

EDUCATION AND RESOURCES

Keely Turner and Lynn Elliott are the Learning Environment Managers for the unit. Keely supports Lynn in this role and is responsible for helping to facilitate and support learning and education on the unit.

We aim to hold regular teaching sessions, which you are welcome to attend. A wide range of books are kept in Lynn's office and you are welcome to utilise these whilst you are on the unit but are requested not to remove them without permission. A selection of educational DVDs is also available for your use.

We also have a number of relevant journals on the unit, you are welcome to photocopy relevant articles but please do not remove from the unit.

Access to the intranet is available on the unit for the purpose of education and continuing professional development. You will need to complete in-house email training in order to utilise this facility.

Comprehensive joint medical and nursing guidelines are kept at the nurses' station and are updated regularly by the review group.

LEARNING OPPORTUNITIES

You will also have the opportunity to spend time with the NNU community team, shadowing neonatal visits within the home surroundings.

HOURS OF WORK

Please ensure that you are punctual at the start of each shift as the handover takes place promptly. Changing rooms are available and you will be orientated with these on your first shift. In the interest of health and safety, staff are asked not to wear their uniform outside of the hospital. Staff found doing so might be faced with disciplinary action. Facilities are available for the laundering of staff uniforms.

SHIFT TIMES

With half an hour break time:

Morning Shift	0730 – 1400 hrs (6 hrs)	0730 – 1530 hrs (7½ hrs)
---------------	-------------------------	--------------------------

Afternoon Shift	1330 – 2000 hrs (6 hrs)	1200 – 2000 hrs (7½ hrs)
-----------------	-------------------------	--------------------------

With three-quarters of an hour break time:

Long Day Shift	0730 – 2000 hrs (11¾ hrs)
----------------	---------------------------

Long Night Shift	1930 – 0800 hrs (11¾ hrs)
------------------	---------------------------

All nursing posts are based on internal rotation to night duty.

BEGINNING OF SHIFT CHECKLIST

- 1) Carry out a full physical assessment of the baby, including cannula sites pain score and tissue viability assessments
- 2) Ensure the baby is wearing 2 identity bands, correctly labelled.
- 3) Check emergency equipment and document

EMERGENCY EQUIPMENT

Please follow the joint medical and nursing guideline 1H (Checking Bedside Oxygen, Air, Suction, Neopuff and Bag and Mask)

MONITORING

Check all alarm limits are within acceptable range and that alarms are NOT turned off.

DRUGS

- Check that prescription charts are in date and signed
- Check infusions running as prescribed calculating fluid totals
- Note when infusion will need renewing
- Check all lines and infusions are labelled correctly

DURING SHIFT

- Read patient's notes
- Read care plan , update as necessary and deliver care accordingly
- Complete pain assessment score chart
- Check and record daily blood results
- Restock cot

HANDOVER

Handover takes place at the start of each shift in the staff room. The purpose of handover is to ensure that all staff receive a clear, concise report of each baby's current condition and family details.

A further more in-depth patient handover is then carried out at the bedside.

SOME REASONS FOR ADMISSION TO THE NEONATAL UNIT

- Prematurity
- Intrauterine growth retardation (IUGR)
- Birth asphyxia
- Respiratory disorders
- Congenital abnormalities
- Meconium aspiration
- Infection
- Infant of diabetic mother / hypoglycaemia
- Poor temperature control
- Feeding problems
- Drug withdrawal (NAS)
- Fitting
- Social problems
- Transfers from other units

CONDITIONS THAT YOU MAY OBSERVE ON THE NEONATAL UNIT

- Respiratory Distress Syndrome (RDS)
- Transient Tachypnoea of the Newborn (TTN)
- Pneumothorax
- Pneumonia
- Pulmonary Intestinal Emphysema
- Apnoea
- Diaphragmatic Hernia
- Tacheo-oesophageal Atresia / Fistula
- Broncho Pulmonary Dysplasia
- Chronic Lung Disease
- Necrotising enterocolitis (NEC)
- Jaundice

HAEMATOLOGICAL

- Anaemia
- Haemorrhagic
- Rhesus Incompatibilities

METABOLIC

- Respiratory Related
- Hypoglycaemia
- Hypocalcaemia
- Hyponatraemia
- Acidosis

CRITERIA FOR DISCHARGE FROM THE NEONATAL UNIT

The criteria for discharge from the unit are that the baby is:

- maintaining their temperature in a cot,
- taking feeds from the breast or bottle, and
- Adequately gaining weight. We aim for a discharge weight of at least 1.8kg.

In special circumstances babies may go home whilst still requiring nasogastric tube feeds. Babies requiring long-term oxygen therapy are also allowed to be nursed at home, provided the baby meets other discharge criteria. Parents of such babies are trained on the unit to ensure they feel confident and competent to care for their baby at home prior to discharge. The Neonatal Community Liaison Sister continues to support these babies and their families for as long as is necessary.