

Neonatal Consults for Infants in WPH Transitional Care Nursery

Goal:

- Improve collaboration between the pediatric hospitalist teams and the neonatology team for patients in the Transition Care Nursery (TCN).

Facts:

- Approximately 100 patients per month are admitted to the TCN.
- About 1 in 10 will end up being transferred to the NICU.
- The average LOS in the TCN is at almost 8 hours.

Plan:

- Pediatric hospitalist teams should consider consultation of neonatology for newborns who have been in the TCN for more than 6 and are not improving towards transfer back to the Mother-Baby care area. Such consult orders should be entered as “urgent” to expedite care and communication. The request should also specify whether the Neonatologist should “consult and manage” or “consult and recommend”.
- The decision to consult neonatology is at the discretion of the hospitalist and may not be necessary for every patient (e.g., hypoglycemic baby weaning well on IVFs; rapidly resolving TTN, etc.).
- The consulting neonatologist or Neonatal Nurse Practitioner under supervision will communicate with the hospitalist team to discuss recommendations and will document their recommendations in the patient’s chart after seeing the patient.
- TCN patients will remain under the care of the hospitalist teams unless and until the patient’s care is formally transferred to the neonatologist, i.e., nursing should still communicate with the hospitalist and orders should be written by the hospitalist, etc.
- Consultation and/or transfer to neonatology does not have to wait until the 6 hour mark if there are urgent issues in the first hours of life.
- Emergencies that arise in the Transition Nursery should be responded to by the NICU team which may include the NICU Delivery Team, NNP or Neonatologist. No consultation is needed

for this response as it is part of the emergency response. The Rapid Response Team is not needed in this circumstance.