

# MCN for Neonatology

## West of Scotland

### Neonatal Guideline



## Admission Criteria - Neonatal Unit & Transitional Care

Criteria for Admission to the Neonatal Unit	
<b>Prematurity</b>	Gestation <34 weeks
	Birthweight <1600g
	Hypothermia – requiring incubator care
<b>Around delivery</b>	Peripartum compromise: <ul style="list-style-type: none"><li>• Altered consciousness</li><li>• Requiring therapeutic hypothermia</li><li>• Neurological symptoms e.g. seizures</li></ul>
	Chest compressions required during resuscitation
<b>Respiratory</b>	Persistent signs of respiratory distress
	Recurrent or prolonged cyanotic episodes
	Recurrent & prolonged apnoeic episodes
<b>Cardiac</b>	Persistent cyanosis
<b>Infection</b>	Suspected sepsis with clinical signs and/or raised inflammatory markers. <i>Does not include babies with risk factors on NEWS monitoring</i>
	Sudden collapse on the postnatal wards
<b>Metabolic</b>	Hypoglycaemia - If feed intervals of less than 2 hourly or IV dextrose required
<b>GI/Surgical</b>	Jaundice: <ul style="list-style-type: none"><li>• if quickly rising despite appropriate phototherapy</li><li>• likely to need exchange transfusion/ immunoglobulin</li><li>• antenatal concern of haemolysis, high antibody titres</li><li>• Anticipated to require double PT &gt; 24 hours</li></ul>
	Persistent / bilious vomiting, abdominal distension, Rectal bleeding
<b>Congenital abnormalities</b>	Babies identified antenatally as having a congenital condition requiring neonatal admission e.g. cardiac anomalies, open spina bifida, congenital diaphragmatic hernia etc.
	Congenital abnormalities if physiologically unstable
<b>Other</b>	Babies requiring IV infusions NAS requiring treatment > day 10 if not rapidly weaning if so consider TC particularly to assess parenting further.
	Babies, whose mothers are no longer inpatients in the maternity ward, who cannot be discharged for any other indication. Includes babies for adoption

## Criteria For Admission to a Transitional Care Unit (or equivalent)

Admission can be

- Direct from Labour Ward following Medical /ANNP assessment
- Step-down from the neonatal unit
- From home following assessment\*

NB. Some variation will occur between units dependent on available facilities.

Location of care will involve discussion and agreement with the families involved.

**Gestation 34+0 - 35+6 weeks at birth** if otherwise well

**Birthweight >1600g at birth** if otherwise well

### **Feeding support**

Requirement for full or partial NG feeding ( e.g congenital anomaly or prematurity in line with criteria above ) or an inability to suck full feeds if otherwise medically well and maintaining temperature in a hot cot.

**Hypoglycaemia** controlled with feeding at least 2 hourly intervals by suck and/or via NG tube.

**Weight loss** requiring more intensive feeding support (including NG feeding)

### **Jaundice**

Requiring double phototherapy( **if level rising rapidly requires NNU admission**)

### **Parenting assessment/social**

Babies identified antenatally as requiring **additional support** to appropriately assess parenting skills admit from LW if no other acute concerns

### **Neonatal Abstinence Syndrome**

Babies requiring on-going treatment > day 10 (up to day 10 on PNW) if already weaning treatment and anticipated to stop within 5 days.

### **Step Down from NNU care**

Corrected gestational age > 33+0 weeks and otherwise clinically well

Tolerating at least 3 hourly NG feeds

Rooming in pre- discharge ( many units provide this directly within NNU rather than TC)

\*Criteria based on BAPM Framework for Transitional Care October 2017<sup>1</sup>

## Criteria for babies with additional care requirements who are able to remain on the Postnatal Wards

NB. Some variation will occur between units dependent on available facilities.  
Includes transfer back of babies to PNW after a brief period of observation in a NNU

### **Gestation 36+0 – 37+0 weeks** if:

- No signs of respiratory distress ( if after a period of NNU observation, mild tachypnoea persists but baby is otherwise well, transfer remains appropriate)
- Feeding adequate volumes
- Maintaining temperature using hot cot if required
- Maintaining normoglycaemia

### **Birthweight > 1800g** if:

- Feeding adequate volumes
- Maintaining temperature
- Maintaining normoglycaemia

### **Congenital abnormalities** in otherwise well baby e.g:

- Cleft lip/palate if feeding well
- Trisomy 21 if feeding well

### **Resolving colour changes**

### **Weight loss** requiring feeding support in otherwise well baby

### **Jaundice:**

otherwise well babies receiving single phototherapy

### **Additional monitoring**

Baby undergoing observations on '**NEWS**' chart

Well babies requiring **antibiotics**

Baby undergoing **hypoglycaemia protocol**

### **Hypothermia** requiring care in a heated cot

Requiring monitoring & treatment for **neonatal abstinence syndrome up to day 10 (local arrangements may apply)**

# Triage of Babies requiring readmission from home

## Readmission to the Postnatal wards

### Requires Medical/ANNP review at time of readmission

Jaundice in an otherwise well baby

Weight loss in an otherwise well baby requiring feeding support

## Readmission to the Neonatal Unit

Jaundice:

- In unwell baby
- Likely to need exchange transfusion
- Unable to adequately feed

Suspected sepsis

Excessive weight loss/ poor feeding requiring NG feeding (re-admission to transitional care unit after medical assessment if well appropriate)

Cyanotic episodes

## Readmission to Transitional Care (or equivalent)

Excessive weight loss/ poor feeding requiring NG feeding  
(re-admission to transitional care unit only after medical/ANP assessment)

## Should be diverted to paediatric services

>10 days old (unless condition suitable for readmission to the postnatal wards or transitional care)

Signs of respiratory distress

Vomiting with loose stools

### Requires immediate 999 Call

Sudden unexplained collapse at home

## References

1. BAPM Framework For Neonatal Transitional Care accessed 18062018

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## Other Professionals Consulted

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## Implementation / Review Dates

Implementation Date 01/10/18      Latest Review – 12/11/21      Next Review – 01/11/24