



Entities: (check all that apply) <input type="checkbox"/> Cottage Health <input checked="" type="checkbox"/> SBCH <input type="checkbox"/> GVCH <input type="checkbox"/> SYVCH <input type="checkbox"/> PDL <input type="checkbox"/> HBC			
Policy Title:	Administrative: Scope of Service		
Policy Number:	106	Original Policy Effective Date:	6/11
Last Review Date:	3/23	Last Revision Date:	
Owner Title:	Clinical Manager NICU	Owner Approval Date:	7/20
Committee Approval:		Committee Approval Dates:	
VP Approval:	██████████ DNP, RN, CNS, VP Patient Care Services and CNO	VP Approval Date:	
Departments Affected:	Neonatal Intensive Care Unit (NICU)		

SCOPE OF CARE

- 1) Neonatal Intensive Care Unit (NICU) is a Level III and provides care of graded intensity determined by the health needs of newborn infants, including but not limited to comprehensive care of critically ill neonates, intermediate pre-operative and post-operative care, and convalescent care for newborns.
- 2) Newborns requiring neonatal intensive care may be readmitted to the NICU up to 28 days of life. Exceptions are made by physician request based on diagnosis, required clinical support and nursing expertise.
- 3) Clinical services provided include but not limited to:
 - a. Pediatric surgery
 - b. Gastroenterology
 - c. Cardiology
 - d. Neurology
 - e. Radiology
 - f. Ophthalmology
 - g. Dedicated Neonatal/Pediatric transport team
 - h. High Risk Infant Follow-Up Clinic
- 4) Clinical diagnosis include but not limited to:
 - a. Prematurity
 - b. Respiratory Distress Syndrome
 - c. Sepsis
 - d. Hypoxic Ischemic Encephalopathy
 - e. Abdominal Defects
 - f. Genetic Disorders
 - g. Hyperbilirubinemia
 - h. Exceptions will be newborns with serious congenital cardiac anomalies or those requiring ECMO.

STAFF REQUIREMENTS

- 1) Registered Nurse
 - a. Current California licensure
 - b. Current BLS and NRP card

STAFFING

- 1) The Clinical Manager has 24 hour responsibility for this unit.
- 2) The Neonatal Clinical Nurse Specialist (CNS) is available for consultation regarding standards of care, complex needs of patient, patient problems, and staff education. The CNS serves as a resource to physicians, managers, staff nurses, and ancillary departments.
- 3) Staffing is based on acuity guidelines, California nurse patient ratio requirements and adjusted to meet the highly variable need reflected in census fluctuation as well as types of patients.
 - a. Refer to our program flex 1:3 staffing approval for grower feeder patients.
- 4) A qualified staff nurse will be designated as Charge Nurse who is Birth Center competent and one designated as a transport nurse.
- 5) Unit Coordinator support is scheduled 0700-2330.

ASSIGNMENTS

- 1) Patient care assignments are made by an RN with appropriate clinical and management capabilities.
- 2) Assignments are based upon the level of care needed by the patient, infections control issues, experience and skills of the RN, and geography of the unit.
- 3) Assignments are to follow practices outlined in the Nursing Policies & Procedures manual.
 - a. The RN making assignments will be familiar with these policies and procedures and will review them as necessary to keep information current.

STAFFING PLAN

- 1) Direct hours exclude Service Director, Clinical Manager, Clinical Nurse Specialist, Unit Coordinator, and Supply Technician.
- 2) In the event of a severe emergency such as severe weather conditions, earthquake, or other disaster, minimum amount of 10 staff RN's would be required to safely operate this unit with a census of 22.
- 3) Minimum staffing required for a capacity of 6 and under is 4 RN's.

REFERENCES (if applicable for EBP)

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Key Words:			
Related Policies:			
Previous Review Dates:	7/14, 7/17, 7/20	Previous Revision Dates:	
Superseded:			