

Admission to the NICU

Setting up the room

Ensure the bed is preheated and ready for admission.

Assign roles: bedside RN, documenter, parent support, access, orders, respiratory

Gather necessary supplies:

- ☐ PIV kit: multiple catheters, Tegaderm, tape, arm board
 - ☐ Stethoscope
 - ☐ Diapers (various sizes)
- ☐ Blood pressure cuffs (preemie, neonate, infant sizes)
 - ☐ Thermometer
- ☐ Suction setup and tubing
- ☐ Pulse oximeter and posey
 - ☐ ECG leads
- ☐ Syringes and flushes
 - ☐ IV fluids and tubing
- ☐ Blood draw supplies: butterfly needle or heel stick device; blood culture bottle, tubes

Additional supplies for ELBW admission:

- ☐ Polyethylene wrap
- ☐ Humidified and heated respiratory support setup
- ☐ Smaller-sized ET tubes and laryngoscope blades
- ☐ Umbilical line supplies
 - ☐ Transducer for UAC
- ☐ Developmental positioning devices

What to Document

- ☐ Initial vital signs per unit policy: recommendation is every 15 minutes for 1 hour, every 30 minutes for 1 hour, then every hour until stable
- ☐ All PIV attempts
- ☐ Quick head-to-toe assessment on arrival
- ☐ Full assessment per department protocol
- ☐ Admission weight, OFC and length
- ☐ Fluid and medication administration details
- ☐ Medication calculations
- ☐ Parental presence and initial communication

Key Steps & Flow of Work

Quick Visual Assessment – Observe color, tone, respiratory effort.

Set Up Respiratory Equipment – Prevent delays in getting started

Thermoregulation – Initiate servo mode, take first axillary temperature.

Obtain Vascular Access:

<1500g: Place UVC

>1500g: Place PIV

Start Fluids:

<1500g: Initiate Starter TPN

>1500g: Start D10W IV fluids

Draw Labs:

Blood glucose

CBC with differential

Other labs as ordered (e.g., blood gas, cultures, electrolytes)

*initiate antibiotics if ordered, giving Ampicillin before Gentamicin

Respond to Lab Results – Address hypoglycemia, infection concerns, electrolyte imbalances.

Full Head-to-Toe Assessment – Document findings thoroughly.

Tuck In & Developmental Positioning – Nesting, midline positioning, noise/light reduction.



Admission to the NICU

Neuroprotective Care Bundle: For babies born less than 31 weeks

Delivery management: initiate golden hour

- Ensure delivery room temperature is increased
- Pre-brief and assign roles for all persons present
- Early use of CPAP/PEEP, avoiding intubation unless necessary
- Surfactant in the delivery room if needed
- Time awareness in L&B with NICU arrival time goal under 20 minutes of age
- Thermoregulation measures including servo probe, hat, and polyurethane bag; take axillary temperature prior to leaving delivery room

Upon admission to the NICU:

Access:

- Place umbilical vein catheter (UVC) in all infants less than 31 weeks or 1500g
- Consider umbilical artery catheter (UAC) for <28 weeks
- Umbilical fluids ready to go, warmed as needed
 - D10W with protein and heparin should be warmed and ready to go as soon as lines are in

Thermoregulation:

- Initiate thermoregulation measures
 - Place infant in poncho or covered with polyurethane bag, if not done so during delivery
 - Use beds with heat warmers or add warming lights as needed
 - Place infant in developmentally appropriate positioning for warmth and comfort
 - Set giraffe humidity to 70% or 80%, depending on hospital policy
 - Close giraffe as soon as possible following line placement and ensure infant is on skin/servo mode

On-going care:

Midline positioning for 96 hours at 30-degree HOB elevation and minimal stimulation:

- Defer weight and bath during the first 96 hours unless ordered otherwise
- Defer placement of PICC line until 96 hours of age
- Keep extremities in midline and flexion, log rolling for position changes
- Kangaroo care encouraged for mothers, when infant's temperature has been stable (greater than 98°F x2) with first temperature being within 4 hours of transfer and 2nd temperature being immediately before transfer).
- Use air shields during cares; 2-person cares to decrease convection heat loss
- Gentle 2-person cares every 6 hours at a maximum, practicing cue-based cares as possible
- Maintain minimal stimulation and a quiet environment
 - ✓ Keep incubator covered, protect eyes when exposed to light
 - ✓ Avoid leg elevation during positioning and diaper changes
- Minimize painful procedures:
 - If a baby has a UAC, please don't puncture the heel unless directed to do so by provider



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