

Nursery Escalation Protocol

This document is a guide towards the responsibilities of the residents in escalating care of a potential sick baby in the regular Newborn Nursery.

Day Shift (Weekdays 7 am – 4 pm)

- If there is concern about any baby in the Newborn Nursery, the PGY1 on schedule will immediately **assess** the baby including (review of history – expected to be done already), vital signs review and physical examination and **formulate a plan of care**.
- The residents will then **immediately notify the attending physician** on duty with the plan, assimilate feedback from attending and execute the discussed final plan.
- The resident will be **responsible for contacting the attending back again with feedback** as to the progression of care with lab results, vital sign changes, PE changes etc. as would be relevant.
- In case there is a delay/difficulty in reaching the attending physician, the resident will immediately contact the **Dr. Mehta (917-486-2723)** if you are at KCHC or **Dr. Manopla (c.917-837-0663/ p.917-205-1229)** if you are at UHB. If they cannot reach any of them due to any reason, the resident will page the **Chief Residents**.
- In case the child is deemed to be **critically sick** after assessment by the resident, and there is any delay in reaching the attending, the resident will request the NICU team for help and also notify the Senior Resident on Floor (PGY2 and/or PGY3) for immediate intervention.
- The resident will then page the **Chief Residents**, who will subsequently inform **Dr. Mehta/ Dr. Manopla**.

Short Call (Weekdays 4 pm – 8 pm)

- The resident will contact the attending on duty with any situation similar to above **till the time the attending is in house (5 pm) and follow the Weekday protocol**
- **After 5 pm**, if there are any concerns regarding any baby, the PGY1 will immediately **assess** the baby including (review of history – expected to be done already), vital signs review and physical examination and **formulate a plan of care**.
- The PGY1 will then **inform and consult with the PGY2**, **discuss the plan** and then **contact attending with the plan of care**.
- It is the responsibility of the **PGY2** to **also assess** the baby before coming up with a plan.
- The **PGY3 on the Floor/PICU** must be made aware and will help the PGY2 as needed.
- If after talking to PGY1 (who **contacts the attending after** discussing the plan with the senior resident) the **Nursery attending** thinks that the baby needs Intensive care then the attending **will contact the NICU attending (KCHC 718-245- 7048 or 781-245- 8517/ UHB 718-270-2091 or 718-270-1987)** and request an evaluation of the baby.

- At this time, the Nursery team will put in an official NICU consult order in Quadramed/Healthbridge.
- On evaluation, if the NICU attending approves transfer to NICU, then it is the responsibility of the PGY1 to call Nursery attending and notify about the transfer.
- If the NICU attending thinks, the baby does not need an immediate transfer to NICU then the NICU attending will contact the Nursery attending and discuss the plan of care.
- The Nursery attending will then discuss further plan of care with the Nursery PGY1 on call.
- The resident will then update the Senior Resident with the final plan.
- Both the PGY1 and PGY2 are responsible for the care of any sick baby.
- Till 8 pm the PGY2 resident in Floor (D6N) will only be responsible for the sick babies they have been notified about, by the PGY1.
- Hence, it is the responsibility of the PGY1 to update the Senior Resident about any sick baby.

Night Float (8 pm – 7 am)

- The evening signout for Nursery (at 8 pm) will be in presence of the PGY2 on Floor (D6N) so that the senior is aware of the babies in the Nurseries.
- If the floor is critically busy, then PGY3 will cover for PGY2 so that he/she can attend the Nursery signout.
- Beyond the signout time all babies are equally the responsibility of the PGY1 and PGY2.
- PGY1 will be the primary care giver in the Nursery.
- PGY2 will be responsible for monitoring the care of the babies in the Nursery.
 - After 8 pm, if there are any concerns regarding any baby, the PGY1 will immediately assess the baby including (review of history – expected to be done already), vital signs review and physical examination and formulate a plan of care.
 - The PGY1 will then inform and consult with the PGY2, discuss the plan and then contact attending with the plan of care.
 - It is the responsibility of the PGY2 to also assess the baby before coming up with a plan.
 - The PGY3 on the Floor/PICU must be made aware and will help the PGY2 as needed.
 - If after talking to PGY1 (who contacts the attending after discussing the plan with the senior resident) the Nursery attending thinks that the baby needs Intensive care then the attending will contact the NICU attending and request an evaluation of the baby.
 - At this time, the Nursery team will put in an official NICU consult order in Quadramed/Healthbridge.
 - On evaluation, if the NICU attending approves transfer to NICU, then it is the responsibility of the PGY1 to call Nursery attending and notify about the transfer.
 - If the NICU attending thinks the baby does not need an immediate transfer to NICU then the NICU attending will contact the Nursery attending and discuss the plan of care.

- The Nursery attending will then discuss further plan of care with the Nursery PGY1 on call.
- The resident will then update the Senior Resident with the final plan.
- **Both the PGY1 and PGY2 are responsible for the care of any sick baby.**
- **Till 8 pm** the PGY2 resident in Floor (D6N) will only be responsible for the sick babies they have been notified about, by the PGY1.
- Hence, it is the **responsibility of the PGY1 to update the Senior Resident** about any sick baby.

Weekend days (7 am – 8 pm)/ Holidays (7 am – 6 pm)

- **Till the Attending is in House**
- If there is concern about any baby in the Newborn Nursery, the PGY1 on schedule will immediately **assess** the baby including (review of history – expected to be done already), vital signs review and physical examination and **formulate a plan of care.**
- The residents will then **immediately notify the attending physician** on duty with the plan, assimilate feedback from attending and execute the discussed final plan.
- The resident will be **responsible for contacting the attending back again with feedback** as to the progression of care with lab results, vital sign changes, PE changes etc. as would be relevant.
- In case there is a delay/difficulty in reaching the attending physician, the resident will immediately contact the **Dr. Mehta (917-486-2723)** or **Dr. Manopla (c.917-837-0663/ p.917-205-1229)**. If they cannot reach Dr. Mehta/ Dr. Manopla due to any reason, the resident will page the **Chief Residents**.
- In case the child is deemed to be **critically sick** after assessment by the resident, and there is any delay in reaching the attending, the resident will **request the NICU team for help** and also **notify the Senior Resident of Floor (PGY2 and/or PGY3)** for immediate intervention.
- The resident will then page the **Chief Residents**, who will subsequently inform **Dr. Mehta/Dr. Manopla**.
- **If Attending is not in house**
- If there are any concerns regarding any baby, the PGY1 will immediately **assess** the baby including (review of history – expected to be done already), vital signs review and physical examination and **formulate a plan of care.**
- The PGY1 will then **inform and consult with the PGY2**, **discuss the plan** and then **contact attending** with the plan of care.
- It is the responsibility of the **PGY2 to also assess** the baby before coming up with a plan.
- The **PGY3 on the Floor/PICU** must be made aware and will help the PGY2 as needed.
- If after talking to PGY1 (who **contacts the attending after** discussing the plan with the senior resident) the **Nursery attending** thinks that the baby needs Intensive care then the attending **will contact the NICU attending** and request an evaluation of the baby.

- At this time, the Nursery team will put in an official NICU consult order in Quadramed/Healthbridge.
- On evaluation, if the NICU attending approves transfer to NICU, then it is the responsibility of the PGY1 to call Nursery attending and notify about the transfer.
- If the NICU attending thinks the baby does not need an immediate transfer to NICU then the NICU attending will contact the Nursery attending and discuss the plan of care.
- The Nursery attending will then discuss further plan of care with the Nursery PGY1 on call.
- The resident will then update the Senior Resident with the final plan.
- Both the PGY1 and PGY2 are responsible for the care of any sick baby.
- Till 8 pm the PGY2 resident in Floor (D6N) will only be responsible for the sick babies they have been notified about, by the PGY1. (6 pm on Holidays)
- Hence, it is the responsibility of the PGY1 to update the Senior Resident about any sick baby.