Newborn Critical Care Center (NCCC) Clinical Guidelines

UNC PICU / NCCC Transfer Guidelines

PRIORITIES WHEN CONSIDERING TRANSFERS

- Maintain excellent clinical care (nursing, MD, ancillary service capability)
- Maintain family-centered care (transfers generally avoided)
- Always have beds available for internal needs (surgery, L&D, floor transfers, etc) and outside referrals for subspecialty care
- When beds are limited, triaging for admissions should proceed from 1) UNC system hospitals
 2) FirstHealth Moore Regional, Cape Fear Valley (common partners) 3) Non-partnered hospitals

CATEGORIES OF PATIENTS *MOST* SUITABLE FOR PICU / NCCC TRANSFER

NCCC to PICU Transfer Eligible:

- Non-preterm neonatal patients (medical and surgical)
- Infants with neonatal disease but still needing ICU care (e.g. BPD, pre-op cardiac, ECMO)
- Preterm infants (35-36 weeks PMA) with surgical problems
- Others considered as the need arises

PICU to NCCC Transfer Eligible

- Neonates (medical and surgical)
- Older infants with neonatal disease but still needing ICU care (e.g. BPD, post-op CHD, post-ECMO)
- Others considered as the need arises

FRAMEWORK FOR TRANSFERS

Standard: "Routine" transfer of patient with multi-level handoff

- Handoff should occur from bedside RN to bedside RN, Housestaff/APP to Housestaff/APP, and Fellow/Attending to Fellow/Attending
- Transfers from NCCC to PICU for ECMO follow ECMO Communication Pathway
- Receiving unit will write transfer orders

Less Frequent: Transfer with consult

Rare: Transfer with ongoing consultation (daily check-in and availability for questions)

- The specific medical issue and expected length for ongoing consultation should be clearly defined
- Logistics: providers should define which attending or fellow will be responsible for ongoing consultation and communicate this decision as part of sign-out to covering providers
- Any direct admit of an infant < 30 days to the PICU will have NCCC consultation

Almost Never: "Cross-cover"

• Patient changes location (NCCC to PICU or vice versa) but MD coverage does not change

** Questions about applying this guideline should be directed to Medical Directors - Karen Wood NCCC or Jenny Boyd PICU