

## Neonatal “Housekeeping”

Neonates are admitted to GOSH for the management of their acute problems, but it is important that the routine screening & treatment continues during their stay with us.

It is vital that we inform the team assuming responsibility for the child on discharge, whether a GOSH team or another NICU, of the tests that have been done, those outstanding and any relevant results.

**Housekeeping days are Tuesdays** – this includes the long stay patients on PICU.

Every Tuesday please ensure:

1. The **growth chart** of each neonate should be updated with current weight, head circumference and length. If it has not been started please start one. Make a note of any abnormalities for discussion on the evening or Wednesday morning round.
2. Daily **head circumference** measurements are particularly important in children with hydrocephalus on scan.
3. Check the child is up to date with **cranial ultrasound scans**
  - Serial scans in acutely unwell infants
  - All preterm infants (<34/40) within 24 hours of birth
  - If no IVH, repeat after 1 week & at 6 weeks.
  - If there is an IVH or ventriculomegaly, repeat at least weekly
4. **Vitamin, Phosphate and iron supplements:**
  - Venetia Horn is the NICU pharmacist and has responsibility for TPN. She joins every morning ward round
  - There is a neonatal nutrition round every Thursday at midday which is attended by Marlene Ellmer, our neonatal dietician, the ITU fellow and support consultant.
  - Once enteral feeds are established, add multivitamin drops to ensure adequate Vitamin D intake (Abidec 0.6mls daily until 6 months of age).
  - Evidence of bone demineralisation on xray or ↑ Alkaline Phosphatase, ↓ Ca or ↓ PO4 should be treated with phosphate supplements, Calcium supplements and alfacalcidol.
  - Iron (sytron 1ml daily) is begun at 6-8 weeks for the 6 – 12 months of age.

### 5. Ophthalmology Review

All infants <1500g birthweight or <32weeks gestation should be initially checked for ROP at 6-7 weeks post delivery or 32 weeks corrected gestational age. Checks should continue 2 weekly until the risk of stage 3 disease has passed. Please see Module on “Medical Neonates” for medical background on ROP. More frequent checks will be required in the more severely affected.

Miss Gill Adams (ophthalmologist) comes to NICU every Wednesday morning. Please write the names of babies to be examined in the “ROP diary” kept on the nurses station. On Tuesday evening please prescribe the dilating drops to be applied 45 mins before the examination: One drop of cyclopentolate 0.5% & phenylephrine 2.5% in each eye. This can be repeated once at 20 mins if there has been no effect.

## **6. Guthrie Test**

Check with the nursing staff that the test has been done appropriately.

## **7. Audiology Referral**

Hearing tests should be performed at 42-46 corrected gestational age:

- All infants <1500g birthweight
- Apgar <4 @5mins
- Peak unconjugated bilirubin >350 or all infants after exchange transfusion
- Congenital anomalies of the head and neck
- Family history of hearing loss.
- Hypoxic-ischaemic injury or neonatal seizures
- Use of aminoglycosides.