

Practitioner Skills for NICU support

1. Ability to hold presence and self regulate including healthy containment of excitement.
2. Holding space in the double bind that the baby may not want to live. Principle of choice for the baby. Hold the attitude in your presence that it is up to them not the practitioner.
3. Orienting to the NICU space and the technology. Orienting to the Staff—Understand the hospital hierarchy. The Dr. and the bedside nurse have the highest level of power:
 - a. Doctor
 - b. Charge nurse (head nurse in the ward)
 - c. Bedside nurse—Nurse's job to oversee what we do there and what the parents do there.
 - d. Parents

Content:

1. Neonatology has a high rate of success. Karin Kushniruk, RN, BSN (Neonatal nurse) states that the success rate is so high because the technology is that good. Neonatal survival when compared to other branches of medicine like Oncology, Cardiology, etc is much higher in terms of survival rate. She says, "that we ride the edge of death on a daily basis but, only occasionally, do we experience a baby dying. Often when a baby dies there is a choice to remove the baby from life support and let the baby go. This decision falls on the parents. This is a double bind for Parents, Drs and hospital administrations because of the litigious atmosphere especially in the United States.
2. Procedures understanding
 - a. Airway and Oxygen
 - b. Suctioning
 - c. Feeding—NG tubes
 - d. Administration of meds into IVs / blood draws
 - e. Photo therapy under UV lights for jaundice
 - f. Oral stimulation to baby—pain for babies around mouth and throat
3. Prematurity
 - a. What the baby has to do to finish developing with all the interventions and painful stimuli including short and long term effects. Significant confusion to the NS and need for compensatory behaviors. Distortion of perception of pain and pleasure.
 - b. Separation from mom, dad and siblings. Bedside nurses becomes the primary caregivers and perhaps initial primary attachment figures.
 - c. Look at Developmental Care of Heidelise Als, PhD at Boston Children's hospital (Karin Kushniruk has special training in this approach).
 - d. Long term complication/ethics: can do abortion up to 20 weeks in CA. Can save these babies from 23 weeks of age. This is only a window of three weeks. For babies born this early it is not a matter of if they will have complications, it is a question of what complications they will have. There is a whole debate going on because of the high rates of mental retardation, CP, learning disabilities, chronic respiratory problems, blindness, deafness, aphasia (speech problems), feeding issues and digestive disorders (alimentary track disorders).

Levels of information:

1. NICU imprints on individual—effects of procedures
 - a. Physiological
 - b. NS

- c. Psychological
- 2. Health care staff in relationship to baby and family
 - a. Doctors
 - i. neonatologists
 - ii. pediatricians
 - iii. surgeons
 - iv. diagnostics specialists—x-ray/us/cardiology/
 - b. Nurses
 - i. Labor and delivery
 - ii. Nursery
 - iii. NICU
 - 1. Head to toe assessment
 - 2. IV/medications/hematology
 - 3. Feeding/nutrition
 - 4. Respiratory/oxygen
 - 5. Care of baby and family
 - 6. Each NICU nurse has 1 to 3 babies (usually 2 babies) under their care daily
 - 7. Eyes and ears for Doctors. The nurse decides what the Doctors need to know about. Keep Doctors updated because the nurses are there 24 hrs./day.
 - 8. Attend high-risk deliveries with the respiratory therapies plus the neonatologist.
 - c. Special procedure technicians
 - i. X-ray
 - ii. Ultrasound
 - iii. Echo cardiogram
 - d. Social workers
 - i. Support for family
 - ii. Coordinates with different agencies
 - iii. Supports discharge planning
 - iv. Grief support
 - e. Respiratory Therapists
 - f. OTs and PTs
 - g. Administration/Insurance
- 3. Social effects—family
 - a. Baby-mother
 - b. Baby-father
 - c. Baby siblings
 - d. Mother-father
 - e. Parents-siblings
- 4. Special Considerations
 - a. Ray has experienced more openness with NICU nurses than with nurses in the newborn nursery or the transitional nursery.
 - b. Birth resuscitation. Many babies experience interventions at birth and do not go to the NICU.