VOLUNTEERING IN THE NICU

Presented by:

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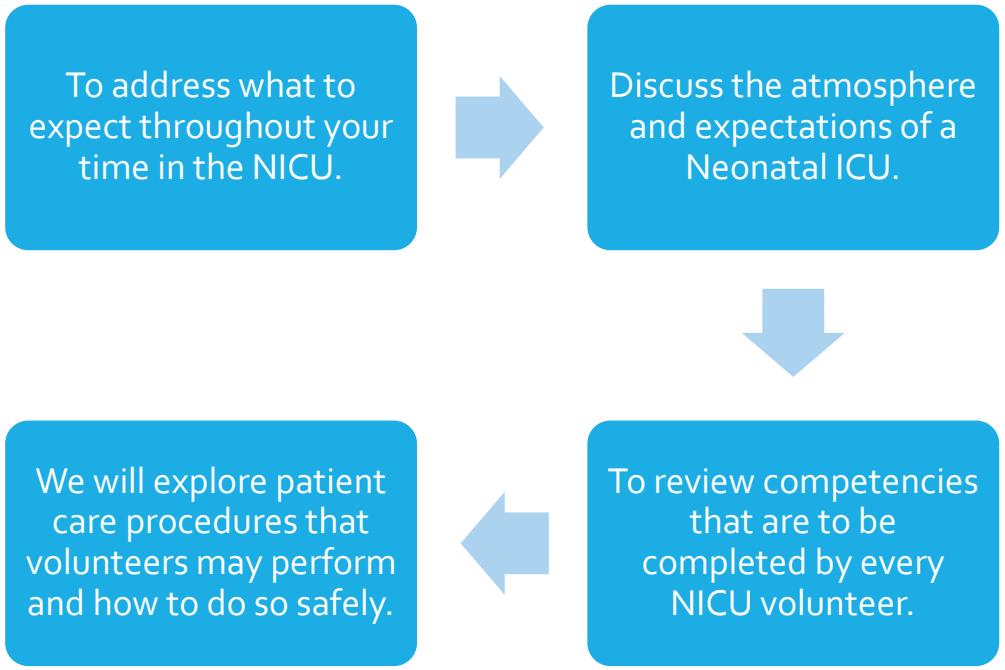
"Alone we can do so little; together we can do so much."

Helen Keller

Our nurses cannot do what we do without YOU!

objectives



- To discuss how to go about equipment within the unit.
- Describe appropriate developmental care and interaction with infants.
- To list the essentials of communication within the unit.
- Learn Layout of 11th Floor Main and F-pod East overflow.
- Learn about Vocera & Patient Census.

What to expect

- Our patients range from completely stable "feeder-growers" to unstable infants on ventilators and life-saving medications.
- While you may assist with bottle feeding and snuggling one patient, another patient may not be stable enough for those things. Instead, see if supplies (i.e. blankets or diapers) need to be re-stocked at the bedside. Both scenarios are equally as helpful!
- Nurse-to-patient ratios range from 1:1 to 1:3. When in doubt, always search for that nurse that has 3 patients and you will stay busy!
- 11th Floor Main will be more critical babies. F-pod East with be more stable Feeder/growers.

What to expect

We can admit up to 49 patients in the NICU. Winter is usually our busiest season because of RSV. Overflow in F-pod East.

Parents are encouraged to be at the bedside of the patients all hours of the day, but due to circumstances like work, social work issues, lack of defined caregivers, etc. some of our patients' go days without adequate social interaction… But that's where you come into the story!

Our neonatology team is composed of members such as Physicians, PAs, NPs, RNs, PCTs, a HUC, RTs, PTs, OTs, Speech Therapists, Developmental Specialists, Lactation Consultants, Social Workers, Case Managers and Volunteers.

Volunteer competencies

Attend	Attend NICU education class (check!)
Review and understand	Review and understand volunteer position description
Learn	Learn to recognize patients' behaviors and cues and whether or not that requires intervention
Review	Review your skills checklist and precept with a HUC/PCT/RN who will sign off your competencies as they are performed

- Your orientation in the NICU will include:
- A description of potential tasks/duties for you to complete
- Safety factors, routines and procedures that are unique to the unit
- Proper infection control methods
  - Good hand washing, correct PPE for isolation rooms, no jewelry/accessories below the elbow
  - NICU as a first stop---do not go to the NICU if you have been in an Isolation Precaution room. Blanket barriers and gloves are a must.

Volunteer Tasks around the unit

- Hold, rock, reposition, contain, or snuggle stable babies. You are more than welcome to utilize swings and bouncy seats at the bedside.
- Feed and burp a stable baby. When in doubt, ask the patient's nurse!
- Calm infant and provide pacifier during a tube feed.
- Stock the bedside drawers/carts with blankets, burp cloths, diapers and wipes, saline wipes, feeding supplies, etc.
- Play/talk/read books to stable patients to provide them with social interaction, auditory stimulation and tactile stimulation.
- Replace batteries in patients' toys and swings.
- Engage families and siblings in activities. Engage Developmental specialist for play ideas.
- Assist RN with discharging families (i.e. help pack up all items or walk family out of the unit).
- Update Beads of Courage for each patient.
- No additional jewelry below the elbow with the exception of wedding ring and watch.
- Ask about Laundry.

For your & our patients' safety, volunteers **may never**:

- Perform a patient's FIRST bottle feed
- Insert/reinsert a feeding tube
- Take/record vital signs of any kind
- Chart in any patient's medical record
- Remove an infant from their bed without a RN's help & approval (discerning stable vs. unstable)
- Transfer babies from one area to another (unless accompanied by their RN)
- Carry a discharged patient out of the hospital or place in a car seat
- Check in from parents or label breastmilk deliveries

Need to know: Equipment in the nicu

- **Drager Isolettes**
  - Pedals on bottom for raising and lowering beds
  - NEVER walk away from a bed with a patient in it if the side rails or port holes are down. Babies are sneaky and will fall out if given the opportunity!
  - Don't "pop-the-top" without an RNs permission; these covers keep heat in for babies that require assistance staying warm.
  - The diaper drawer is located at the foot of the bed, underneath the metal handle.

- **Feeding pumps**
  - To be operated by a nurse. We use 2 types of pumps in the NICU; syringe and Kangaroo. These are mobile if you want to hold a patient while their feed is infusing.

- **IV pumps**
  - To only be operated by an RN. If alarming, a nurse will come to fix the issue!

Equipment in the nicu

- **Cooling machine**
  - If seen at a bedside, this patient is **unable** to be snuggled or stimulated. Feel free to stock supplies at the bedside!
- **EEG machine**
  - Used to detect brain activity/seizures. Due to the complexity and fragility of all the leads placed on the infant's head, these babies should not be held, but you may assist a nurse with repositioning and hands-on containment.
- **Cardiac leads & Pulse Ox**
  - All of our infants in the unit have these; most are attached to lengthy cords and allow for plenty of snuggling and moving about the patient's bedside!
- **Central lines and IVs**
    - Many of our babies have these and they are necessary for hydration, nutrition and delivery of medications. Please be diligent to handle these very carefully. These babies can absolutely be snuggled, but don't allow tugging on their lines- this can cause it to become dislodged or even completely pulled out!

Vocera

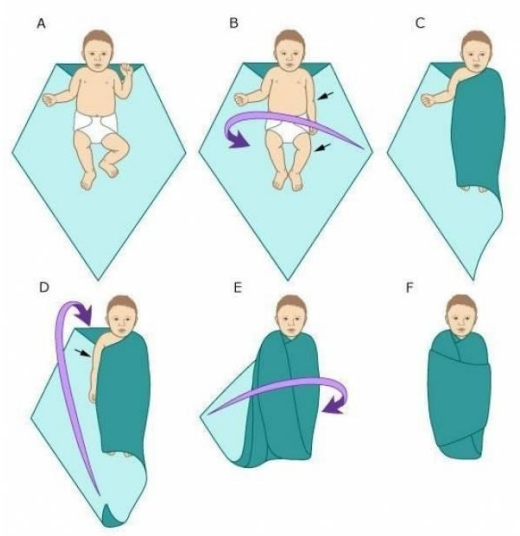
- You must check out a Vocera in the NICU volunteer book at the HUC station. Your patient rounding list will be in that book. Please use the Vocera sign out/Sign in sheet.
- Get a fresh battery from the charger
- Sign in to Vocera (the first time, you will need to set up your name)
- **Add yourself to the group: NICU** Volunteer
- Ask the HUC to send a broadcast to NICU group that a volunteer is available for your shift.
- End of Shift: Log out
- Clean vocera and battery
- Sign it back in the NICU binder and charge battery.

Developmentally-appropriate handling of infants

- Rule #1 of the NICU: never wake a sleeping baby- unless it's time for their cares and feeds.
- Don't walk away from a bed that has a side rail down/port hole open.
- The NICU should be a quiet unit; our sickest patients thrive best in an environment with limited stimulation. Refer to the decibel reader integrated in their beds!
- When playing or feeding infants, use a soft voice and slow and gentle movements.
- With repositions, roll the baby, using the mattress for support rather than lifting them.

Helpful tips

- How to swaddle:
  - When swaddling a sleepy baby, the blanket should only come to the infant's shoulders & nowhere near their face. Swaddle with arms gently tucked in, with hands free and accessible. Always practice safe sleep. Make sure scanner tag and any lines that need to be accessed are outside of the swaddle.



- How to properly hold an infant:
  - Always support the baby's head and neck when changing positions.
  - Cradle an infant in your arms,or holding towards you on your chest/shoulder with gloves and a blanket between you and the baby and gloves for non-precaution babies.
  - Always support their head and neck when snuggling and moving to and from the bed.

Helpful tips continued

Bottle feeding infants:

Verify with the patient's nurse that the infant is allowed to bottle feed.

When a nurse retrieves milk from the refrigerator, always warm breastmilk/formula using the yellow bottle warmers at each bedside.

Breastmilk should be verified between **2 RNs** before given to the patient.

When feeding a baby please check the bedside area for specific notes on how to best feed that baby and ask the nurse if you have questions before you feed.

Provide support for the baby's body, head and neck.

Infant should be held semi-upright, cradled or side-lying.

If using a Dr Brown's bottle, please wash after use!

Minimize over-stimulation (i.e. loud voices, bright lighting, loud music, etc.) to help baby focus on the task of bottle feeding.

Take frequent burp-breaks throughout each feed (especially if infant begins looking drowsy).

Limit bottle feed to 30minutes.

If the baby has decided to be done eating but hasn't finished all of the food, never force the bottle into the infants mouth. Instead, alert the baby's nurse and if available, the rest will be given via NG tube.

How babies communicate with us

An uneven heart rate, breathing rate or oxygen level tells us that babies are in distress.

Changing in skin color (becoming paler or blue) can signify a medical emergency.

Hiccupping (although it can be cute), gagging and spitting up can show discomfort.

Increased muscle tone (stiffening of the extremities) and decreased muscle tone can be caused by over-stimulation or issues with neurological response.

Some of our babies have difficulty transitioning back and forth from awake and alert to quiet and sleepy states.

A fussing or crying baby may be hungry, in pain, in need of a diaper change, or just wants to be held.

Patients may show “dull” alertness/gaze aversion or hyper-alertness.

Communicating with families

- Introduce yourself and your role (volunteer) and address parents by their first names.
- Calling infants by their first name creates a warmer, more welcoming environment- especially when speaking with their families. There are usually patient name banners at each bedside. When one isn't present, you can make one using our craft cart!
- Positively reinforce parents when you see them providing developmentally appropriate care or showing an effort to maintain attachment (i.e. bringing blankets/items from home, staying up-to-date with Beads of Courage)
- Encourage family involvement with kangaroo care, feeding and bathing infants, and paying attention to infants' needs.
- If OK'd by parents, involve extended family members while at the patient's bedside.
- Rainbow sign= End of Life / Purple Butterfly= Passing of a multiple sibling

QUESTIONS & CONCERNS?