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Checklist below effective as of:	Immediately for Obstetrics; At opening for NICU
Checklist completed by:	Multidisciplinary team with particpation from PA Obstetrics, PA NICU & JPCH NICU

Prince Albert Victoria Hospital - Newborn Care

	Clinical Services	Available in NICU?	Available in Obstetrics Unit?	NOTES:
Gestational Age	Gestation age greater than or equal to 32 weeks 0 days.	Yes	No	No weight to be identified. If IUGR & TPN is required, would be transferred to JPCH
	Gestation age greater than or equal to 36 weeks 0 days.	Yes	Yes	Neonates less than 2.5kg to be cared for in NICU
CNS	Subgaleal hemorrhage risk and monitoring	Yes	Yes	
	Neonatal seizures	Yes	No	
	Neonatal Abstinence Syndrome	Yes	No	Assessment and care currently provided using Finnegan Scoring
	ROP screening	No	No	
RESP	Mild respiratory illness not requiring respiratory support	Yes	Sometimes	Any pediatric respiratory distress may require a consult to Pediatrics for assessment
	Humidified/blended nasal oxygen	Yes	Sometimes	Use in Obstetrics during emergency resucitation, then transfer newborn to NICU
	Resucitation and stabilization of ill neonate prior to tranfer	Yes	Sometimes	Intial NRP resucitation in Obstetrics to occur with NICU support
	Neonatal CPAP if/while clinically improving	Yes	No	

For More Information:
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	Clinical Services	Available in NICU?	Available in Obstetrics Unit?	NOTES:
CVS	Mechanical ventilation for brief durations (while awaiting transport only)	Yes	No	
	Administration of surfactant	Yes	No	
	Drainage of pneumothorax prior to transfer	Yes	No	Drainage of pneumothoroax prior to transfer, no chest tube insertion
	Arterial puncture	Yes	N/A	
	CCHD screening	Sometimes	Yes	To occur at discharge on post-partum or for any term baby at NICU
	Comprehensive newborn assessment	Yes	Yes	
	Cardiorespiratory Monitoring	Yes	No	NICU ECG, BP, Oxygen Saturation, modes of respiratory monitoring. OBS Oxygen Saturation as necessary on PRN basis.
ENDOCRINE/ METABOLIC	Screening for inborn errors of metabolism	Yes	Yes	
	Hypoglycemia management in the neonate	Yes	Sometimes	If oral glucose gel is required for hypoglycemia by L&D or NICU staff on or prior to newborn admission, care may occur on Post-Partum following administration of oral glucose gel and immediate feed. Post-partum staff then responsible for follow-up blood glucose monitoring and administration or oral glucose gel (if required); NICU care includes IV management of hypoglycemia
	Hyperbilirubinemia screening and management	Yes	Yes	
	Hemolytic disease of newborn secondary to rhesus alloimmunization	Yes	Sometimes	Requires consult to Pediatrics

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	Clinical Services	Available in NICU?	Available in Obstetrics Unit?	NOTES:
RENAL/ ELECTROLYTE	Insertion of IV and Emergency UVC and IO	Yes	Sometimes	If used in Obstetrics, would be used with the NICU response team present.
	Insertion and maintenance of umbilical vein central lines	Yes	No	
	Insertion and maintenance of umbilical artery lines	No	No	
	IV Therapy	Yes	No	Medications will be available, or if not pharmacist on call able to assist
	Insertion of Neonatal PICC lines	Yes	No	
	Management of Neonatal PICC lines	Yes	No	
GI	Monitoring for GI Emergencies (i.e. Duodenal Atresia, obstruction, malrotation and midgut volvulus, imperforate anus)	Yes	Yes	Assessment and monitoring for signs and symptoms in Obstetrics, consult to Pediatrics required if signs & symptoms present
	Stabilization of GI Sugical Emergencies (i.e. Gastroschisis, Omphalacele)	Yes	No	Transfer to JPCH if requiring surgical management
	TPN for neonate	No	No	
	Enteral feeds via NG/OG	Yes	No	
	Cleft lip and palate care and feeding	Yes	No	
HEME	Transfusions during resuscitation	Sometimes	Sometimes	Note: No platelets available in PA
	Pain management with skin to skin and sucrose	Yes	Yes	
	Pain management IV and RSI	Yes	Sometimes	IV and RSI provided only by NICU staff

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	Clinical Services	Available in NICU?	Available in Obstetrics Unit?	NOTES:
OTHER	Care for neonate at risk for infectious disease requiring treatment (i.e. COVID, HSV, HIV, Syphilis)	Yes	No	IV treatment for HIV and Syphillis to take place in NICU
	Care for neonate at risk for infectious disease requiring follow up and assessment (i.e. COVID, HSV, HIV, Syphilis)	Yes	Yes	Pediatrician consult required for HIV/Syphilis/HSV
	Ability to complete Lumbar Puncture	Yes	No	
	Monitoring for GBS positive without sufficient Intrapartum Antibiotic Prophylaxis	Yes	Yes	In both Obstetrics & NICU, follow Risk for Sepsis policy
	Treatment for GBS positive without sufficient Intrapartum Antibiotic Prophylaxis	Yes	No	
	Neonatal care focuses on mother-baby dyad as a priority	Yes	Yes	If transfer to NICU required, once maternal patient discharged, can room in the NICU
	Supports maternal/fetal consultations, referral	Yes	Yes	
	Pediatrician on-call 24/7	Yes	Yes	
	Perinatal loss/end of care life	Yes	Yes	
	Nonlethal congenital abnormalities	Yes	Sometimes	
	Care of stable infants who are convalescing after intensive care	Yes	No	
	Stable neonatal retro-transfers with a corrected gestational age over 32-34 weeks (not requiring invasive ventilation, subspecialty support, surgical support, advanced treatments and/or investigations)	Yes	N/A	

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