

A. WARD 4A NEONATAL CUBICLE (NB this is a low care unit)

Admission Criteria: (most infants are admitted from the neonatal unit)

1. Term infants up to 4 weeks of age to complete antibiotics, HIE infants to establish feeding or weaning from oxygen.
2. Inborn premature infants weighing less than 4 kg (even if they are older than one month) who needs IV therapy.
3. Admissions from ward 10 – mostly infants who are jaundiced. If infants are very jaundiced and close to exchange values they are to be admitted directly to Ward 28.
4. Admissions from peripheral clinics or casualty with jaundice, neonatal sepsis, skin infections etc.

All infants should be admitted with a completed **neonatal admission** form and a W4 stats form. Make sure that all relevant information is removed from the brown folder and is placed in a ward ring file which includes:

1. Special daily follow-up notes for ward 4 (includes nursing observations and doctors' notes combined)
2. W4A & KMC statistics form - **to be completed on admission to the ward by nurses and doctors!!**
3. Neonatal discharge summary, neonatal admission book, Growth chart
4. Laboratory investigations spread sheet/s, Neonatal Sonar form

Responsibilities:

The registrar or medical officer is responsible for all patients in ward 4, assisted by the interns. Ward rounds should be done as soon as possible in the mornings after the morning meeting.

Ward 4A is a high turnover unit and needs to be managed every day to see who can be discharged safely in order to make place for new admissions. This is priority for the registrar and interns.

Tasks include

1. Daily ward rounds and day-to-day management of patients include clinical examinations, problem identification, making sure breastfeeding is established, special investigations, etc.
 - a. Taking blood and / or urine for special investigations (Do this as early as possible especially infants with jaundice) Performing lumbar punctures (make sure infant is stable and do not collapse afterwards); Inserting IV lines
 - b. All special investigations must be noted down in the laboratory book situated in cubicle 4A.
2. Referral to / or booking of special clinics or special investigations (sonar, X-rays, ECG)
3. Discharge of patients – complete all the necessary documents, RTH booklet, book follow-up appointments, complete stats form and file in appropriate admission month envelope
4. Transfers of patients (to Pretoria West)
5. Planning weekend rounds and discharge possibilities (Weekend ward rounds are the responsibility of the registrars / MO's on call.)

B. KANGAROO MOTHER CARE (cubicles B & C in ward 4)

Main function of the KMC unit is to accept

- a. Healthy, low birth weight (<2,5kg) and premature babies from the high care unit (HCU) as soon as full oral feeds have been established. This is to prevent overcrowding of the HCU and to practice continuous KMC as soon as possible.
- b. Low birth weight infants from ward 4A and 10 weighing <2,5kg or born <37 weeks gestational age.
- c. Teenage mothers and babies with neonatal encephalopathy and Down's syndrome to establish breastfeeding

General aspects

- a. Most infants admitted to the KMC ward is transferred from the neonatal unit. A few may be admitted from ward 4A & 10, KMC clinic, or POPD.
- b. O₂-dependent infants receive intermittent KMC. Continuous KMC should start as soon as infants are off oxygen therapy.
- c. Infants without mothers will be accepted if discussed with the consultant before transfer from the HCU. It is important that the nursing personnel are consulted about these patients.

Day-to-Day Management

1. The interns are primarily responsible for seeing patients in KMC but any infant that had many complications in NICU and HCU, those on oxygen with bronchopulmonary dysplasia (BPD) and infants who are not gaining weight should also be seen by the registrar / MO and discussed with the consultant.
2. Infants admitted from the neonatal unit are sometimes more than a month old. It is important that all documents that provide information on the patient's medical history are placed in the KMC ring file. The doctor looking after these infants must get to know their medical history, make sure that the infants receive the correct management.
3. **Complete the ward 4 statistics sheet on admission!** Check when the baby should have the six-week immunisations or other follow-up clinics.

Ward 4 Work tasks

The team of doctors working in ward 4/10 is responsible for:

1. Ward 4A Neonatal cubicle – 10 neonatal beds, (3 isolation rooms), 10 lodger mother beds (Registrars on general calls responsible for rounds on weekends) Maximum capacity 15
2. Kangaroo Mother Care (KMC) – 20 lodger mother beds, Maximum capacity = 30 infants (Interns on general calls responsible for rounds on weekends)
3. Ward 10 baby checks during weekdays. (Interns doing day calls responsible for baby checks on weekends)
4. KMC clinic for older infants (including teenage mothers and LBW infants from W10) on Tuesdays from 9h00 – 12h00 (Intern ward 10 to help at clinic)
5. KMC and Ward 4 Neonatal follow-up clinic on Thursdays from 9h00 – 12h00 (Intern ward 10 to help at clinic)
6. ROP clinic on Thursday in ophthalmology OPD 11h00 – 12h00

Work organisation and allocation between team members

1. Registrar / medical officer in charge of ward 4 & 10 supervised by neonatal consultants
2. Usually, 2 interns are allocated to ward 4 (See allocation list)
3. In ward 4 each intern takes care of 10 patients - (1 cubicle)
4. The interns in W4 should assist the registrar/ MO in W4A with special investigations and administrative duties
5. The registrar / medical officer is in charge of the whole of ward 4, looking at all new admissions and all high-risk infants in ward 4. "High risk" includes preterm infants with BPD on oxygen.
6. The registrar should also help with the KMC clinics on Tuesdays and Thursdays from 10h15.
7. Two interns to do daily baby checks in ward 10 but one also helps with the clinics on Tuesdays and Thursdays from 9h00 – 12h00. (See rotation list)
8. Ward 10 interns to discuss any problems with registrar / consultants in ward 8 or 4.