



Neonatal Intensive Care Unit Standard Intents

NICU.1 Qualified physician is responsible for managing the neonatal intensive care unit.

NICU.1.1 The department head is a qualified Pediatrician with experience in neonatology (for level 1 and 2 NICU) and certified neonatologist (for level3 NICU).

NICU.1.2 The department head takes the overall responsibility for the operation of the unit.

Standard Intent:

Only qualified physician permitted by licensure, applicable laws and regulations, or certification manages the neonatal intensive care unit.

NICU.2 The neonatal intensive care unit nurse manager is a qualified registered nurse.

NICU.2.1 The nurse manager is qualified by education, training, and experience in neonatal intensive care.

NICU.2.2 The nurse manager develops and collaborates with NICU physicians and other departments as needed for developing policies and procedures for the unit (e.g., policies and practices related to infection control).

Standard Intent:

Only qualified Nurse permitted by licensure, applicable laws and regulations, or certification manages the neonatal intensive care unit.

NICU.3 Medical and nursing staff working in the neonatal intensive care unit have the appropriate cardiac life support training.

NICU.3.1 Medical staff working in neonatal intensive care unit are certified in Neonatal Resuscitation Program (NRP).

NICU.3.2 Nursing staff working in the neonatal intensive care unit are certified in Neonatal Resuscitation Program (NRP).

Standard Intent:

Medical and nursing staff working in the neonatal intensive care unit must have NRP.

NICU.4 The neonatal intensive care unit is covered by qualified physicians.

NICU.4.1 The neonatal intensive care unit is covered twenty-four hours a day, seven days a week by qualified neonatal intensive care physicians.

NICU.4.2 For a Level 3 unit, there is certified neonatologist to cover the unit during the on call hours.

Standard Intent:

Only qualified physicians permitted by licensure, applicable laws and regulations, or certification can work in the neonatal intensive care unit.

NICU.5 The neonatal intensive care unit has admission and discharge criteria.



NICU.5.1 The neonatal intensive care unit identifies its own population based on age and diagnosis related groups.

NICU.5.2 The admission and discharge criteria are defined in writing.

NICU.5.3 Criteria for admission are based on physiological parameters.

NICU.5.4 The criteria are developed collaboratively between relevant staff.

Standard Intent:

The NICU must establish an admission and discharge criteria for determining those patients who require the level of care provided in such unit. These criteria will guide the staff when to admit and discharge patients from NICU. To ensure consistency, the criteria should utilize prioritization and diagnostic and/or objective parameters.

NICU.6 Patient care in the neonatal intensive care unit is coordinated.

NICU.6.1 There is a documented evidence of handover between physicians at change of shift.

NICU.6.2 There is a documented evidence of handover between nurses at change of shift.

NICU.6.3 There is a documented evidence of handover between neonatal intensive care nurse and unit nurse at the time of transfer to a lower acuity of care.

Standard Intent:

For unifying the patient care in the NICU, the hospital needs to design and to implement processes for continuity and coordination of care among physicians, nurses, and other healthcare practitioners.

NICU.7 Patient care in the neonatal intensive care unit is provided using a multidisciplinary approach.

NICU.7.1 The multidisciplinary team includes both NICU as well as non NICU members. This includes but not is limited to: NICU physician, NICU nurse, clinical pharmacist, respiratory therapist, and dietitian.

NICU.7.2 Medically necessary services are readily available and accessible at all times.

NICU.7.3 Care is coordinated amongst the multidisciplinary team members and documented in the patient's medical record.

Standard Intent:

The patient care in the NICU should be coordinated among physicians, nurses, and other health care practitioners using a multidisciplinary approach. Staff need to have access to medical support services 24/7 all year round.

The admission and discharge processes in the neonatal intensive care unit are

NICU.8 coordinated.