



GUIDELINE

Handover and Transition to the Neonatal Unit

Scope (Staff):	Nursing and Medical Staff
Scope (Area):	NICU KEMH, NICU PCH, NETS WA

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

Aim

This clinical guideline describes the pathway for the transition and handover of neonates being admitted to all areas of the neonatal unit.

Risk

Failure to follow this process could lead to miscommunication, misinformation and delays to patient care.

Key Points

- **Preparedness**

Responsibility of the admitting team to prepare the bed space in anticipation of the neonate's arrival. See [individual patient requirements in the Admission to NICU KEMH/PCH Guideline](#).

- **Leadership and Communication**

Communication between the resuscitation/transport team and admitting team, is essential prior to the arrival of the baby. The whole admission process needs to be coordinated by a Team Leader who should be the most senior person present.

- **Clinical Handover**

Follow the [ISOBAR approach](#); **STOP, LOOK AND LISTEN**. There needs to be a single formal [clinical handover](#) on arrival to the NICU to which all staff pay attention and the timing of it is coordinated by the Team Leader.

The physical transfer of the neonate may occur at any stage deemed appropriate by the lead.

- **Parents**

Parents should be offered the option to accompany their newborn and the team to the admission area. Refer to Language services for Accessing Interpreters:

- [KEMH NICU \(WNHS Policy\)](#)
- [3B NICU PCH \(CAHS Policy Manual\)](#)

Process

Steps	Additional Information
<p>Delegation of the Team Leader.</p> <p>Team leader to coordinate the progression of the admission.</p>	<ul style="list-style-type: none"> • Determine level of respiratory support, vascular access, initial investigations and treatment. • Determine the timing of physical transfer of the baby to the admission bed. It should occur once all the priorities of stabilisation have been established. • The single formal handover may occur at any stage deemed appropriate by the lead. Adopt a STOP, LISTEN, AND LOOK approach and use the ISOBAR method, inclusive of Obstetric background history of pregnancy and labour (midwife) or after birth resuscitation (birthing/transport team). • Identification of baby with maternal identification x2 labels (joint responsibility of obstetric/midwifery and neonatal teams to check identification) • For NETS WA retrievals see NETS WA Protocols • ED handover: ISOBAR
<p>Airway and respiratory support /ventilation during transfer and early admission process.</p>	<ul style="list-style-type: none"> • Maintain the airway on arrival whilst assessed by team lead. • One member of team to support and observe continual airway during transfer to the admission bed. ETT and CPAP not disconnected for transfer • Assessment of respiratory status and management plan considered [i.e. CPAP or Ventilator]
<p>Monitoring</p>	<ul style="list-style-type: none"> • Continuous monitoring throughout the transfer and admission phase (ECG and SAO₂)
<p>Thermoregulation Considerations</p>	<ul style="list-style-type: none"> • If transfer to admission bed is delayed, plug resuscitaire in to maintain heater output during handover. • Neohelp™ and blankets to be left insitu and covering the neonate when transferring to admission bed

Steps	Additional Information
	<ul style="list-style-type: none"> • Attach temperature probe on abdomen in an exposed area with Sil-Flex fixation tape underneath to prevent lifting. • Switch 'manual mode' to baby 'servo control' and check axilla temp and skin temperature is closely correlating. <0.5C difference is acceptable. • Consider the use of additional humidification if exposed during procedures according to thermoregulation policy
<p>Venous access, fluid management, blood gas analysis</p>	<ul style="list-style-type: none"> • Obtain Venous /arterial access, perform blood gas analysis, cultures, CRP and other tests as ordered • Fluids/nutrition according to gestational age and birthweight
<p>Measurements</p> <ul style="list-style-type: none"> - Weight - NIBP - Head Circumference - Length 	<ul style="list-style-type: none"> • For calculate of fluids and antibiotics • Take weight measurement with continuous monitoring (CPAP prongs/hats, SPO₂, ECG leads then deduct weight of these post weigh as will vary for each admission) See Appendix 1 for weights of equipment • NIBP may be attended at any time but not to delay procedures such as intubation/ventilation administration of surfactant or necessary venous access/blood gas analysis to assess respiratory status. • HC and Length when neonate considered stable and normothermic

Related CAHS internal policies, procedures and guidelines

- [Communicating for Safety \(CAHS\)](#)
- [Abbreviations for Clinical Documentation \(CAHS\)](#)
- [Language Services \(CAHS\)](#)
- [Language Services \(WNHS\)](#)
- [Clinical Handover \(Neonatology\)](#)
- [Identification of the Infant \(Neonatology\)](#)
- [NETS WA: Communication Guidelines \(Neonatology\)](#)
- [Post-Operative Handover \(Neonatology\)](#)


References and related external legislation, policies, and guidelines

- [WA Health Clinical Handover Guideline](#)
- [WA Health Language Services Policy MP 0051/17](#)
- [Department of Health Language Services eLearning module](#)

References

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Healthy kids, healthy communities

Compassion
Excellence
Collaboration
Accountability
Equity
Respect

Neonatology | Community Health | Mental Health | Perth Children's Hospital

Appendix 1 – WEIGHTS OF EQUIPMENT ITEMS

Item	Size	Weight
CPAP Hats	XS	24g
	S	28g
	M	31g
	L	35g
	XL	40g
CPAP Prongs	XS	5g (with bolsters)
	0	3g
	1	3g (with bolsters +2g)
	2	3g
	3	4g
	4	4g
CPAP Knit Hat	-	11g
Woollen Hat	-	10g
Biliband	S	3g
	L	5g
ECG Leads	-	12g
Saturation Probe & Strappit	S	5g
	L	18g (with cables)
Neowrap	-	20g
Neohelp	S	30g
	L	32g
Neobar	-	3g
Endotracheal Tube	2.5	7g (with Neobar)
	3 - 4	5g
PIV Splint	S	2g
	M	8g
	L	10g
PIV extension & Bung	-	6g
NIBP Cuffs	S	8g
	M	10g
	L	12g