

Handbook of Neonatal Clinical Practices

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Foreword
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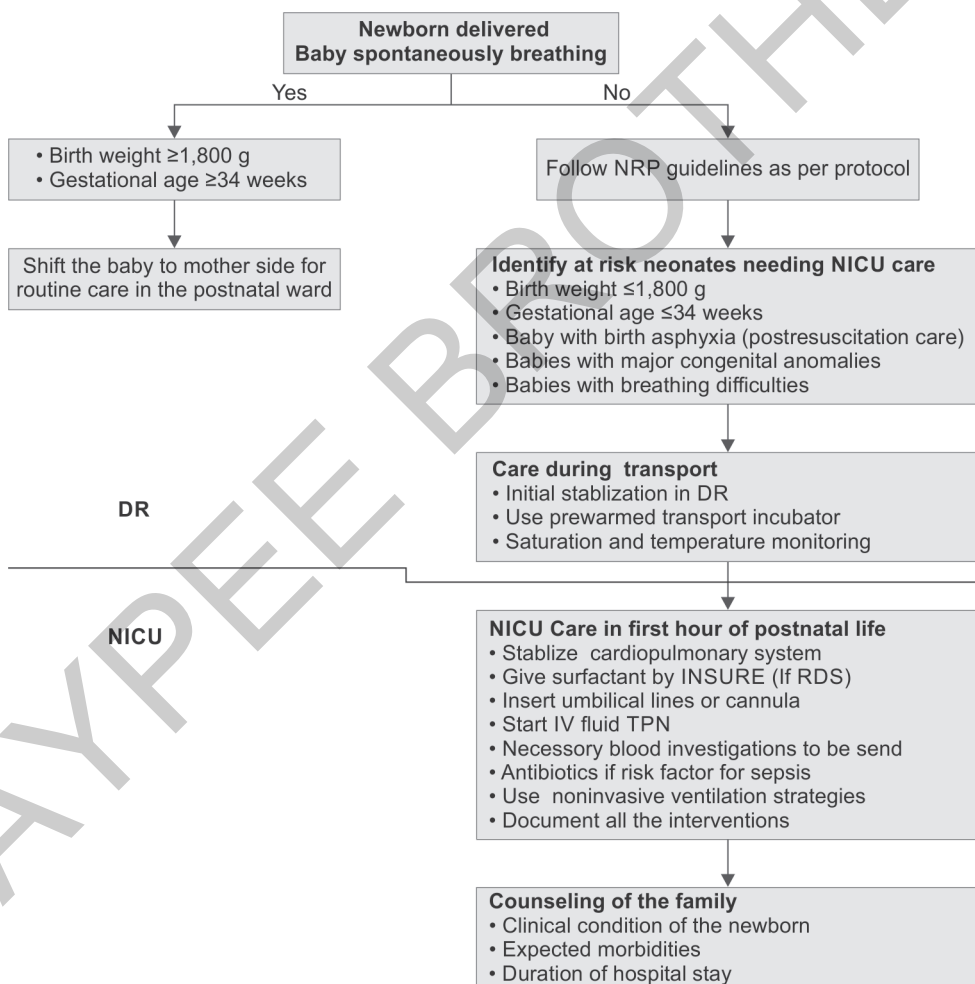
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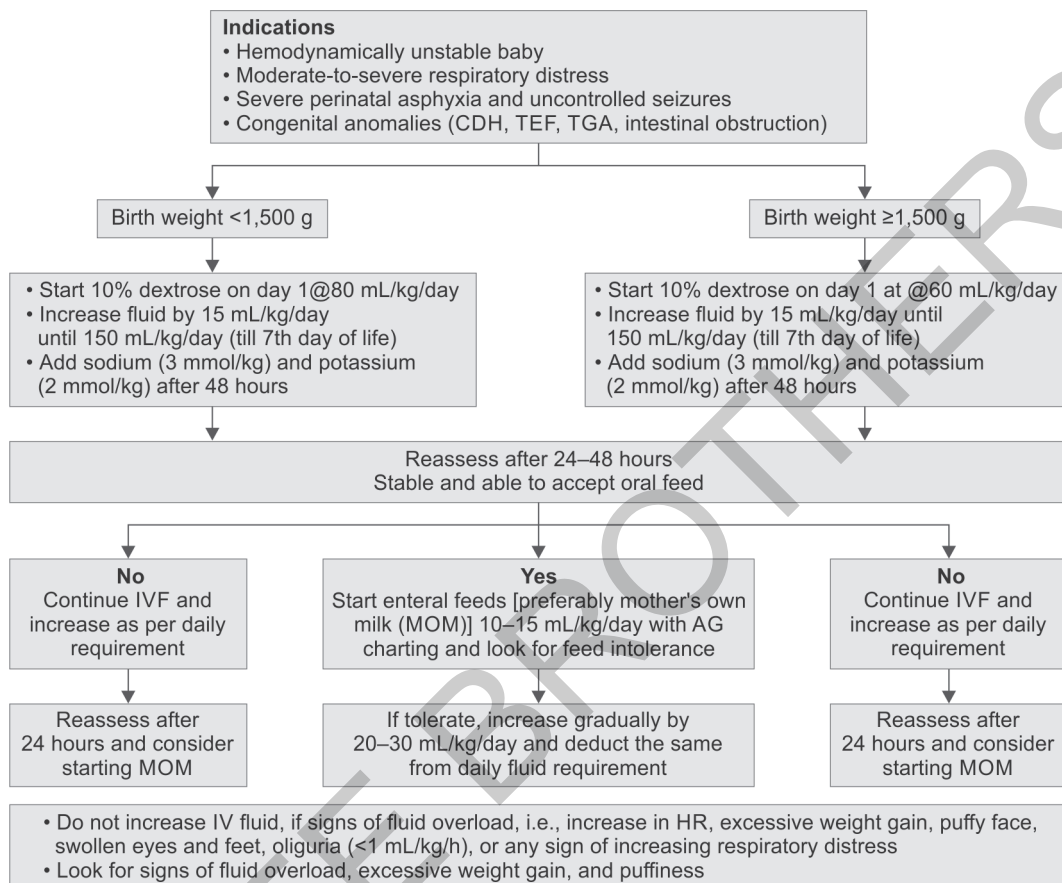
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Transitional Care from Delivery Room and Early Stabilization in NICU

Ravi Sachan



IV fluid therapy in newborn after initial stabilization.

**Key Points to Remember**

- Document time of birth, time of initiation of breastfeeding, weight, gender, and identification band/markings for baby.
- Cord should be kept clean, dry, and free of any application (nothing should be applied).
- Weigh all the infants after breastfeeding initiation, preferably on a digital scale.
- Do not perform stomach wash in newborns at birth.
- Routine passage of catheter in the stomach, nostrils, and the rectum is not recommended but do give special attention to identify and document the anal opening in the record sheet.
- Examine the baby thoroughly and recorded in the case sheet for any life-threatening congenital anomalies, and birth injuries (cephalohematoma, brachial plexus injury, facial paralysis, fracture, and dislocation of hip).

- Injection vitamin K1 should be administered intramuscularly (0.5 mg for babies weighing <1,000 g 1.0 mg for those weighing above 1,000 g at birth) on the anterolateral aspect of the thigh using a 26-gauge needle and 1-mL syringe.
- Health provider must show the newborn to the mother and other family members, with particular attention to the identity tag on the newborn and must communicate to them the time, birth weight, gender, and condition of the newborn.

<i>Admission checklist for a sick neonate at the time of admission</i>	Yes	No
• <i>Before arrival</i>		
– NICU team informed about anticipated admission		
– Warmer on manual mode		
– Crib made ready		
– Standby ventilator/CPAP with new circuit and humidifier		
• <i>On Admission</i>		
– Check baby identification/name tagged		
– Suction if required		
– Oxygen by nasal prongs, if indicated		
– Temperature and pulse oximeter probe attached		
– Warmer mode shifted to servo		
– IV/UVC cannula inserted and dated		
– RBS on arrival checked		
– Necessary investigations collected		
– NIBP recorded		
– IV fluids started, if Indicated		
– Feeding tube inserted, if indicated		
– Consider CPAP and surfactant, if indicated		
– Injection vitamin k given, if not given earlier		
– Time of first dose of antibiotic after arrival noted		
– Weight, length, HC checked, and documented		
– Any injuries, previous cannula extravasations noted, and documented		
– X-ray chest and abdomen according to clinical scenario		
• <i>Admission formalities and counseling</i>		
– Counsel the parents for the need of admission		
– Plan of management and expected complications		
– Expected duration of NICU stay		
– Expected cost of care		

Contd...

Contd...

<i>Admission checklist for a sick neonate at the time of admission</i>	Yes	No
– Explained about daily visiting hours, time of daily counseling		
– Explained regarding feeding plan and expression of milk and storage of milk		
– Written informed consent taken regarding initial support, invasive procedures		
– Baby shown to attendants after initial stabilization		
– Admission slip, medication slip given to attendants, if any		
– Signature of the attending doctor/nurses:		

■ FURTHER READING

1. Facility-based newborn care, training module for doctors & nurses. MoHFW, GoI; 2022.

Handbook of Neonatal Clinical Practices

Salient Features

- Concise, evidence based and updated information by esteemed authors, reviewed by the most eminent neonatologists of the country
- Algorithmic approach for easy and better understanding
- Checklist-based management of the disease and procedure for improved quality of care
- Separate section for emergency, specific, supportive and diagnostic management
- “Key points to remember” after each chapter in a highlighted box
- Annexures for procedures, equipment, medication, biostatistics and OCSE
- Comprehensive coverage on neonatal nursing perspective
- A complete book for PG students, neonatal fellows, superspecialty students and common practitioners.

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