

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.

NICU.8 The admission and discharge processes in the neonatal intensive care unit are coordinated.

- NICU.8.1 A summary of the neonatal intensive care stay is written by the NICU physician and made available at the time of discharge from critical care to a lower acuity level.
- NICU.8.2 There is documented evidence of handover between the neonatal intensive care physician and the unit physician at the time of transfer to a lower acuity of care.
- NICU.8.3 When the patient is discharged from the unit, the neonatal intensive care unit physician ensures that the receiving team is well informed about the patient's status and ongoing patient needs.
 - NICU.8.3.1 The patient's plan of care and medications are written in detail by the physician including how to continue them on the floor.
 - NICU.8.3.2 Any special care requirements are documented in the medical record.

NICU.9 Nursing staffing plans are available in the neonatal intensive care unit.

- NICU.9.1 The nursing staffing plans demonstrate an evidence based nursing to patient ratio.
- NICU.9.2 The nursing staffing plans are matching the patient volume and patient acuity.

NICU.10 Nursing staff in the neonatal intensive care unit receive continuous training with competency assessment.

- NICU.10.1 Nursing staff in the NICU intensive care unit receive training and education on the following general and NICU intensive care related needs:
 - NICU.10.1.1 Assisting physicians in the different procedures performed in the neonatal intensive care unit including securing central lines access.
 - NICU.10.1.2 Using pulse oximetry.
 - NICU.10.1.3 Recognizing critical ECG changes including arrhythmias.
 - NICU.10.1.4 Assisting physician in placing central lines or arterial lines and /or umbilical arterial/venous lines.
 - NICU.10.1.5 Obtaining arterial blood gas samples and blood drawing from umbilical catheters.
 - NICU.10.1.6 Knowledge of dosage range, side effects and complications of commonly used medications such as surfactant and high alert medications used in neonatal care including vasopressors, narcotics, and controlled medications.
 - NICU.10.1.7 Infection control principles.
 - NICU.10.1.8 Blood transfusion and exchange transfusion.
 - NICU.10.1.9 Sarnat and Thompson Scoring.
 - NICU.10.1.10 Use of the defibrillator.