

Alternate NICU Observation Experience Assignment

1. NICU Training Scenario: Cincinnati Children's (<9 mins)
Watch <https://www.youtube.com/watch?v=tRRgpgHNA1M&feature=youtu.be>. Reflect on what you learned from watching this video.

When it comes to talking about your personal life at work, one needs to understand when and where that is appropriate. It may seem harmless to talk in front of the patient, but clearly that is not the case. The patients want to know that their nurse is 100 percent attentive to them, and that is not the message that comes across when they can hear their nurse talk about what they did over the weekend. When giving bedside report, it is never appropriate to talk about how bad your day is or how bad the patient is. If you were in their shoes, and you heard your nurse talk bad about you, it would not make you feel confident in the care you are receiving. When watching another nurse's patients while they are on break, it is important to get more of a report than a simple "you should be good." Because for that time being, you are the nurse to those patients, and if something were to go wrong, you would want to know what to do; and if a parent has questions about their child, you would want to know what to say. When telling a parent over the phone about how their child was when they weren't there, you want to be as specific and detailed as possible. Parents may not know what questions to ask or not be assertive enough to push for more information. At the end of the day, they just want to know that their kid is okay, and it is not too hard to take the time to walk them through what has been going on.

2. Watch the following videos that relate to the NICU. Reflect on what you observed and learned.

- a. Tour of the NICU (< 5 mins) Watch <https://www.youtube.com/watch?v=Ofs9d8f2lGM&feature=youtu.be>.

They have a lot of unique tools at the hospital to help with the care of the babies. The hand washing timer and volume lights are nice because they can be utilized by the nurses and the visitors. The pull out couches in each room is a good addition, so parents can be more comfortable if they choose to stay the night. Because they may be sleeping in the NICU for a long time. There is an area that parents can cook meals as well as do laundry; this may bring just a little normalcy to the craziness of staying in the hospital. This hospital is not only equipped for the patient to have a good outcome, but for the parents to have the best experience possible while staying in the NICU.

- b. Equipment (<7 mins) Watch <https://www.youtube.com/watch?v=QpHYiqRJuI&feature=youtu.be>.

Reflect on what you learned from watching this video.

There is a lot of equipment in the NICU that are unique to the NICU. The Isolet and the warming tables are utilized to ensure the baby stays warm. NICE babies have less subQ fat, and are at risk for hypothermia and cold shock, so putting them in an incubator or on a warming table is a good precaution to take. The NICU also has small scales for babies. We know that babies are at risk for dehydration and fluid overload, so it is important that we check their weight every day. They also have breastmilk pumps. This is important because of all of the benefits that come with breastfeeding, so encouraging the mother to pump is important. Babies cannot always latch right away, so by pumping, the babies can get breastmilk through gavage. The transilluminator is a great tool because it aids in atraumatic care. We know that babies can remember pain from previous experiences, so it is important that if we can avoid poking them more than once, we should.

Scale

c. Admission to NICU, RNs (13 minutes) <https://www.youtube.com/watch?v=1CPPM-IV56Q>

When preparing for an admission in the NICU, there are many steps you need to ensure get done before the baby arrives. You need to ensure the giraffe is clean and has been checked internally as well as attach a temperature probe. You can give the infant a blanket in the NICU because they are being monitored. Make sure to use an appropriately sized blood pressure cuff. Other items that go in the new room include thermometer, leads, pulse ox, tape measure, and bulb suction. Make sure to have emergency equipment in the room as well as a pump.

The first thing to do when the baby arrives is undress them, weigh them, and measure them. Next attach leads and pulse ox so you can get their vital signs. Based off of weight and age, you can set the thermal temperature of the bed. Lastly, before calling the physician, you need to get a blood sugar. When calling the doctor, make sure to have the newborn delivery record and newborn admission orders. After this, you can follow through with the orders given by the doctor. Try and have all of this done within the first hour of admission.

d. A day of life in NICU parents (10minutes) https://www.youtube.com/watch?v=R_ldpul2two

The following Questions/Answers have two parts.

2. Discuss medication safety in this patient population. What are the considerations for safe medication administration to this vulnerable population?

When giving medications to NICU babies, it is important to understand that their kidneys are immature and cannot filter out toxins well. With this in mind, we want to remember to not overload the baby with medications and cause drug toxicity. When giving a medication,

start below the therapeutic range, and adjust as needed from there. It is also important to note that babies feel pain just as adults do, so make sure to be using atraumatic care when taking care of your NICU patients. When giving care to the NICU baby, try your best to do it in clusters, because the more the baby sleeps, the more it will grow.

3. Review: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5856604/> : Parent Participation in the Neonatal Intensive Care Unit: Predictors and Relationships to Neurobehavior and Developmental Outcomes. Reflect on social situations seen in the NICU and differences in parent involvement in the NICU. Provide a discussion/reflection on both.

The NICU is very overwhelming, especially if your stay there is prolonged. This can cause parents to have stress, depression, and anxiety, which leads to a negative engagement with their child. The parent child relationship starts when the baby is born, and it is formed when the parents spend time with the baby. This includes holding, changing, feeding and washing the baby. If this relationship is well established, the baby has a better chance of getting out of the NICU quicker. Just by holding a baby skin to skin, the baby improves in weight gain has decreased pain and reduced hypothermia. It is so important for a parent to be involved in care and to have a relationship with their baby. It can have lasting affects way down the road id they have a positive relationship in the NICU. There is a positive relationship between the parents being present, utilizing skin to skin, and being highly involved in the care provided and with the developmental behavior and neurobehavior of the infant. Skin to skin care in the NICU helped the babies have better gross and fine motor skills at pre school age.

4. Explain how the nurse and unit alters the environment to reduce infant stimuli and promote health for the NICU baby.

The NICU lights and dimmed, and they try to quickly turn off any alarms. They also cluster care and keep the baby's environment warm. These are ways to improve sleep in the NICU, which we know is the most important thing for a neonate to grow and get better.

5. What are the criteria for discharge from the NICU from the caregiver's perspective? <https://www.ahrq.gov/sites/default/files/publications/files/nicutoolkit.pdf>

The parents need to be educated and empowered. This can be done with a coach. They should feel confident leaving the hospital that they will be successful with caring for their child outside of the hospital. Parents also need toolkits. These will be full of resources that parents can use along the way as they are adjusting from life in the hospital to life at home. Standardized discharge templates are used to ensure that caregivers respond to common issues that infants may have after they go home. The PCP must also be informed about the

baby's stay in the NICU so he or she can provide the best care possible to the baby post discharge.

The baby must be able to breathe without oxygen, outgrow apnea and bradycardia, take all feedings PO, have a stabilized temp, test specific to the hospital, the parents should learn essential care such as cpr.

6. What are the criteria for discharge from the NICU from a parent's perspective?

Review: <https://pediatrics.aappublications.org/content/143/6/e20182915>

From the parent's perspective, their home needs to be ready to take the baby home. They need all the essentials such as diapers, bottles, and clothing, as well as a crib. Parents also need to know how to care for their baby. Learning how to feed, cut formula, change diapers, bathe, swaddle, and give medications are just some of the things parents should learn in the NICU before being discharged. If the parents are confident when they are leaving, the outcome is more likely to be good.

<https://www.verywellfamily.com/milestones-a-nicu-baby-must-reach-before-discharge-2748598>

<https://www.verywellfamily.com/the-ultimate-guide-for-taking-your-preemie-home-4056253>

7. What do you think are some of the challenges of being a NICU nurse? What are some of the most rewarding things about being a NICU nurse? Review these videos and reflect on what you saw in the first video (training scenarios) also. Be prepared to discuss your thoughts.

I think the most challenging thing about being in the NICU is seeing the parents struggle and exhaust themselves in order to be there for their child. Some babies are in the NICU for so long, that the parents sacrifice a lot to be there. They sometimes have to choose between work and the child, or they have other children at home that need their care, or they are neglecting all other adult responsibilities to be in the NICU with their kid. It is probably so hard to see parents so all of this, and then for their child to not get better, and then have to discuss end of life care with them. I can't imagine that part of the job getting any easier with time. However, it is probably so rewarding to see parents give up so much to be with their child day in and day out, and then they get to take him or her home. They will remember the nurses that took care of them for years to come, and that has to be the best part of the job. I am sure that it is easy to feel connected to the babies that you take care of, so in a way they are your kids too.

NICU Nurse Sandy (5 minutes) https://www.youtube.com/watch?v=X_tQtLMo3qY

The babies that you are taking care of cannot speak, so it is the nurse's job to speak for them. You learn the babies that you take care of so well, that it becomes a second

nature. NICU nurses may be the best nurses out there. They all seem to love their job so much, and they love their babies and the baby's parents.

Tiffany RN a 12- hour night shift for NICU (15 minutes) <https://www.youtube.com/watch?v=Qy6LnAByZo4>

NICU does huddle first and then gets report just like a med-surg unit. They are typically assigned 3-1, 2-1, or 1-2 depending on the critical status of the baby. After getting report, the nurse grabs all of the supplies that she needs. She then does her assessments on her patients. She also likes to look through her patient's charts to learn about them more. After her assessments, she prepares breastmilk for feedings. Throughout the day she is charting and helping out other nurses, and drawing labs.