

## EXCEPTION REPORTING - LEARNING POINTS

Following discussion of the exception report summary at the Clinical Forum North meeting held 5 February 2019, the learning points detailed below have been identified:

April 18 – October 2018

- Ensure daily discussions take place with NICUs when babies are 'off pathway' or causing concern
- Ensure discussion takes place with tertiary centre for babies receiving intubated ventilatory support for greater than 48 hours at an LNU. *This provides an important part of governance for babies who are potentially off pathway.*
- *An off pathway baby needing a UVC for possible hyperinsulinaemia causes concern – as central access may not be part of the units regular practice.* Units are encouraged to follow the correct pathway - using the [SCBU Pathway Algorithm](#).
- It is important to document any conversations with other Units/Embrace/NICUs – case notes appropriate for referring unit.
- SCUs / LNUs and NICUs are encouraged to communicate - Embrace may be used as a conduit with no input into the call (only giving advice if providing a transfer). Some colleagues may prefer to ring Neonatologists direct – it is good communication that matters most!
- Predicted weight <800g elective delivery in an LNU is not likely to be best practice unless serious service constraints restrict access to an appropriate intensive care bed.

### 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 <32wks 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