG
  - Dosing
    - Neofax is gold standard
      - Download instructions: Step 1: Visit the App Store from your device and search IBM Micromedex NeoFax  
Step 2: From the app preview page, select the FREE button. You may be prompted to enter your Apple ID.  
Step 3: The app will download to your app library, or directly to your device.  
Step 4: Open the app. Enter the password **ta6e7E** to begin using IBM Micromedex NeoFax. The password is case-sensitive.
    - Use birth weight for 1st 7 DOL or until birth wt surpassed
  - Umbilical access
    - UA @ T6-9, curves inferiorly then superiorly
    - UV in IVC at diaphragm/heart border, does not curve inferiorly or laterally
  - Transfusion
    - Always check “CMV negative” and “irradiated” on Orange Card for all babies and list volume desired under units
    - White card - for person who is requisitioning blood, include volume desired under type
    - Newborn study - baby equivalent of “type & screen”, send one lavender top with orange card completed if they have cord blood, if not need two lavender top tubes

- Hct <35-40 @ 15 cc/kg RBC + 15 cc for tubing
  - RBC over 3 hours - write activity order with volume (15cc/kg) and rate
  - Plt <80 @ 10-15 cc/kg + 15 cc for tubing
- Imaging
  - ROP for < 1500 g or <31 wks or r/o chorio
    - Order eye drops (tetracaine, tropicamide, cyclopentolate + phenylephrine) several hours early and instruct nurse to dilate 1 hr prior to ophtho arrival (one gtt each eye). Confirm with ophtho day of their arrival time.
    - Exact information for eye drop ordering is only daily lab sheet
  - HUS < 32 wks or suspected hemorrhagic anemia r/o IVH
- CBC *always* ordered with retic
- When drawing blood samples off central line for lab work, return the waste back to baby (rather than discarding)
- Premies lose 15-20% 1st WOL, regain 1-2 weeks
- pH 7.25-7.35, permissive hypercapnia preferred to allow for earlier weaning of vent

## Admission

<https://www.downstatepediatrics.com/note-templates/>

### Example of uncomplicated newborn admission orders

<input type="checkbox"/> <b>Admit / Transfer / Discharge</b>
<input type="checkbox"/> <b>Admit to Inpatient Care</b> - OB / GYN - NS 35 NICU Admit Service: Pediatrics - General; Admit Condition: Good Admit Date: 06-30-2018 STAT Based on my medical assessment, after consideration of patient's risk factors - age, co-morbidities and patient presenting symptoms and acuity - I expect that this patient will remain in the hospital for greater than two midnights or that the Specify Patient Risk Factors : newborn Services Provided : observation Estimated LOS : 3 I certify that my determination is in accordance with my understanding of Medicare's requirements for reasonable and necessary inpatient services [42 CFR 412.39e]
<input type="checkbox"/> <b>Nutritional Services</b>
<input type="checkbox"/> <b>House Formula</b> - Similac [Strength: 20] ad lib Every 3 Hours Instructions: Please feed ad lib with EBM or Similac 19 or 20. Please take Dstick prior to feed.
<input type="checkbox"/> <b>Laboratory</b>
<input type="checkbox"/> <b>Cord Blood Gas</b> - Phys/Nurse Coll STAT
<input type="checkbox"/> <b>Cord Blood Study</b> - Phys/Nurse Coll STAT
<input type="checkbox"/> <b>POCT Glucose CAP</b> - Routine
<input type="checkbox"/> <b>RPR Serum</b> - Phys/Nurse Coll STAT- Phys/Nurse Coll STAT
<input type="checkbox"/> <b>Metabolic Screen Neonatal</b> - 600 AM Lab Draw
<input type="checkbox"/> <b>Bilirubin Total &amp; Direct</b> - 600 AM Lab Draw
<input type="checkbox"/> <b>Medication</b>
<input type="checkbox"/> <b>Erythromycin 0.5% Ophthalmic (As per Newborn Protocol)</b> - 0.25 Inch(es) Both Eyes Once For 1 Times
<input type="checkbox"/> <b>Phytonadione Injectable (As per Newborn Protocol)</b> - 1 MILLIgram(s) IntraMuscular Once For 1 Times
<input type="checkbox"/> <b>Hepatitis B Vaccine Injectable (Peds)</b> - [Known as ENGERIX-B] 0.5 milliLiter(s) IntraMuscular Once For 1 Times  Unverified By Pharmacy

**Nursing**

**Activity** - Ad lib

**Daily Weight** - Routine

**Measure Intake and Output** - Routine

**Monitor Fingerstick Glucose** - Routine  
Instructions: Prefeed glucose >60 x3

**Monitor Vital Signs** - Every 4 Hours

**Notify MD** - Notify Provider: Temperature > 100.4

**Notify MD** - Notify Provider: HR 200 > or < 60 per minute

**Notify MD** - Notify Provider: SaO2 < 92%