

EXCEPTION REPORTING - LEARNING POINTS

Following group discussion of the exception report summary/proformas at the Clinical Forum South meeting, the learning points detailed below have been identified:

December 2019 – July 2020

- It is important that discussion with Tertiary Centres is documented in the baby's notes.
- Ventilated babies should have at a minimum a daily consultant review.
- Medic to medic handover should take place prior to transfer or repatriation.
- Babies just below 800g should be delivered in a Tertiary Centre, however if this is not possible, discussion with a Tertiary Centre should take place. In some cases with a stable baby, if both LNU and NICU are in agreement, they may stay in an LNU.
- *Additional Shared Learning Point identified following discussion during the meeting:* Umbilical Vein Catheter lines:- It is good practice to ensure a two or three way connector is used in order to avoid interruptions and enable other drugs to be added. This is particularly the case for babies being prepared for transfer.

It has been agreed that Units may notify lisa.gorry@sch.nhs.uk of any exceptions as and when they take place and before a monthly notification is received – please ensure the BadgerNet ID is stated

EXCEPTIONS INCLUDE:

LNU

- Babies <27wks or <800g in a LNU beyond 1 day of life
- Babies receiving intubated ventilatory support for greater than 48 hours beyond 1 day
- Babies receiving ventilation via a tracheal tube AND Inotrope, prostaglandin infusion, insulin infusion, a chest drain, or had an exchange transfusion in a LNU beyond 1 day
- Babies with hypotension, disseminated intravascular coagulation (DIC), renal failure, or metabolic acidosis
- Babies who received nitric oxide, HFOV, or therapeutic hypothermia

SCBU

- Babies <30wks or <1000g in a SCBU beyond 1 day of life (except London ODN which doesn't use the beyond 1 day of life criteria)
- Babies receiving IC in a SCBU beyond 1 day
- Babies receiving inotrope, prostaglandin infusion, insulin infusion, have a chest drain, or had an exchange transfusion in a SCBU beyond 1 day
- Babies receiving intubated ventilatory support for greater than 48 hours beyond 1 day
- Babies with hypotension, disseminated intravascular coagulation (DIC), renal failure, or metabolic acidosis
- Babies who received nitric oxide, HFOV, or therapeutic hypothermia