A guide to understanding your baby’s care and experience with The Medical Center
Neonatal Intensive Care Unit (NICU)
As a parent of a baby admitted to the NICU, the above statement has probably crossed your mind. The Medical Center NICU team is here to provide the utmost high quality, unconditional love and care to your sick/premature infant(s). Allow us to welcome you and your new baby to our NICU. Although this time may be stressful and scary to you, we strive to reassure you, include you in your baby’s care as much as possible, fully update you on your baby’s care/condition, and provide necessary teaching to achieve the ultimate goal: get your baby home to you as safely and quickly as possible.

Your baby may be moved to a different room during his/her stay in our NICU due to admissions of other sick babies. We will try to inform you of this change before you visit. Because this may happen, you may use the space below to “Pencil-in” your baby’s current NICU room phone number. This will allow you direct access to your baby’s nurse. Just ask the nurse for the number.

If outside of the hospital, dial 796-(the number). If in your hospital room, just dial the 4 digit number, such as: 2222.
Visitation

Parents are not considered visitors. You may visit as often as you wish. We only ask that you do not visit during the following times:

7:00 a.m. – 7:30 a.m. and 7:00 p.m. – 7:30 p.m.
(These are the times in which we are changing shifts and updating the nursing staff on all the babies).

11:00 a.m. – 12:00 noon (only on Wednesdays):
(This is the time when we conduct “multidisciplinary rounds,” where doctors, nurses, respiratory/occupational/speech therapists, dietary, pharmacy, lactation, etc. meet to discuss all NICU babies and what is needed or not needed in daily care.)

On occasion we may ask that you not visit if we are admitting a sick baby or doing a procedure. These situations may arise at any time, and we apologize if you are asked to wait. We thank you for your cooperation when, and if this does occur. Rest assured we will allow you back into the NICU as soon as we possibly can.

• Please keep your pink/blue bracelet with you for identification.
• There may only be a total of 2 people to visit at a time with your baby. You have two options for visitation. (1) You may designate six people total that will have permission to visit your baby when you are not present. You may not change your visitor list once it is made, so please consider who you choose. *(A one-time visitor change to the list may be considered under extreme circumstances; however, this must be approved by the neonatologist, charge nurse or supervisor). (2) You may choose to not allow any visitors when you are not present. This is your decision. Sick or premature babies have very little immunity; therefore infection control is very important. In order to visit the NICU, all visitors must meet the following guidelines: (please understand these guidelines are taken very seriously and are enforced to protect your baby and the other NICU babies).
  ▪ Must be healthy – no colds, fever, infection, fever blisters, diarrhea, rashes, etc.
  ▪ Must be 16 years of age or older.
  ▪ Must wash hands thoroughly with soap and water for 3 minutes before entering the NICU. Alcohol foam may be used after this “initial scrub.”
Please understand we strive to attain complete confidentiality and security in the NICU. We can only give information about your baby to you, the parents. We ask that you always have your pink/blue bracelet with you for ID purposes. We may also ask your visitors to show picture ID at your request. No one will be allowed to touch/hold your baby when you are not present. We like to reserve this special time for you, the parents. However, if you wish for a specific person(s) to have permission to hold/feed your baby, this must be written in your baby’s chart. Please understand it will be at nurse’s discretion whether your baby can tolerate holding. Please remind your visitors it is our hospital policy to not discuss your baby’s care. We also may not comment on any other babies in the NICU to you or your visitors. To ensure the person on the phone is you, (the mother or significant other), we can assign a pass-code which is the last 4 digits of your baby’s account number. This is an option and is not mandatory. You can decide if you want to use the code system.

Your baby’s pass-code is: ________________________
You will see tons of machines and equipment in the NICU. These special machines are designed to monitor and help your baby. Your nurse can answer any question you have about the equipment. The following are some common equipment used in the NICU:

Cardiac/Respiratory monitor:
Gives a continuous reading of your baby’s heart and breathing rates. It can also read your baby’s blood pressure and the levels of oxygen in your baby’s blood. You will hear us refer to this oxygen level reading as a “pulse ox” or “O2 sat.” This number (along with other vitals, symptoms) helps us determine how much oxygen your baby needs.

Oxygen:
Most babies who need extra oxygen will be placed in an oxygen hood (a round, plastic container that fits over the baby’s head). The amount of oxygen in this container can be adjusted so that we give the baby just the right amount. Another method of delivering oxygen is a small nasal cannula.

If your baby needs more breathing support than a hood or nasal cannula can provide, we can use a device called CPAP. This gives the baby oxygen, but also provides a small amount of pressure in the airway that keeps the tiny air sacs in the lungs open.

If CPAP is not enough support for breathing, we may need to use a ventilator (or breathing machine). This allows us to give just the right amount of oxygen, pressure and breathing support required by your baby. When a ventilator is used, your baby will have an “ET tube” in his/her airway to deliver the breaths to the lungs.

Warmers, Giraffes, Incubators and Cribs:
Your baby may need help regulating his/her body temperature, especially when sick or premature. The added heat will allow
the baby to rest, gain weight appropriately, and recover. Different methods of regulating your baby’s temperature and providing a “neutral thermal environment” are as follows:

**Radiant Warmer Bed:** Open warmer bed with heat source suspended in the air directly above the baby. A temperature probe is placed on the baby’s abdomen (stomach) in a fatty area to monitor just how much heat is needed.

**Giraffe:**
A closed incubator that can be opened and used like a radiant warmer bed. We usually try to keep giraffes closed at all times due to the sensitive heat loss that can occur when raised open. A temperature probe is also used with this bed, and is placed on the abdomen or back in a fatty area. It is important that the baby not lay on the probe to prevent over/under-heating. The port-holes or side panels can be opened and allow us to care for your baby, meanwhile containing the heat within the giraffe. We ask that you become familiar with opening/closing these port-holes and please do so quietly, not to disturb your baby. At times, we may also ask that you not open the doors if the baby is too cool for some reason, or if his/her condition tells us that he/she needs minimal or no stimulation. This is at the nurse’s discretion, and please understand this is in your baby’s best interest. Our policy states the baby will need to be moved to a new giraffe every 14 days. This is something we will strive to do, along with daily linen changes.

**Incubator or Isolette:**
This bed is very similar to a giraffe. The main difference is that this bed cannot be opened and used as a radiant warmer. The lid to the bed can be taken off completely, however, and used as an “open crib” for your baby. This means that the baby is not requiring any heat source.

**Kangaroo Care: Mommy or Significant Other:**
This method of warming your baby is done by placing your baby just wearing a diaper, against your chest. (If your baby is very small, he/she may be placed down inside your loose-open shirt.) A warmed blanket is then placed over the baby,
and a hat will be placed on his head. The heat from your body is generated to your baby. Kangaroo care is a wonderful time for parents and babies to bond. (See Kangaroo Care in the Development section.)

**Open Crib:**
A small plastic bed on a metal frame with no heat source. (This is the traditional crib you will see in the normal newborn nursery.) When a baby is placed in an “open crib,” it usually is close to his/her NICU graduation.

**Who’s Who…**

…And What We Do

While your baby is in the NICU, you may meet many different people who will care for your baby. Some of our NICU team players are:

★ Neonatologist: A pediatrician who has specialized training in caring for babies who are premature or ill.
★ Pediatrician: A physician who has special training in caring for babies and children.
★ Neonatal Nurse Practitioner or NNP: A nurse practitioner with specialized training in newborn intensive care. The NNP assesses your baby daily, and more often if needed. He or she will make daily rounds with the doctor. (*Note: Our hospital may or may not have NNPs and this is subject to change).  
★ Registered Nurses or RNs: Nurses with training in neonatal intensive care who will provide round-the-clock care for your baby.
★ Respiratory Therapists or RTs: Professionals who have training specific to your baby’s breathing needs.
★ Breastfeeding or Lactation Specialists: Practitioner with International Certification in counseling the lactating mother and breastfeeding baby.
★ Occupational or Speech Therapists: Professionals who have special training to care for infants’ individual needs.
for development, positioning, feeding, and relating to their environment.

★ Medical Social Worker/Discharge Planners: Professionals who offer emotional support and who arrange for any special care or equipment needed upon your infant’s discharge or “NICU graduation.” They also communicate with your insurance company for authorization of care.

★ Unit Clerks: Staff members who support the nurses with clerical duties, stocking supplies, and assisting in various nursing tasks.

★ Laboratory and Radiology Technologists: Personnel who take blood samples and x-rays.

Key Points

☑️ Shhhhh! Remember to always speak in a quiet tone while in the NICU. Sick babies cannot always tolerate loud voices/noises. You may even need to remind us to be quiet from time to time.

☑️ Your baby knows you by your voice, your scent or smell, and your firm touch. Soft rubbing may irritate your sick/premature baby, so try to refrain from soft rubbing or stroking.

☑️ We “cluster our care.” Your baby will have set times for vital signs and feedings, and we strive to not disturb your baby’s rest except during these set times.

☑️ We welcome and encourage your assistance with your baby’s care. We may ask you to change diapers, take temperatures, etc., and will be happy to teach you these tasks if needed.

☑️ Although we welcome your phone calls, we please ask that you try not to call during your baby’s feeding time (your baby’s nurse will tell you what times he/she has a feeding). If you call during this time, this requires us to interrupt your baby’s feeding and answer the phone, thus perhaps hindering what may have been a “good” feeding. It is perfectly
acceptable to call at least 30 minutes after what should have been the feeding, thus we can tell you how your baby did. We also ask that you not call during shift change, thus interrupting the time we update the nursing staff.

☑ You are welcome, but not required, to bring in some of your baby’s clothes from home. Nightgowns and sleepers are best. Blankets and small stuffed animals can also be brought. Just please label all of your baby’s belongings and take them home when they need to be laundered.

☑ Your baby will be ready to go home when he/she meets the following criteria:
1) Taking all of his feedings by breast or bottle as ordered by the doctor
2) Maintaining her temperature in an open crib (no additional heat source)
3) Consistently gaining weight appropriately every day.
4) Breathing on his own and not having apnea, bradycardia or desats (refer to glossary for the definition of these terms).

☑ Vaccines: We may give your baby a Hepatitis B vaccine with your permission and with a doctor’s order. You can refer to the A New Life Begins booklet on vaccine information.

☑ All babies are required by the state of Kentucky to have a newborn screen between 24 and 48 hours of age. This is done by taking a sample of blood from your baby’s heel and tests for various allergies, diseases, etc. (refer to A New Life Begins book for information).

☑ We will ask you to sign a “Medical Information Release Authorization” Sheet. This will legally allow us to give you daily updates on your baby, and is a hospital policy.
As a parent or caregiver of a baby admitted to the NICU, we highly recommend you take a course in infant CPR (cardio-pulmonary resuscitation). We offer these classes at our hospital on designated days/times. Remind your baby’s nurse that you need to sign up for a CPR class. We will try to make an appointment on a day that is convenient for you.

We also will provide “daily education” with you regarding the care of your baby. We will show you how to change diapers, take temperatures, give baths, proper feeding techniques, positioning, swaddling, and so forth.

All parents/caregivers should receive the *A New Life Begins* booklet. You may refer to this book for further infant care that is not discussed in this book.

We will begin attending to all your baby’s discharge (going home) needs from day one.

A car seat test is required for all babies who are premature (36 weeks gestation and below). A special car seat may be required if your baby falls under the recommended weight designated on your car seat. (Most car seats are designed for babies 5 lbs and up; however, special car seats for babies less than 5 lbs. are available at MedEquip). Your baby may possibly go home before reaching 5 lbs., so this will be addressed before your baby’s NICU Graduation day.