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Manchester University
NHS Foundation Trust

Welcome to the Newborn Intensive Care Unit

Newborn Services MCS (Managed Clinical Service)
Saint Mary's Hospital (NICU)/Ward 68
Oxford Road Campus (ORC)



Introduction

Congratulations on the birth of your baby. We know that having your baby here and being separated from them is a very worrying time for you. We hope the information in this booklet will be useful for you and help take some of the stress away from having a baby on NICU.

There are lots of different reasons that babies come to us on NICU. Many babies are admitted because they were born prematurely or sick, others because they have other medical or surgical conditions.

It is very important that you understand why your baby is with us on the NICU. Everything will be explained to you by the doctors and nurses who are looking after your baby.

Please remember that this is your baby and you can ask as many questions as you want, no question is a silly question, and please don't forget that your baby needs all your love and attention but also the specialist care

that we provide. Feel free to call at any time for an update about your baby. To protect your confidentiality we will only give information to parents, so please don't ask anyone to phone on your behalf unless you have discussed this with us.

The Newborn Services MCS (Managed Clinical Service)

Welcome to Newborn Services

St. Mary's Newborn Services, MFT has two neonatal units, one based at the Oxford Road Campus (ORC) and the other based at Wythenshawe hospital.

The neonatal unit on the ORC is called the Newborn Intensive Care Unit (NICU). It mainly provides care for babies who require intensive care, surgical care, or the input from

specialists based at Royal Manchester Children's Hospital, and also provides care for babies who require high dependency and special care.

The Neonatal Unit (NNU) at Wythenshawe mainly looks after babies who need high dependency or special care. It provides short periods of intensive care for infants who may need transfer to the NICU, ORC, if this care requirement should continue.

Babies who are making good progress at the NICU, ORC and getting better will sometimes be moved to Wythenshawe hospital to continue their care before they go home. Babies are moved between the two units depending on clinical needs. We will have a discussion with parents before any baby is moved.

Both neonatal units work closely together and essentially function as one large neonatal unit, sharing staff, policies and guidelines. The aim of our service is to ensure that all infants and their families admitted to the St. Mary's service on any of the sites will receive the same high quality care wherever they may be.

Care is evidence-based making use of the most up to date national and regional guidelines and we also ensure that the family are integrated into all aspects of their baby's neonatal journey.

Moving infants to their local neonatal unit

The St. Mary's service (NICU) on the Oxford road site is also the referral centre for patients in Greater Manchester, Lancashire and South Cumbria who require surgery or highly specialised paediatric care.

When there are no cots available in NICU, patients have to be transferred to Liverpool or Leeds, and sometimes as far off as Birmingham and London. It is for this reason that once babies no longer require intensive care, they are transferred back to their Local Neonatal Unit (LNU) where they will stay until they are ready to go home.

Local Neonatal Units are neonatal units that specialise in delivering care that helps babies get ready for discharge home. Transfer to your local unit also means that the Consultant paediatricians who will provide follow up care will get to know your baby better prior to discharge home.

The process of transfers within Greater Manchester is overseen and facilitated by the North West Neonatal Operational Delivery Network (NWODN). Further information can be found on the local neonatal units on their website.

Some infants will also go to the Royal Manchester Children's Hospital for ongoing care. We will support your family with this Transition to Paediatric Care. Please ask your nurse for more details.

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My baby's details

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Name:	
Date of birth:	
Time of birth:	
Birth weight:	
Method of delivery:	
Hospital born at:	
Parent's name	
Brothers and sisters:	
Address:	
Baby's neonatal consultant:	
Baby's surgical consultant:	
Other specialist's involved in your babies care	

Key telephone numbers:

Room 1 (Special Care)
– (0161) 701 4450

Room 2 (Special Care)
– (0161) 701 0105

Room 3 (Special Care)
– (0161) 701 0104

Room 4 (HDU) – (0161) 276 6538

Room 5 (ICU) – (0161) 701 0102

Room 6 (ICU) – (0161) 276 6810

Room 7 (HDU) – (0161) 701 0101

Room 8 (HDU) – (0161) 701 0100

Room 9 (HDU) – (0161) 701 0098

Where will my baby be cared for?

There are 9 different clinical rooms on the NICU, all providing a different level of care:

Intensive care (ICU) rooms 5 and 6 – for babies who are born prematurely or sick, needing help with breathing (ventilation) or other critical support.

High Dependency (HDU) rooms 4, 7, 8 and 9 – for babies who do not require ICU but still require complex care.

Special Care (SC) rooms 1, 2 and 3 – for babies who are just establishing feeds, growing and developing after needing complex care.

The number of staff in each room may vary according to the dependency of the babies in the room. In Intensive Care there can be 1 nurse to 1-2 babies. In High Dependency there can be 1 nurse to 2-3 babies. In Special Care there can be 1 nurse to 3-4 babies.

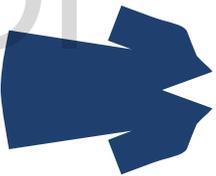
Who will be looking after my baby?

We are a team made up of doctors, nurses, ward clerks, unit assistants and domestic staff. Everyone is happy to help you with any issues you may have.

Our unit has approximately 270 nursing staff. The nursing workforce is large and diverse and as well as being registered nurses, many staff are at various stages in their training to gain additional qualifications in neonatal nursing.

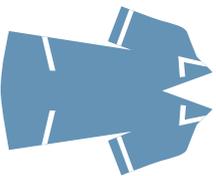
Leading the nursing team is a team of modern matrons. They are here Monday to Friday for you to speak to if you have any issues or concerns.

Uniforms of the nursing team



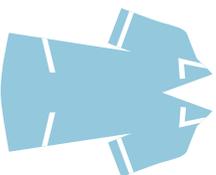
SENIOR SISTER

NAVY
I take charge of the shift. There is a senior sister on every shift 24 hours a day.



JUNIOR SISTER

ROYAL BLUE, WHITE STRIPE
I support the senior sister and will be in charge of a clinical room.



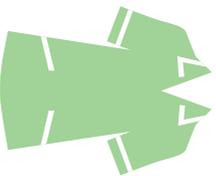
STAFF NURSE

SKY BLUE, WHITE STRIPE
I care for your baby throughout the day.



NURSERY NURSE

DARK GREEN, WHITE STRIPE
I care for your baby when preparing for discharge.



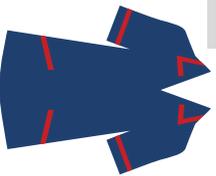
UNIT ASSISTANT

LIGHT GREEN, WHITE STRIPE
I help the nursing staff with housekeeping duties.



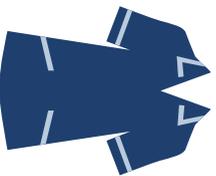
MATRON

NAVY, WHITE STRIPE
I am a registered nurse and I oversee the quality of patient care on the ward.



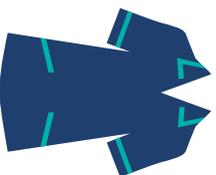
LEAD NURSE

NAVY, RED STRIPE
I am a registered nurse and I provide professional leadership for the NICU ensuring the maintenance of clinical quality.



SPECIALIST NURSE

NAVY, PALE BLUE STRIPE
I am a registered nurse and I have the responsibility for planning and delivering specialist aspects of patient care.



ADVANCED NEONATAL NURSE PRACTITIONERS

NAVY, AQUA STRIPE
I diagnose and initiate treatment plans for your baby in the high dependency and special care areas. I provide on going management alongside the medical team.

Keeping up to date

You will always be kept up to date and involved in your baby's care. Nursing staff will always give you an update, whether it's face to face or over the phone.

Your baby will have a named consultant. This consultant will be overseeing the care of your baby and follow your baby up after they have left the hospital/NICU. Within 24 hours of your baby coming to NICU you will receive an update from a Consultant or senior doctor. Please do feel free to ask the nurse caring for your baby, to alert the medical team to come and see you when you first come to see your baby. This first update may not be your named consultant.

At any time during your baby's stay on NICU, if you have any issues or would like to be updated by your consultant then please ask the nurse to arrange an appointment.

There are many consultants that work on the unit. These consultants rotate around the rooms on a weekly basis. If you have any issues or want a medical update about your baby then please talk to the consultant in the room. Being present at the daily

ward round for your baby will also give you the opportunity to speak with the consultant for the week.

The NICU team

Although there are a lot of doctors and nurses that look after your baby, the unit is made up of different teams that you may receive support from during your stay on NICU:

- **Family Support** are here to offer their help during your stay, they will help with car parking, funding for transport if needed, benefit entitlement.
- The **Pathway Co-ordinator** will help co-ordinate the transfer of your baby either to another hospital or the children's ward.
- **Transport team** – if your baby needs to be transferred in or out of this hospital, the transport team will look after your baby during transfer.
- The **Feeding team** will give you support and help with breast feeding or any other feeding issues you may have.
- The **NORT (Neonatal Outreach Team)** will come and see your baby at home when your baby is discharged.
- The **ROP Screening team** will screen your baby for Retinopathy of Prematurity (ROP) and provide treatment if necessary.

- **Hearing Screening team** – all babies discharged from hospital have a hearing screen and this team will undertake the test on your baby.
- The **Bereavement team** support bereaved families on the unit and at home.
- The **Unit Counsellor** provides formal or informal support/counselling.
- Other specialist doctors and nurses.

part of the multi-disciplinary team. The staff from these teams will introduce themselves to you and explain what they do on the unit.

Hand washing and infection control

Anyone who comes to see your baby, including you, must gel their hands at the front desk, wash their hand in the room and then gel them again before they touch your baby.

Dieticians, physiotherapists, speech and language therapists, radiographers/radiologists, pharmacists and student nurses/ midwives also work on the unit as

As premature and sick babies are vulnerable to infection it is important that we maintain a high standard of hand hygiene. If anyone has a cough, cold, any kind of infection or

The first line of defence.....clean hands!

Follow these seven simple steps when washing your hands before and after entering a clinical area



has been exposed to chicken pox, please discuss this with your nurse before they come to visit. This is to protect your baby.

Teddies and blankets – you are more than welcome to bring in teddies and blankets for your baby to use, however we do ask that there is just one teddy, that sits outside the incubator/cot. We ask that teddies and blankets are washed weekly to prevent any risk of infection to your baby.

Visiting your baby

We encourage you to be with your baby as often as you can, and we encourage you to take part in your baby's cares.

Ward rounds in the Intensive Care rooms occur between 9.00 am – 11:00 am. At this time we will ask that you leave the room in order to protect the confidentiality of other babies, however you are welcome to be present when the doctors are reviewing your baby. Please ask your nurse to let you know when the doctors are reviewing your baby.

Other relatives and visitors are welcome to visit you and your baby whilst on the NICU, but you or your partner must be present with them. Please respect other babies and their families by not looking at other babies in the rooms. We ask all visitors (apart from parents) to leave NICU by 10.00 pm.

We ask that there are only 2 visitors at the cot side in ICU. In the HDU and Special Care areas, there can be 3 visitors at the cot side, including a parent. There is a waiting area for visitors in Reception so that we can keep the corridors clear for staff to use.

No children under 16 may visit unless they are your baby's siblings – this is to protect your baby from infection.

We aim to give babies a period of complete rest between 2.00 pm – 3.00 pm; we ask that only parents/ carers visit during quiet time.

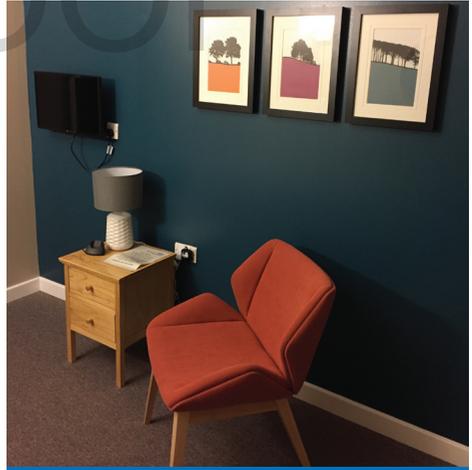
Facilities for parents

We have a kitchen and sitting room for parents to use. In the kitchen there is a microwave and fridge – please label food with your name and date that you bought the food. There are also facilities to make a hot drink.



Parent Kitchen

We have limited rooms available on the unit for parents to stay overnight and priority is given to those parents who have a baby requiring intensive care or for babies who are close to discharge. We encourage parents to stay overnight with their baby prior to going home.



Parent Bedroom

There is further accommodation available within the hospital grounds at Ronald McDonald House. Nursing staff will discuss booking a room with you. Please be aware that availability of these rooms is limited and we may not be able to accommodate you, but we will try our best to help.



Parent Sitting Room

Caring for your baby (cares)

We understand that you, as parents, want to do as much as you can for your baby. Our NICU team are committed to FiCare (Family Integrated Care). This means our nurses and doctors will help and support you adapt to becoming parents with a baby on NICU. Staff will help you become confident in looking after your baby appropriately for their individual needs. Staff will support you with:

- Nappy care.
- Eye care.
- Mouth care.
- Feeding – breast/bottle/tube.
- Bathing.
- Dressing.

We do supply nappies for premature babies under the weight of 1.5kg, when your baby passes this weight or out grows the nappies we encourage you to bring in nappies and cotton wool (rather than wipes, which can cause skin sensitivities).

It is understandable that you will feel anxious when you begin to handle your baby, staff will help you feel confident and comfortable with this. Your baby will benefit from your closeness, hearing your voice and

learning how you touch them and how you smell. When your baby is well enough they can come out for skin to skin – even if your baby is on the ventilator, as long as they are stable. Just ask the nurse who is looking after your baby.

There is a parent education guide for you to work through (see pages 18-19).

Feeding your baby

During your baby's stay with us they will be fed in different ways, depending on your baby's gestation, age, weight and how well they are.

Please remember, how you feed your baby is your decision. Please speak to the nursing and medical staff about how you want to feed your baby.

- Milk Feeds – babies can be fed with breast milk or formula milk. One of the best ways you can help your baby is by providing them with your breast milk. Your baby may be too small or too sick to begin breastfeeding, but you can still give them the best start by expressing your breast milk. This can be done by hand or using a pump. There are breast pumps on the unit for you to use; there are also pumps that we loan out to you so you can express at home. The cost of this is £20 for 4 weeks.
- If you wish to formula feed your baby, please speak to our NICU team about which milk will be best for your baby, depending on age, gestation and medical condition.
- Parenteral nutrition and IV fluids – sometimes our babies are too small or too sick to have milk

feeds. To make sure your baby is getting the right amount of nutrition they will receive some parenteral nutrition (TPN). This is fluid that goes into your baby's vein and provides them with all the fat, vitamins and minerals that they will need until we introduce milk feeds. Your baby will also receive some IV fluids called dextrose, this is sugary water with additives in it so that your baby doesn't get dehydrated.



Expressing Room

If your baby needs TPN then they will need to have a long line. A long line is a fine plastic tube that is inserted into one of the baby's small veins in the arm or leg until it reaches a point where the veins are much larger, usually just outside the heart.

The TPN can then be given through this line; because the line goes into a larger vein the risk of damage to the vein is much reduced. A long line can stay in place for several weeks if necessary, which reduces the number of times your baby needs to have a drip inserted.

If your baby is having milk but is too small to have it orally then they will have a feeding tube (nasogastric tube 'NGT' or orogastric tube 'OGT'). This will be passed through your baby's nose or mouth into the stomach, enabling your baby to receive milk.

Pain management

Nurses and doctors will be using a pain assessment tool, alongside observations to observe your baby for signs of pain, which will be shared with you. If you think your baby is in pain then comforting measures will be used, such as comfort holding, repositioning and non-nutritive sucking.

Nurses may also give some sucrose (sugared water) to sooth your baby, or pain relief medications may be given. If your baby has had surgery then they will be prescribed pain relief; the effectiveness of this will be assessed using the pain assessment tool. You will get to know your baby very well, if you think that they are in pain then we encourage you to tell the nurses.

Tissue viability

Your baby's skin is very thin and fragile. Until their skin matures, it doesn't offer a good protective barrier and needs to be handled with care to prevent injury. Nurses continuously assess your baby's skin and may use preventative measures to prevent any friction/agitation from the equipment that we use on NICU. Please ask your nurse for further information and advice on your baby's skin.

Other important information

Consent – Any procedures, investigations or treatments will be discussed with you; certain procedures may require written consent. The medical team will explain everything to you to make sure you understand what you are consenting to.

Consent must be given by the person who has 'legal' parental responsibility. A mother automatically has parental responsibility for her child; a father has parental responsibility if they are married to the mother, or listed on the birth certificate. (For more information go to www.gov.uk/parental-rights-responsibilities).

Registering your baby's birth – you must register your baby's birth within six weeks of birth. Please inform the nursing staff once your baby is registered. If you have any questions about registering your baby then please ask the nurses looking after your baby.

Research – our neonatal unit is very keen on clinical research. We believe that research helps us improve the care we give to babies and their families and can increase their chances of healthy survival. During your baby's stay on NICU you may

be approached by our research team or doctors about including your baby in the research trials that are on-going. Please be assured that the care you receive will not be affected if you choose not to take part in research studies.

Zero Tolerance Policy – we are committed to the safety and well-being of our patients and staff. Please treat others with the courtesy and respect that you wish to receive. Verbal abuse, physical abuse and harassment are not acceptable and will not be tolerated.

Security – the doors to NICU are always locked, this is for your baby's safety. Please use the doorbell to gain access to the unit. You will be asked to identify yourself before someone lets you in – again this is for your baby's safety.

The Trust is not responsible for the loss of your valuables. There are lockers in reception for you to put your valuables in. Please speak to the ward clerks if you wish to use a locker.

Please do not let anyone onto the unit that you don't know and do not allow 'tailgating'. All visitors must use the doorbell to access the unit and report to reception.

Car parking – whilst your baby is on NICU you will not have to pay for car parking. Please speak to the ward clerks or our Family Support team to arrange this for you.

GP – before your baby is discharged they must be registered with your GP. This is so that information about your baby's stay on NICU can be sent to your GP, should they need it. Failure to register with a GP will delay your baby's discharge.

Mobile Phones – please switch mobile phones onto silent mode. Feel free to take pictures of your baby, if you need to use your phone for a phone call please go to the reception area to avoid disturbing other families.

Parent support and wellbeing – for you as parents it is important that you look after yourselves as well as your baby. We understand that this will be a very stressful time and we want to support you through this difficult time.

We have a counsellor for the unit who is available for formal or informal support. There are also parent support groups that are advertised in reception and around the unit. Please use these groups as they are here to support you and for you to help support other parents.

These sessions are advertised in the FiCare timetable, displayed around NICU.

There is also a Chaplaincy Service and Multi-Faith rooms available for you to use. The prayer rooms are available on: Ground Floor – opposite Children's Out-patients and First Floor – opposite PICU. The multi-faith centre is on the ground floor in the MRI where spiritual support is available on demand for most faiths.

Neonatal Outreach Team

As well as your Health Visitor, you will be followed up by the Outreach Team a day or two after discharge. This is to make sure you and your baby are settling in and for you to ask any questions you may have.



You may have a few visits from the outreach team to review your baby's progress.

Family Integrated Care

Each family is unique and the Neonatal Team at St Mary's are here to guide, assist and encourage you to care for your baby. To support this we aim to provide 'Family integrated Care' (FiCare) which encourages greater parent involvement in their infant's care.

FiCare is a model by which parents are true partners in their infant's care, even when in NICU. Research suggests that infants admitted to the NICU and cared for under the FiCare model grow faster and have less stress, spend fewer days in the NICU, and are less likely to be readmitted

to hospital after discharge

Here at St Mary's we wish to support you and your baby each step of the way by working together.

On admission you should receive a FiCare Neonatal Passport. If you have not received this, please ask a member of staff.

Preparing for Discharge.

Going home is a very exciting time for you and your family. We want to make sure that you are prepared and confident in taking your baby home.

Parent Passport

This parent passport is to help you prepare to take your baby home. Please ask your nurse for more information.

- | | | | |
|--|--------------------------|---|--------------------------|
| Red Book discussed | <input type="checkbox"/> | Safe sleeping discussed | <input type="checkbox"/> |
| Breastfeeding/expressing discussed | <input type="checkbox"/> | Resuscitation demonstration | <input type="checkbox"/> |
| Sterilising discussed | <input type="checkbox"/> | Hearing screen | <input type="checkbox"/> |
| Take home medication ordered | <input type="checkbox"/> | Rooming in | <input type="checkbox"/> |
| Medication demo/side effects discussed | <input type="checkbox"/> | Registered at GP | <input type="checkbox"/> |
| Bathing demonstration | <input type="checkbox"/> | Immunisations | <input type="checkbox"/> |
| | | Breast milk removed from fridge/freezer | <input type="checkbox"/> |
| | | Breast pump returned | <input type="checkbox"/> |
| | | Patient tracker completed | <input type="checkbox"/> |

Follow up arrangements

Other information on your baby's discharge

Ask your nurse to answer the following questions:

What medicines will my baby go home with?

Why is my baby having this medicine?

Are there any medication side effects that I need to watch out for?

Who should I contact if I am worried about my baby following discharge?

Should your baby become unwell seek medical advice from your GP or nearest Accident & Emergency department.

If your baby is so ill that you think he/she needs urgent medical help, don't hesitate to call 999. You will be asked which emergency service you need and will then be put through to an ambulance controller.

Your community health professional is:

Other useful contacts:

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My baby's diary

Most parents like keeping a little diary of their baby's progress, here is just a starting off point. Feel free to carry on with your own diary.

Week 1

Week 2

Week 3

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Week 4

Week 5

Week 6

Week 7

Week 8

Week 9

Weight conversion chart

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gm	lbs	oz	kg	lbs	oz	kg	lbs	oz	kg	lbs	oz	kg	lbs	oz
500	1	2	3.05	6	11	5.65	12	7	8.20	18	1	10.80	23	12
550	1	3	3.10	6	13	5.70	12	9	8.25	18	2	10.85	23	14
600	1	5	3.15	6	15	5.75	12	10	8.30	18	4	10.90	24	0
650	1	7	3.20	7	1	5.80	12	12	8.35	18	6	10.95	24	1
700	1	9	3.25	7	2	5.85	12	14	8.40	18	8			
750	1	10	3.30	7	4	5.90	13	0	8.45	18	9	11kg		
800	1	12	3.35	7	6	5.95	13	1	8.50	18	11	11.00	24	3
850	1	14	3.40	7	8	6kg			8.55	18	13	11.05	24	5
900	2	0	3.45	7	9	6.00	13	3	8.60	18	15	11.10	24	7
950	2	1	3.50	7	11	6.05	13	5	8.65	19	0	11.15	24	8
1kg			3.55	7	13	6.10	13	7	8.70	19	2	11.20	24	10
1.00	2	3	3.60	7	15	6.15	13	8	8.75	19	4	11.25	24	12
1.05	2	5	3.65	8	0	6.20	13	10	8.80	19	6	11.30	24	14
1.10	2	7	3.70	8	2	6.25	13	12	8.85	19	8	11.35	25	0
1.15	2	8	3.75	8	4	6.30	13	14	8.90	19	9	11.40	25	1
1.20	2	10	3.80	8	6	6.35	14	0	8.95	19	11	11.45	25	3
1.25	2	12	3.85	8	8	6.40	14	1	9kg			11.50	25	5
1.30	2	14	3.90	8	9	6.45	14	3	9.00	19	13	11.55	25	7
1.35	3	0	3.95	8	11	6.50	14	5	9.05	19	15	11.60	25	8
1.40	3	1	4kg			6.55	14	7	9.10	20	0	11.65	25	10
1.45	3	3	4.00	8	13	6.60	14	8	9.15	20	2	11.70	25	12
1.50	3	5	4.05	8	15	6.65	14	10	9.20	20	4	11.75	25	14
1.55	3	7	4.10	9	0	6.70	14	12	9.25	20	6	11.80	25	15
1.60	3	8	4.15	9	2	6.75	14	14	9.30	20	7	11.85	26	1
1.65	3	10	4.20	9	4	6.80	14	15	9.35	20	9	11.90	26	3
1.70	3	12	4.25	9	6	6.85	15	1	9.40	20	11	11.95	26	5
1.75	3	14	4.30	9	7	6.90	15	3	9.45	20	13			
1.80	3	15	4.35	9	9	6.95	15	5	9.50	20	14	12.00	26	6
1.85	4	1	4.40	9	11	7kg			9.55	21	0	12.05	26	8
1.90	4	3	4.45	9	13	7.00	15	6	9.60	21	2	12.10	26	10
1.95	4	5	4.50	9	14	7.05	15	8	9.65	21	4	12.15	26	12
2kg			4.55	10	0	7.10	15	10	9.70	21	5	12.20	26	13
2.00	4	6	4.60	10	2	7.15	15	12	9.75	21	7	12.25	26	14
2.05	4	8	4.65	10	4	7.20	15	13	9.80	21	9	12.30	27	1
2.10	4	10	4.70	10	5	7.25	15	15	9.85	21	11	12.35	27	3
2.15	4	12	4.75	10	7	7.30	16	1	9.90	21	12	12.40	27	4
2.20	4	13	4.80	10	9	7.35	16	3	9.95	21	14	12.45	27	6
2.25	4	15	4.85	10	11	7.40	16	4	10kg			12.50	27	8
2.30	5	1	4.90	10	12	7.45	16	6	10.00	22	0	12.55	27	10
2.35	5	3	4.95	10	14	7.50	16	8	10.05	22	2	12.60	27	12
2.40	5	4	5kg			7.55	16	10	10.10	22	4	12.65	27	13
2.45	5	6	5.00	11	0	7.60	16	12	10.15	22	5	12.70	27	15
2.50	5	8	5.05	11	2	7.65	16	13	10.20	22	7	12.75	28	1
2.55	5	10	5.10	11	4	7.70	16	15	10.25	22	9	12.80	28	3
2.60	5	12	5.15	11	5	7.75	17	1	10.30	22	11	12.85	28	4
2.65	5	13	5.20	11	7	7.80	17	3	10.35	22	12	12.90	28	6
2.70	5	15	5.25	11	9	7.85	17	4	10.40	22	14	12.95	28	8
2.75	6	1	5.30	11	11	7.90	17	6	10.45	23	0			
2.80	6	3	5.35	11	12	7.95	17	8	10.50	23	2	13.00	28	10
2.85	6	4	5.40	11	14	8kg			10.55	23	3			
2.90	6	6	5.45	12	0	8.00	17	10	10.60	23	5			
2.95	6	8	5.50	12	2	8.05	17	11	10.65	23	7			
3kg			5.55	12	3	8.10	17	13	10.70	23	9	13kg		
3.00	6	10	5.60	12	5	8.15	17	15	10.75	23	10	13.00	28	10

PROOF

Abbreviations that you might see or hear on NICU

Equipment

ETT	– Endo Tracheal Tube
NGT	– Nasogastric Tube
OGT	– Orogastric Tube
UAC	– Umbilical Arterial Catheter
UVC	– Umbilical Venous Catheter

FBC	– Full Blood Count
HB	– Haemoglobin
LFT	– Liver Function Tests
PKU	– Phenyl Ketone Urea (newborn blood spot)
SBR	– Serum Bilirubin (jaundice level)
U&E	– Urea and Electrolytes

Ventilation

BiPAP	– Biphasic Positive Airway Pressure
CPAP	– Continuous Positive Airway Pressure
HFOV	– High Frequency Oscillation Ventilation
NO	– Nitric Oxide
SIMV	– Synchronized Intermittent Mandatory Ventilation
High Flow Oxygen (Optiflow/Vapotherm)	– Non-invasive humidified high flow nasal air and oxygen

Medical conditions

CDH	– Congenital Diaphragmatic Hernia
CLD	– Chronic Lung Disease
EBM	– Expressed Breast Milk
IUGR	– Intra Uterine Growth Reduction
NEC	– Necrotising enterocolitis
PDA	– Patent Ductus Arteriosus
PROM	– Prolonged Rupture of Membranes
ROP	– Retinopathy of Prematurity
SDLD	– Surfactant Deficient Lung Disease
SVIA	– Self Ventilating in Air
TOF/OA	– Tracheo-Oesophageal Fistula/Oesophageal Atresia

Monitoring

BP	– Blood Pressure
HR	– Heart Rate
RR	– Respiratory Rate
SaO ₂	– Oxygen Saturations

Blood tests

ABG	– Arterial Blood Gas
BM	– Blood Glucose
CBG	– Capillary Blood Gas
CRP	– C-Reactive Protein (infection level)

Comments, Complaints, Concerns & Compliments

If you would like to provide feedback you can:

- Share your feedback with the nurse caring for your baby, speak to the Room Lead in the room where your baby is or the Shift Co-ordinator.
- Write to us: Patient Advice and Liaison Services, Ground Floor, Entrance 2, Manchester Royal Infirmary, M13 9WL
- Log onto the Patient Opinion website www.patientopinion.org.uk/ – click on ‘Tell Your Story’

If you would like to discuss a concern or make a complaint:

- Speak to the Room Lead in the room where your baby is or the Shift Co-ordinator.
- Inpatients can speak to a senior nurse or manager by contacting the Tell Us Today service on (0161) 701 1999.
- Contact our Patient Advice and Liaison Service (PALS) – Tel: (0161) 276 8686 e-mail: pals@mft.nhs.uk. Ask for our information leaflet.

The staff really appreciate your feedback, so please do feel welcome to share with our team about aspects of care that you have valued, whilst as an inpatient on Newborn Services.

Violence, Aggression and Harassment Control Policy

We are committed to the well-being and safety of our patients and of our staff. Please treat other patients and staff with the courtesy and respect that you expect to receive. Verbal abuse, harassment and physical violence are unacceptable and will lead to prosecutions.

No Smoking Policy

Translation and Interpretation Service

Please protect our patients, visitors and staff by adhering to our no smoking policy. Smoking is not permitted in any of our hospital buildings or grounds, except in the dedicated smoking shelters in the grounds of our Hospital site.

It is our policy that family, relatives or friends cannot interpret for patients. Should you require an interpreter ask a member of staff to arrange it for you.

For advice and support on how to give up smoking, go to www.nhs.uk/smokefree.

تنص سياستنا على عدم السماح لافراد عائلة المرضى او اقاربهم او اصدقائهم بالترجمة لهم. اذا احتجت الى مترجم فيرجى ان تطلب ذلك من احد العاملين ليرتب لك ذلك.

بماری یہ پالیسی ہے کہ خاندان ، رشتہ دار اور دوست مریضوں کے لئے ترجمہ نہیں کر سکتے۔ اگر آپ کو مترجم کی ضرورت ہے تو عملے کے کسی رکن سے کہیں کہ وہ آپ کے لئے اس کا بندوبست کر دے۔

ইহা আমাদের নীতি যে, একজন রোগীর জন্য তার পরিবারের সদস্য, আত্মীয় বা কোন বন্ধু অনুবাদক হতে পারবেন না। আপনার একজন অনুবাদকের প্রয়োজন হলে তা একজন কর্মচারীকে জানান অনুবাদকের ব্যবস্থা করার জন্য।

Nasze zasady nie pozwalają na korzystanie z pomocy członków rodzin pacjentów, ich przyjaciół lub ich krewnych jako tłumaczy. Jeśli potrzebują Państwo tłumacza, prosimy o kontakt z członkiem personelu, który zorganizuje go dla Państwa.

Waa nidaamkeena in qoys, qaraaboamasaaxiiboaysanu tarjumikarinbukaanka. Haddiiad u baahatotarjumaankacodsoxubinka mid ah shaqaalahainaykuusameeyaan.

我们的方针是，家属，亲戚和朋友不能为病人做口译。如果您需要口译员，请叫员工给您安排。



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