1.0 PURPOSE AND INTENT

1.1 To enhance the family experience while receiving health care in the NICU.

1.2 To facilitate integration of parents and family members as partners in the care of NICU patients.

Note: “parents” refers to parents, legal guardians and any identified primary caregivers for the baby.

2.0 PRACTICE OUTCOME

2.1 Families who are supported so that they can participate in all appropriate aspects of the care of their newborn in the NICU and are as prepared as possible at the time of discharge.

3.0 GUIDELINES

3.1 Family presence:

3.1.1 Encourage and facilitate family presence in the NICU.

3.1.2 Discuss family presence plan (See Appendix A) with the parents/guardians of the NICU patient at the earliest opportunity after admission. Complete family presence documentation in the patient record and ensure that it is communicated to all relevant staff and available to staff at the entrance desk. In the Electronic Patient Record (EPR) update the “Visitor Status” column according to the selected plan.

3.1.2.1 Parents/guardians only plan: All visitors must be accompanied by a parent or guardian. No restrictions on who or how many. For the number at the beside at any given time see 3.1.6. In the EPR select “PG” for Parent/Guardian.

3.1.2.2 Open visiting plan: Parent name specific individuals (adults) who they would like to visit the baby even if parents are not present. The parents identify specifically which individuals they allow to hold their baby if baby’s condition allows as determined by the nurse and who they allow receiving information. If the information is given over the phone the individuals must have a password provided by the parents. These identified individuals cannot bring in others who the parents have not previously identified, and will be asked to show identification when visiting without parents present. In the EPR select “SP” for Assigned Visitors and then add a comment to the record to list their names.

3.1.3 If no family presence plan is in place, allow visitors to the unit only when accompanied by a parent or legal guardian.

3.1.4 Children under the age of 12 who are a sibling of the baby or the parent, or live in the same household only visit if all immunizations are up to date and when accompanied by an adult. Follow any additional restrictions that may be put in place by Infection Prevention and Control such as during cold and flu season.

3.1.5 If the parents are involved with Child and Family Services, please refer to the form “Case Status of a Child/Family Involved with Child and Family Services (CFS) (HSC #NS01415) or other documentation in the record for any visiting restrictions.
3.1.6 If the parents are no longer in a relationship, and the father is named, there must be agreement from both parents about any visitors who are allowed to visit and/or receive information without the parents present. Both may continue to bring whomever they wish along with them on visits. Document this clearly on the family presence plan and have both parents sign it.

3.1.7 Determine the appropriate numbers of people at any given bedside and situation based on the physical opportunities and limitations of the space. Unit-specific standards may vary, with adjustments made in specific circumstances. Take into account:
- Baby’s tolerance of activity and noise levels
- Safe accessibility to the baby and equipment for the staff
- Parent’s needs for support and/or quiet and privacy
- Overall sound levels
- Cultural considerations and sensitivity
- Workplace safety and health considerations

3.1.8 Staff request parents and other visitors to respect the privacy of the other patients and families:
"When you come to visit a friend or family member, you may see and hear things related to other patients. Please respect everyone’s right to privacy. Please remember that people’s private information is confidential by law. Do not discuss what you see and hear in the hospital".

3.2 Parent education and participation in care:

3.2.1 Work as partners with parents to engage them in the care of their baby and gradually take ownership of their baby’s care. Begin with facilitating touch and skin to skin holding. See Appendix B for a list of parent skills and example of responsibilities between parents and nurses. As parents become comfortable and competent with skills such as provision of mouth care and temperature taking, progress to those that require more handling such as diaper changes and bathing. For babies who will require more technical care at home, make an individualized plan with parents for all potential caregivers to learn and practice the specific skills as early in the hospitalization as possible. As they become competent in providing care, facilitate their leadership in making care decisions.

3.2.2 Encourage parents to be present during rounds and to participate as an active team member to the extent that they are comfortable. Begin by ensuring that parents are included in the circle of rounds and introduced to the team. Invite parents to introduce their baby at the beginning of rounds. Progress to have them provide increasing amounts of information about their baby to the team, and invite them to ask questions and make suggestions as they are comfortable. See Appendix C for an example of a parent rounding report.

3.2.3 Provide parents with appropriate electronic and written materials to orientate them to the NICU and provide information on specific health issues appropriate for their baby.

3.2.4 When providing written material, review it with them and highlight important or critical points. If language comprehension is an issue, consult Interpreter Services / Language Access (see WRHA Policy 10.40.210) and/or seek consider a consult to the Child Health Family Information Library to assist with obtaining information in the family’s preferred language.
3.2.5 Provide sessions covering a variety of topics to offer them opportunities to learn and ask questions about caring for their baby using multiple teaching modalities. Inform parents of any education and support sessions available and encourage their attendance.

3.2.6 Encourage parents to make collaborative decisions with staff regarding their presence and participation during procedures for their baby.

3.3 Parent support

3.3.1 Encourage parents to meet other families in the unit either in social or learning situations.

3.3.2 Offer parents the support of veteran parents whenever possible.

3.3.3 Provide veteran parents who are willing to provide support to current families with orientation and formal training to the role, and ensure that they are registered through the hospital volunteer services program.

3.3.4 Identify situations when family support needs are beyond the scope of bedside staff and/or veteran parents and complete a consult to social worker or spiritual care as appropriate and available.

3.4 NICU Environment

3.4.1 Facilitate a bedside physical environment that provides comfort during family presence, including seating and privacy.

3.4.2 Provide a safe and supportive emotional environment to all families during all situations being mindful of choice of language, side conversations and professional boundaries.
4.0 REFERENCES


5.0 PRIMARY AUTHORS

5.1 Doris Sawatzky-Dickson, NICU Clinical Nurse Specialist, HSC
5.2 Diane Schultz, Staff Nurse, NICU, St. Boniface Hospital
5.3 Dr. Ruben Alvaro, Medical Director, NICU St. Boniface Hospital
5.4 Dr. Michael Narvey, Neonatology Section Head
5.5 Kathryn Walker, Nurse Educator, NICU, HSC
5.6 Cheryl Staerk, Staff Nurse, NICU, St. Boniface Hospital
5.7 Sue McMahon, Program Team Manager, NICU, St. Boniface Hospital
5.8 Alicia Guilleminot, Social Worker, NICU, St. Boniface Hospital
This plan is intended to communicate the wishes of the parents/guardians in the NICU. It is used in partnership with the staff.
Alterations to the plan may be made by the parents/guardians at any time.

- **Parents/Guardians Only Plan**
  - (default plan if no other options selected)
  - All visitors must be accompanied by a parent or guardian. No restrictions on who or how many.
  - See Guideline “Family Integrated Care in the NICU” and WRHA Policy “Family Presence”.

- **Open Visiting Plan**
  - The following individuals are allowed into the unit to visit my baby without parents present (after presenting identification):
  - The following individuals may touch or hold my baby if baby’s condition allows as determined by my baby's nurse:
  - The following individuals may receive information about my baby (for any information provided over the phone they must have a password provided by the parents: ____________________):

- **Restricted Visitors:**
  - I/We do not wish the following individuals to visit our baby:

Printed names of all parents or legal guardians:

Signature of parent or legal guardian:

Date and time plan signed:

Printed name and initials of staff reviewing plan with parents:
APPENDIX B

Parent Skills - examples

- principles of developmental care
- skin-to-skin care for baby
- position baby properly and make his/her bed
- identify signs of invitational cues: alert, awake and rooting
- identify signs of stress as well as signs of discomfort or pain
- change baby’s diaper, provide skin care, mouth and eye care
- take baby’s temperature and record it and understand temperature instability
- dress baby
- bathe (swaddle bath) baby with special attention to water temperature, positioning and safety
- weigh baby and record it (and recalibrate scale if necessary)
- taking baby In & out of the incubator/crib
- reposition baby safely
- change O2 sat probes and leads
- know what a spell is (apneas, bradycardias, desaturations)
- know when I can use stimulation to help my baby with spells and/or call for help
- give routine oral medications when my baby is fully oral feeding, (excluding narcotics)
  double checking with the nurse using proper techniques
- wash pumping equipment properly.
- label, store and transport my breast milk from home properly
- how to position/re-position baby for feeding and watch for signs of stress and feeding intolerance
- pumping progress and understand which breast pump is the most appropriate one to use
- work with my nurse to develop a feeding plan
- position baby at the breast for non-nutritive sucking or breastfeeding and watch for signs of stress
- latch baby on the breast and assess when baby is sucking, swallowing and breathing
- work with my nurse to develop a feeding plan
- double check my breast milk (or formula) with an RN, and warm to room temperature
- position/re-position my baby for feeding, pacing of feed; monitor my baby for signs of stress
- If bottle feeding breast milk, discuss my progress regarding milk volumes
- how to document appropriately and ask for clarification when needed
- use my care plan to communicate with the nursing staff and update this weekly or as necessary
- participating on medical rounds and have an active role in discussing a plan of care for my baby
### Parent and Nursing Responsibilities - examples

Nurses are expected to continue to provide care in accordance with established Canadian Nurses Association standards and hospital policies. The professional responsibility and accountability of nursing will remain the same as previous practice. The key difference lies in the coaching and support provided to parents to take on a more active role as caregivers of their babies during their stay in the unit. Such an approach requires partnership between the nurse and parent characterized by cooperation and shared responsibilities. To help identify these shared responsibilities a detailed list of tasks and expectations are provided below for guidance.

<table>
<thead>
<tr>
<th>Task</th>
<th>Nursing responsibilities</th>
<th>Parent responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation to Family Integrated Care</td>
<td>Provide orientation&lt;br&gt;Teach infection control precautions&lt;br&gt;Show layout of the unit&lt;br&gt;Teach how to use basic equipment&lt;br&gt;(thermometer, diaper scale, weigh-scale, saturation probe and ECG)</td>
<td>Receive orientation&lt;br&gt;Follow infection control precautions&lt;br&gt;Get familiar with the layout of the unit&lt;br&gt;Learn how to use basic equipment (thermometer, diaper scale, weigh-scale, saturation probe and ECG)</td>
</tr>
<tr>
<td>NG Feeds</td>
<td>Double check milk with parent&lt;br&gt;Double check volume of milk to be administered&lt;br&gt;Check position of NG/OG&lt;br&gt;Hang feed&lt;br&gt;Documentation of feeds in nursing flow sheet</td>
<td>Second person to check milk with RN and draw up milk&lt;br&gt;Parent can hold the feed&lt;br&gt;Documentation of feeding parent flow chart</td>
</tr>
<tr>
<td>Oral feeds</td>
<td>As above&lt;br&gt;Nurse feeds when parent unavailable</td>
<td>As above&lt;br&gt;Parent feeds</td>
</tr>
<tr>
<td>Mouth care (OIT)</td>
<td>Demonstrate and support parent</td>
<td>Provide education and support about “oral immune therapy” (OIT) and mouth care</td>
</tr>
<tr>
<td>Medication</td>
<td>Provide teaching on the indication of routine medications&lt;br&gt;For approved oral, check oral medication, dosage, patient, time and route&lt;br&gt;Supervise administration of medication&lt;br&gt;Record in baby’s chart&lt;br&gt;On flowsheet, specify medication administration by parent&lt;br&gt;Medications that need independent double check&lt;br&gt;Double check with another RN/practitioner as per hospital policy and chart accordingly</td>
<td>Identify the purpose of routine medications&lt;br&gt;Administer approved oral medications under nursing supervision</td>
</tr>
<tr>
<td>Skin-to-skin care</td>
<td>Assist with preparation and learning of technique&lt;br&gt;Adjustment of oxygen as required and charting</td>
<td>Discuss the importance of skin-to-skin and provide opportunity for as much as possible when with baby</td>
</tr>
<tr>
<td>Bathing</td>
<td>Teach, coach, and assist&lt;br&gt;Chart in nursing flow sheet</td>
<td>Perform safe practices around bathing</td>
</tr>
<tr>
<td>Dressing</td>
<td>Assist parents</td>
<td>Perform safe practices</td>
</tr>
<tr>
<td>Task</td>
<td>Nursing responsibilities</td>
<td>Parent responsibilities</td>
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<tr>
<td>--------</td>
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<td>-----------------------------------------------------------------------------------------</td>
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<tr>
<td>Spells</td>
<td>Respond to parents call&lt;br&gt;Assess the situation and provide appropriate assistance to baby&lt;br&gt;Document on nursing flow sheet</td>
<td>Recognize spells&lt;br&gt;Provide stimulation Call for assistance</td>
</tr>
<tr>
<td>Monitors</td>
<td>Record hourly vital signs&lt;br&gt;Ensure proper position of leads and sat probe&lt;br&gt;Check tracing on monitor</td>
<td>Basic understanding of vital signs and alarm limits&lt;br&gt;Reposition saturation probe and ECG leads&lt;br&gt;No manipulation of alarm limits&lt;br&gt;No silencing of alarms without nursing approval/awareness</td>
</tr>
<tr>
<td>Oxygen</td>
<td>Manipulate oxygen concentration as indicated&lt;br&gt;Record oxygen on nursing flow sheet</td>
<td>Adjust low flow prongs on face&lt;br&gt;No manipulation of oxygen</td>
</tr>
<tr>
<td>Weighing</td>
<td>Provide information, supervise and assist when needed&lt;br&gt;Document on nursing flow sheet</td>
<td>Proper weighing procedure&lt;br&gt;Double check with nurse if out of keeping with usual measurements by more than 10%&lt;br&gt;Document on parent chart</td>
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APPENDIX C – parent report examples

PARENT REPORT

Date: ______________________
Baby’s name: ______________
DOB: ________ Bed #: ________
# Days of Age: ______________
Gestation: ______ CGA: ______
Apneas/Bradys: _____________
Current Wt.: _____________
Feeding Update
TFI: ____________ cc/kg/day
EBM: ___________
DBM: ___________

Formula: ______
Additives: ______

SINC Level: ____________
BR ____________ BTL ____________
Cue based: ____________ Amount taken: ________ cc/kg
Quality of Feeding: ____________

Skin to Skin Update
Yes No
Total Duration (minutes): ______________________

Baby’s Response: ______________________

Other/Daily Plan/Discharge Plan (Bathing, move to Crib, etc.):
_____________________________________________________________________________________
_____________________________________________________________________________________

Questions or Concerns:
_____________________________________________________________________________________
_____________________________________________________________________________________

NICU Parent Report

Introduce Your Baby to the Team
• Your baby’s full name:
• How many weeks gestation at birth
• How many days old is your baby now
• How many weeks gestation is your baby now (corrected gestational age)
• Baby’s weight today – changes since yesterday (up or down)

Baby’s behavior and comfort
• How active is your baby
• How does baby respond to care
• How comfortable is your baby – what works to keep your baby comfortable
• Skin to skin – how much in the past day

Feeding
• What is being fed, how often and how?
• SINC level
• Mom’s milk supply
• Breastfeeding – how often and how well
• Poop and Urine

Breathing
• Apneas and brady’s

Questions:
• Parent teaching needs
• Concerns about treatments or medications
• Questions about test results
• Discharge planning