Service: Neonatal Intensive Care-Pediatrics
Service Code: NIC
- If you receive a transfer/transport/consult request regarding a baby in a Nursery, NICU, OB Unit, Birthing Center, or Home Birth, contact on-call NICU staff:
  - **In Web Paging type: Peds Neonatology Staff - AFCH**
  - **For all NICU transfers and consults, page the NICU Attending 'D', NICU Fellow, and Advanced Practice Provider (APP).**
    - If NICU Attending 'D' doesn't respond, page NICU Attending 'C'
    - If the Referring Provider requests a pediatric specialist (i.e. peds cardiology, peds neurology, etc.) AND transfer is likely, patients should be discussed with the NICU Attending 'D' first because subspecialists cannot admit to NICU directly. Inform Referring Provider UW Neonatologist needs to be connected.
  - **If Referring Provider is requesting transfer/transport, Access Center must verify with Attending 'D' that MedFlight request is "OFFICIAL"**
    - Once Attending 'D' confirms the infant will be transferred, verify the following information with them:
      - Their preferred mode of transport (air vs. ground)
      - If NICU provider is needed
      - If cooling equipment is needed

Med Flight Neonatal Transport Requests:
- NICU Attending 'D' is Medical Control for <u>ALL</u> NICU transports
- Connect NICU Attending 'D', Fellow, and APP to Referring Hospital
- If baby is going to Meriter NICU, initiate Meriter transfer process in Meriter Epic
  - NICU Attending 'D' may request to be connected w/ Meriter NICU Attending (Accepting Physician) for report
- Once mode of transport has been confirmed, Access Center to inform referring hospital ETA and ground vs. flight if applicable

Determining Correct Physician/Service to Page (NICU vs. PICU vs. General Care):
- **Ask the Referring Facility "*Where is the baby located and # of days old*?**
  - **Page NICU Attending 'D', Fellow, and APP**
    - <u>**ANY AGE**</u> baby in a Nursery, NICU, OB Unit, Birthing Center or Home Birth
    - <u>**ANY AGE**</u> readmission within 7 days of NICU discharge
    - <u>**</=7 DAYS**</u> Critical patient from an ED/Clinic
  - **Page appropriate service (e.g. PICU or Hospitalist)**
    - <u>**>7 DAYS**</u> Critical patient from an ED/Clinic, call PICU
    - <u>**>7 DAYS**</u> Non-Critical patient from an ED/Clinic, call Hospitalist
    - Hyperbili baby who is NOT critical care and/or in need of exchange transfusion should be directed to Pediatric Hospitalist
    - If Meriter NICU requesting PICU transfer (i.e. ECMO, cardiac repair) connect to PICU attending

UW Neonatal Telemedicine Program:
UW NICU has live audio and video in some nurseries (i.e. Platteville Southwest Health)

- Access Center receives request for a Neonatal Telemedicine Consult

- Access Center pages Attending 'D', Fellow, and APP as outlined above
  o Include "*Telemedicine Consult*" and "*Name of Referring Facility*"

- Access Center gives brief info to Attending 'D' and connects Referring Facility
  o Before disconnecting w/ Attending 'D', AC to ask if MedFlight request is "**OFFICIAL**" so AC can inform MedCom to dispatch MedFlight

- NICU Attending 'D' logs onto telemedicine device and conducts teleconsult.
  o Access Center does NOT need to stay on the call during teleconsult.

- NICU Attending 'D' will call back Access Center to confirm transport <u>IF</u> this has not been previously established. If Access Center has not received confirmation from Attending 'D' about "**OFFICIAL**" MedFlight request, page them back to confirm.

Unit Assignment:
- Neonatal Intensive Care Unit - NI81

Protocol for Documenting NICU calls for an Unborn Baby and Laboring Mother:

- Request for the NICU when a mother is in labor – start an HOV encounter as a consult for the mother and document all communication with NICU in mother's chart.

- Create an MRN for the unborn baby. Follow Meriter and AFCH workflow accordingly. **See Non-Trauma Unscheduled Delivery Standard.**

- Keep the mother's encounter open as a consult with the comment: "Possible NICU transfer when baby is born" if birth is imminent.

- The baby is born and a NICU transfer is requested, create the Baby's MRN and new encounter, if unnamed follow the Newborn Naming Policy and document all information in the baby's chart.

- Enter the mother's MRN and name in the notes section of the baby's chart.

- Enter the baby's MRN and name in the notes section of the mother's chart and document that the baby was transferred.

- Close the mother's consult encounter.

- Once the baby has arrived to the NICU close the baby's encounter.

- After delivery, if the baby is not going to be transferred, close the mother's HOV encounter. Write a note that the baby is not being transferred**.**

- **<u>Do not enter this as a cancelled hospital transfer it is a consult for the mother.</u>**