

### Stabilette: Preparation and Use

#### Related Documents and Resources:

1. [B-00-07-10022](#) – Caesarean Section: Receiving Baby

#### Skill Level:

**Specialized:** Neonatal Resuscitation Competency required every 2 years.

- Maternity Centre or NICU RNs
- Pediatricians
- Registered Midwives
- Physicians (Family Practice, Obstetricians)

#### Need to Know

- It is the responsibility of each health care professional, ***delegated to the care of the newborn***, to check the stabilette and related equipment prior to each delivery and immediately prior to use.
- A stabilette with all necessary equipment is taken to the operating room for all caesarean sections by the RN.
- The Emergency Neonatal Cart is located in the OR corridor (outside the designated OR room).
- The cart, emergency drug kit expiration date and necessary emergency equipment need to be checked as part of the preparation in the OR.
- There is a designated stabilette for babies less than 33 weeks gestation
- There are clear plastic bags for babies born at less than 29 weeks gestation in the designated stabilette for babies less than 33 weeks gestation

## PRACTICE GUIDELINE

### Equipment & Supplies:

- Stabilette

**CAUTION:** *Do not place any equipment such as blankets on top of the heater*

- Delivery Equipment:
  - Stockinet hat
  - 2 warm flannel receiving blankets
  - 2 warm bath blankets
  - Newborn identification bands with inserts – 1 set of four
  - Documentation - appropriate newborn chart forms
  - Solid Simpsons forceps (for caesarean sections only)
  - Labeled placenta bag
  - 1 sterile package of 2 receiving blankets (for caesarean sections only)
  - Sterile gloves
  - Plastic yellow umbilical cord clamp
  - Cord blood gas collection set with requisition/labels
  - Crib card
  - For Rh Negative mother add:
    - 7 mL EDTA Tube (Lavender top)
    - Sterile 10 mL syringe
    - Sterile 22 G 1½" needles x 2
    - Specimen bag for cord blood collection (enter Neonatal Investigation order into SCM, selecting Cord Blood Sample and Unit Priority)
- IPPV and Intubation equipment:
  - Oxygen masks (1 newborn and 1 preterm)
  - IPPV equipment/T-piece Resuscitator
  - working laryngoscope handle and blades (0, 00)
  - AA batteries x 2
  - ET tubes (2 of each – 2.5, 3.0, 3.5)
  - Stylets x 2
  - Pediatric stethoscope
  - CO<sub>2</sub> Detector
  - Laryngeal mask airway size 1
  - Pulse oximeter
  - Pulse oximeter probe/sensor
  - Posey (for pulse oximeter sensor)



## INTERDISCIPLINARY GUIDELINE

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- Additional suction equipment:
  - Meconium aspirator x 2,
  - Suction catheters #10 x 2,
  - Suction tubing,
  - Feeding tubes #8 x 1,
  - 20 mL syringe x 1
  - Bulb suction



- Additional Equipment:
  - Naloxone x 1
  - Medication labels
  - Syringes
    - 1 mL x 6
    - 3 mL x 2
    - 5 mL x 1
    - 10 mL x 1
  - Needles: Various sizes:
    - #25 G  $\frac{5}{8}$ " x 3
    - #25G  $1\frac{1}{2}$ " x 3
    - #22G  $1\frac{1}{2}$ " x 3
    - #20G 1" x 3
    - #18G  $1\frac{1}{2}$ " x 3
    - #18G  $1\frac{1}{2}$ " Filters x 3
  - Alcohol swabs
  - Plastic yellow umbilical cord clamps
  - Crib cards (Blue and Pink)
  - Measuring tape
  - $\frac{1}{2}$ " Tape
  - Temperature Probe Cover (thermal reflector)
  - Plastic bags for placenta
  - Cord clamp remover
  - Cord blood gas kit with requisitions x 3
  - NRP Documentation Record x 4
  - Laminated copy of NRP algorithm and medication chart
  - Flow –inflating bag



## INTERDISCIPLINARY GUIDELINE

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### Procedures/Assessment/Interventions:

Steps	Rationale
1. Wash Hands	
2. Check Stabilette: <ul style="list-style-type: none"> <li>• Plug in and turn power on (if not using the stabilette right away, turn off power once checked)</li> <li>• Check heating element and overhead light</li> <li>• Set temperature control to 36.5 to 37°C</li> <li>• Check O<sub>2</sub> tank – must have at least 500 to 750 psi</li> <li>• Check O<sub>2</sub> flow meter, set blender to 21%</li> <li>• Check Air tank – <i>must have at least 500 to 750 psi</i></li> <li>• Check suction tubing, catheter, and pressure and set pressure to 80 to 100 mm Hg (<i>turn off suction when not in use</i>)</li> </ul>	<ul style="list-style-type: none"> <li>• This setting should maintain the baby's skin temperature at 36.5 to 37°C.</li> <li>• O<sub>2</sub> tank must be open to use suction when not hooked up to wall outlet. This can use up tank pressure if not turned off when in use.</li> <li>• Need enough O<sub>2</sub> and air to transport baby from OR to NICU if needed.</li> <li>• Recommended suction pressure for clearing a newborn's airway.</li> </ul>
3. Connect O <sub>2</sub> and Air to appropriate wall or ceiling (OR) outlet: <ul style="list-style-type: none"> <li>• Recheck O<sub>2</sub> flow meter</li> <li>• Recheck blender setting</li> <li>• Recheck suction pressure and set pressure to 80 to 100 mm Hg (<i>turn off suction when not in use</i>)</li> </ul>	<ul style="list-style-type: none"> <li>• Make sure tanks are closed</li> <li>• Recommended suction pressure for clearing a newborn's airway</li> </ul>
4. Check IPPV equipment/T-piece Resuscitator <ul style="list-style-type: none"> <li>• Ensure that all attachments are connected correctly and intact, O<sub>2</sub> flow meter is functioning, gas inlet, gas outlet, Maximum pressure relief control is set at 40 cm H<sub>2</sub>O, Circuit pressure gauge, Peak inspiratory pressure is set at 20 cm H<sub>2</sub>O and Patient T-piece with positive end-expiratory pressure (PEEP) cap is at 5 cm H<sub>2</sub>O</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure that it is complete, intact and working</li> </ul>
5. Check that APGAR timer is working	
6. If an alarm sounds: <ul style="list-style-type: none"> <li>• Check the source and correct the problem.</li> <li>• Silence the alarm only after you have investigated the cause.</li> <li>• The alarm light will flash after it has been silenced until corrected.</li> </ul>	
7. Check supplies and equipment (including expiration dates) in drawer:	

**\* If a stabilette requires repair or servicing, complete a Biomed requisition on-line and place the stabilette against the wall between rooms 3606 and 3607 with a note indicating**

**Biomed requisition complete**

**Patient/Family Education:**

Review with patient and support person:

- The roles of the interdisciplinary team members
- The role of equipment and supplies related to receiving the baby
- Normal plan of care

**Documentation:**

1. B.C. Labour and Birth Summary Record – complete all appropriate parts
2. B.C. Newborn Record Part I- complete all appropriate parts
3. B.C. Newborn Normal Term Care Path - assessments

**References:**

1. APGAR Score (Maternal Newborn). Mosby's Nursing Skills (2013). St. Louis, MO. Elsevier. Retrieved June 23 2015 from [www.mosbysnursingskills.com](http://www.mosbysnursingskills.com)
2. Canadian Pediatric Society (2011). Addendum to the NRP Provider Textbook 6<sup>th</sup> Edition: Recommendations for specific treatment modifications in Canadian context.
3. Kattwinkel, J.(ed) (2011) Text book of Neonatal Resuscitation (6<sup>th</sup> Ed) American Academy of Pediatrics and American Heart Association.
4. O'Flaherty, F, Singh, A.J. (2014) Standards for Neonatal Resuscitation. Perinatal Services BC. Accessed June 2015 at <http://www.perinatalservicesbc.ca>
5. Wyllie, J., Perlman, JM., Kattwinkel, J., Atkins, DL.et al (2010). International Liaison Committee on Resuscitation. Part 11: Neonatal resuscitation. 2010 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations. Resuscitation; 81S (2011):e260-e287.

**Persons/Groups Consulted:**

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