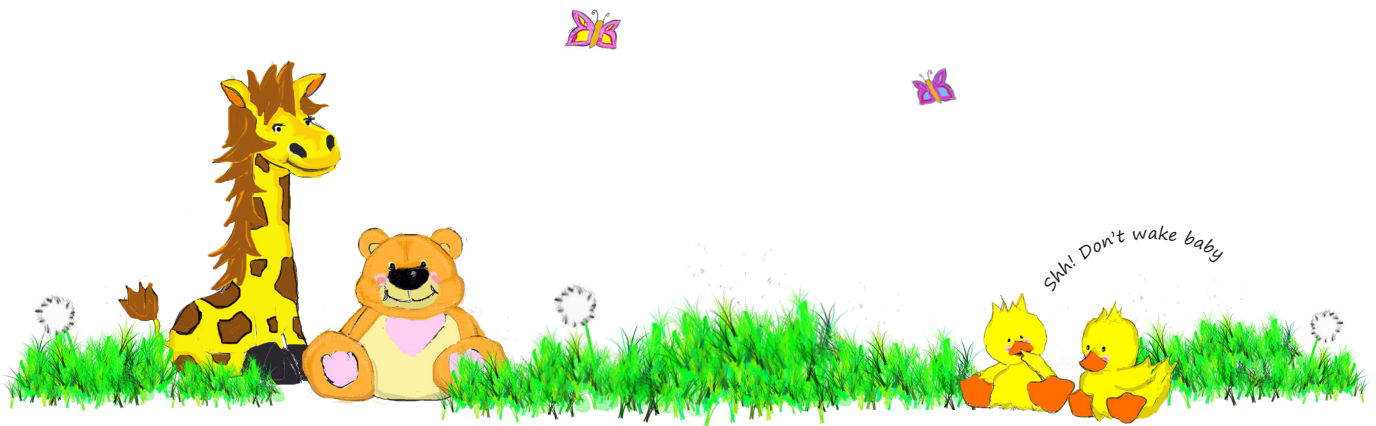


# Welcome to

## the Neonatal Intensive Care Unit (NICU) Family Guide



My Name: .....

My Hospital Number: .....

My Named Neonatal Consultant: .....

# HAND CLEANING TECHNIQUES

## How to handrub? WITH ALCOHOL HANDRUB



Apply a small amount (about 3ml) of the product in a cupped hand, covering all surfaces



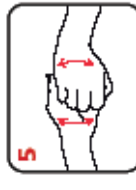
2 Rub hands palm to palm



3 Rub back of each hand with the palm of other hand with fingers interlaced



4 Rub palm to palm with fingers interlaced



5 Rub with backs of fingers to opposing palms with fingers interlocked



6 Rub each thumb clasped in opposite hand using rotational movement



7 Rub tips of fingers in opposite palm in a circular motion



8 Rub each wrist with opposite hand

20-30 sec



9 Once dry, your hands are safe

## How to handwash? WITH SOAP AND WATER



0 Wet hands with water  
1 Apply enough soap to cover all hand surfaces



9 Rinse hands with water



10 Use elbow to turn off tap



11 Dry thoroughly with a single-use towel



12 Your hands are now safe

40-60 sec



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My name: .....

My parents like me to be called: .....

My date of birth: .....

My gestation at birth: .....

My birth weight: .....

My parents' names: .....

.....

My siblings' names: .....

.....

Research studies: .....

.....

Additional information about me: .....

.....

.....

.....

## The key telephone numbers are:

NICU Nursery

01233 616204

High Dependency Unit (HDU) / Special Care Baby Unit (SCBU)

01233 616291

### Nursing hand-over

Morning 07:30 – 08:00hrs

Evening 19:30 – 20:00hrs

Medical ward round Start 9:00am

# Introduction:

## Dear family

Congratulations on the birth of your baby. We appreciate that this is a particularly difficult time for you. We hope that this information is useful and will help take some of the stress away from having your baby on the unit. Our aim is to ensure that all parents are confident and skilled in looking after their baby and to help you to get home as a family as soon as possible. This may seem daunting at first, but the neonatal staff are here to help you at all times, so your confidence will soon grow.

The aim of this booklet is to provide you with information about the unit. However, it will not answer all your questions; if there is anything you do not understand please ask a member of staff.

Within the NICU, you will find that we provide many different types of care, both for babies that are born too soon or too small, as well as more specialist nursing for full term babies with problems at birth.

We are happy for you to phone at any time to ask about your baby, but please be aware that we can only give information to parents.



## About the Unit

The Neonatal Intensive Care Unit (NICU) is a level 3 unit which has 25 cot spaces providing different levels of – **Intensive Care**, **High Dependency Care** and **Special Care**.

Medical ward rounds start at 9:00am daily. On Tuesday there is a grand ward round in Intensive Care only, where parents are welcome to be present, but only while their baby is being discussed.

## The NICU Team

You can see pictures of all the team on the photo boards opposite the reception desk. You may find this a useful way of identifying staff members. Every baby has a named Consultant Neonatologist who is responsible for their care. If at any point during your baby's stay on NICU you would like a meeting with the consultant then please inform the nurse caring for your baby.

We have a team consisting of Consultant Neonatologists, Paediatricians, Registrars and Senior House Officers.

Our specialist nursing team consists of a Matron, Ward Manger, Special Care Coordinator, Senior Nursing Sisters, Neonatal Nurses, Neonatal Associate Practitioner/ Nursery Nurse, Practice Development Nurse and Practice Facilitators.

Dieticians, Physiotherapists, Speech and Language Therapists, Pharmacists and Social Workers all come to NICU as part of the multi-disciplinary team. We also have Student Nurses and Midwives on placement as part of their training.

## The Chaplaincy Team

The chaplains visit the ward regularly. We recognise that this is a very anxious time for parents. They are available to offer general personal support – sometimes a confidential chat to share anxieties can be helpful. There is a chapel within the hospital. Please ask at reception for more details. Baptisms and naming ceremonies can be performed on NICU if desired.

For more details please contact:

**[www.ekhuff.nhs.uk/patients-and-visitors/services/chaplaincy/](http://www.ekhuff.nhs.uk/patients-and-visitors/services/chaplaincy/)**

Phone: **01233 633331** (switchboard) and ask to speak to a member of the chaplaincy team.



## Family time on NICU

We value parents as partners in care and hope you feel fully involved in your baby's care. We will do this by encouraging you to be with your baby and take on responsibility for most of the care of your baby, as you feel able. We aim for you to feel as in control as possible, taking into account your confidence and the condition of your baby. Unless there is an emergency or in exceptional circumstances, we will not prevent you from being with your baby at any time.



We welcome parents, brothers and sisters to spend as much time with your baby/babies as you wish. We suggest that you prepare your children by telling them a little about their new brother or sister, the surroundings and by showing them a picture and perhaps this booklet, so they will know what to expect.

## Quiet time

We aim to give babies a period of complete uninterrupted rest between 13.00 and 15.00hrs. Whenever possible we avoid undertaking any routine procedures or interventions during these times. This gives parents/carers an ideal opportunity to enjoy skin to skin care or positive touch as appropriate. We ask you and your visitors to please keep noise to a minimum in the nurseries as premature babies are very sensitive to sudden or loud noises.

## Visiting

- Children under 18 years of age, other than brothers or sisters will not be permitted to visit. Please do not let your child visit in their school uniform. Adult visitors will also not be permitted if they are wearing any kind of uniform/work clothes.
- To avoid overcrowding around cots in case of emergency, visiting is restricted to 3 people at a time (including parents).
- We would ask you not to visit if you have cold/flu symptoms, diarrhoea and vomiting, or if you or a member of your family develops chickenpox, measles or shingles. If you are unsure please discuss with the nurse looking after your baby.
- No visitors will be allowed to visit without parents being present unless prior arrangements have been agreed with the nursing staff.
- Following parent feedback, during quiet time only parents are permitted to visit.



## Mobile phones

Mobile phones are allowed on the unit, but to be kept on silent mode. If you need to make or accept a phone call, please use the parents' sitting room. Free Wi-Fi is available throughout the hospital. The password is: **hospital**.



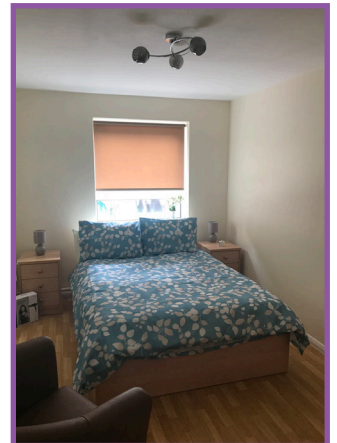
## Parent and family facilities

Our family room provides a quiet space to rest, watch television and make use of the kitchen area. The kitchen is available for you to use with facilities for making hot drinks, a microwave and fridge. Please label all food/drink left in the fridge. We also have a play area for visiting brothers and sisters; we do ask that you supervise young children at all times.

We have limited rooms available on the unit for parents to stay

overnight. However, priority is given to those parents who have a baby requiring intensive care. We encourage parents to stay overnight with their baby prior to going home. There is further accommodation available within the hospital grounds and nursing staff will discuss the availability of a room with you. You may be asked to leave at short notice as priority is given to those parents living out of the area.

There are some local B&B's close to the hospital offering family accommodation, further details can be found in the file in the family room.



## Safety and security

Doors to NICU are locked at all times. To gain access, please use the doorbell and a member of staff will release the door. Please be patient, we will open the door as quickly as possible. You may be asked to identify yourself; this is a safety precaution so that we are aware of who is visiting at all times.

The Trust is not responsible for the loss of valuables and personal belongings. Lockers are available at reception for parents. Please ask at the reception desk for a key if you wish to make use of a locker.

## Caring for yourself

Please ensure that following discharge you continue to receive midwifery care. Please ask the nursing staff if unsure.



## Meals

We understand the difficulties of leaving the unit for meals but we urge parents to take regular breaks, to eat well and drink plenty of fluids. There is a restaurant and café within the hospital grounds.

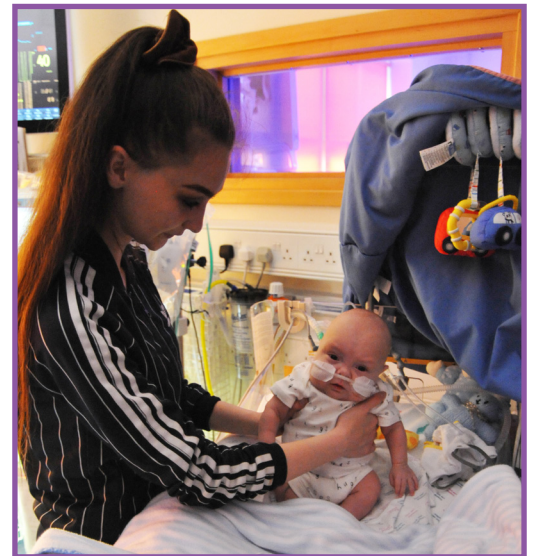
## Car parking

Parents can purchase a weekly ticket. If your baby is on NICU for more than 4 weeks then you can purchase a ticket at a reduced rate. Please see the ward clerk at reception as we need to authorise this with the parking attendants.

## Parenting

The NICU Team is committed to family-centred care. Staff will help you to adapt to being a parent with a baby on NICU and start to focus on developing your own role in supporting your baby's care. The aim of the parent guide (page 18) is to help you become confident in looking after your baby as appropriate, based on their individual needs. This gives you an idea of what skills you can learn and how quickly these can be achieved during your baby's journey through NICU.

We would be grateful if you could provide nappies and cotton wool when your baby is in SCBU. We have clothes that you can use, however, if you wish to provide clothes/blankets please do so. It is helpful if you label them with your baby's name and ensure that there is a note on the cot to say you are using your own clothes/bedding.



## V-Create

One of the challenges parents face is not being with their baby 24 hours a day. V-Create has now been discovered to help you as parents/carers to feel more involved/reassured in your baby's care and minimise any separation anxiety.

It is a secure messaging service approved by the NHS, which enables nursing staff to record and send a video of your baby to your device. You will be alerted when a new video is available and over time a diary will be created which you can access 24 hours a day.

In accordance to the Data Protection Act video clips can only be taken when you have registered an account. Once your video clips have been sent to the chosen device the administrator is alerted and reminded to delete the clips.

Please ask a member of staff for more details on how to register or visit: [www.vcreate.tv](http://www.vcreate.tv)

## Feeding and caring for your baby

We are currently working towards our UNICEF Baby Friendly Initiative accreditation.

This means we actively promote the use of breast milk and know that every drop you can give your baby has value, even if you are not able to exclusively breastfeed. We want you and your baby to enjoy a responsive, positive and rewarding feeding experience whether you breastfeed or not. We take pride as a unit, in supporting all mothers however they choose to feed their babies.

We know that close and loving relationships are incredibly important for all babies and parents. We will support you to understand your baby's behavioural cues and to touch, comfort hold and talk to your baby as soon as possible after birth. We value skin to skin contact (kangaroo care) very highly, as it is beneficial in many ways, not just for your baby's development and for bonding, but also for enhancing breast milk production. All parents are encouraged to hold their babies next to their skin as soon as it is possible and to continue doing this throughout your stay, for extended periods of time



We will discuss with you why your breast milk is so important. There are some important tips to help you establish your milk supply and get off to a good start with feeding. This includes early, effective and frequent expressing if your baby cannot yet breastfeed, to prime your milk supply.

We will demonstrate how to hand express and how to use a breast pump. We would also encourage placing and swapping a small piece of material close to your baby and another in your bra, so you both get to know each other's smell. This improves the success of expressing, feeding and bonding between you and your baby.

Expressing by your baby's cot side or whilst your

baby is in skin contact with you is encouraged, as it will boost your milk supply and calming hormones. Screens are available for privacy should you wish.

There is a feeding room with a comfortable chair for you to use. Sterilising equipment and electronic breast pumps are also available for you to use on the unit which staff are happy to assist you with. Should you feel you would like any further assistance especially with making sure the breast shields are fitted correctly so as not to make you feel uncomfortable and sore please feel free to ask a member of staff. We encourage you to express frequently (8-10 times in 24 hours), as this is important for a good milk supply. Once your baby is ready nursing staff will be able to support you with breastfeeding and make sure you are happy and confident.

All nursing staff on the unit are trained to UNICEF standards to support mothers with all aspects of expressing and breastfeeding. We have facilities on the unit for storing and freezing your breast milk during your stay on NICU. We provide labels for you to place on your expressed breast milk, however due to storage limitations we may ask that you store expressed breast milk at home in the freezer.

If you have made an informed decision to formula feed or bottle feed your breast milk, please bring in your own feeding bottles and teats as soon as possible. The nursing staff can help support you with sterilising, making up formula feeds and ensure you are confident before discharge home.



## The Speech and Language Therapist on NICU

The Speech and Language Therapist on NICU is available to help with establishing feeding skills. Whilst not all babies will need this specialised help, some babies will need some extra support to establish oral feeding (that is breast or bottle feeding by mouth).

The Speech and Language Therapist may begin work with you and your baby well before the introduction of oral feeds. This might include working on your baby's tolerance of touch around the mouth and sucking practice on a finger or dummy. The Speech and Language Therapist will work alongside staff on the NICU to support you and your baby on the safe and timely introduction of oral feeding.

## Research

Our Neonatal Unit is very enthusiastic about clinical research.

We believe that we must all do research to better help babies and their families. As Doctors and Nurses caring for babies, we are continually involved in various research studies because we always want to find how we can improve the way we care for babies and increase their chances of healthy survival.

Consequently, our Neonatal Unit is proud to be currently involved in some of the most important national and international studies. These studies have the potential to significantly improve treatments and outcomes of sick and premature babies. We firmly believe that, by being involved in these various important studies, it keeps us at the 'cutting edge' of providing the latest and best treatments for the babies we care for.

During your baby's stay on NICU, it is possible that you will be approached by one of our research nurses to consider including your baby in one or more of these studies. Your participation will directly help answer important question that will let Doctors and Nurses know how to care for premature and sick babies in the future. You should be reassured however that the care you and your baby receive will not be affected if you decide not to take part.



## Infection prevention and control

It is extremely important to protect all babies from infection risks. All visitors must wash and gel their hands on entering NICU and before opening the doors to the fridge or freezer in the milk kitchen. There are posters at each sink and information in the front of this book regarding correct hand washing procedures. Please familiarise yourselves with these techniques.

Outdoor coats must be left in the locker room near reception. Please discuss with nursing staff if you are unsure of correct procedures.

## Confidentiality

All information concerning your baby's health is strictly confidential and will only be given to you. During the medical ward round you are welcome to be with your baby while the team are discussing his or her care. In order to promote parents' unrestricted access you will be asked to wear ear defenders while other babies are being discussed.

To respect the privacy of other babies and families, we ask that you do not approach their cots/incubators or ask staff for information about them.





### Badger Net Database

Your baby needs the expert care of the medical and nursing team on the neonatal unit. To help deliver the best care possible we collect information about all the babies we look after.

The Badger Net Database is being implemented within all the neonatal units across London and South East England. It is a web based system which collects clinical information regarding your baby.

### Frequently asked questions

Why do we need this information?

We use the information we collect to help us:

- Collect accurate details about the care of sick or premature babies in the neonatal unit
- Monitor neonatal care and make sure it is always up to date
- Plan and develop services for you and your baby within your area
- Produce reports that highlight areas of good practice that we can share across the region

Clinical information necessary to those staff directly involved in your baby's day to day care will be identifiable data. Clinical data required for all other purposes will be anonymised.

### What information do we collect?

We record:

The NHS number for you and your baby

- Personal details such as your contact details
- Your baby's condition and treatment on a daily basis
- GP details
- Your baby's medication and follow up information
- Where your baby was born
- How many babies you had
- Your baby's birth weight
- How many weeks pregnant you were when your baby was born

### Who collects the information?

The staff on the neonatal unit – usually this is a neonatal nurse, doctor or ward clerk. All information will be stored on a secure system and password protected.

### When will we collect the information?

Information is updated regularly throughout your baby's stay in the neonatal unit.

### How will we collect the information?

We collect the information from the medical notes and nursing records. We enter it directly into the database system.

### Who will see the information?

Only the people who care for your baby see all the details. There are very strict regulations controlling access to personal information like your baby's NHS number and date of birth. By law, everyone who works for the NHS must keep all personal information confidential and the Trust has strict confidentiality and security procedures in line with GDPR (2018).

### What is the consent procedure?

If you are happy for your baby's details to be used for clinical care purposes, secondary analysis such as audits and for clinical information to be transferred between units should the need arise then you do not need to do anything. If however you do not want your baby's clinical information to be available please ask a member of staff for an opt-out consent form. A signed copy of the opt-out consent form will be given to you for your information.

### Can I see the records on the database?

Yes, you can see a copy of the information we have about you and your baby. To do this please talk to the nurse in charge.

### How can I find out more?

Please talk to a member of staff if you:

- Need more information
- Have any questions or concerns
- Want us to remove any information from the database



## Safeguarding children

As a Trust, we have a legal duty to protect and promote the welfare of all children and young people. This means that sometimes we contact Children's Services and other professionals deemed necessary, if we have any concerns about the babies on NICU. We will usually discuss this with you prior to a referral and give you further information regarding this process.

## Complex needs

For babies with long-term complex needs, you will be kept informed and given the opportunity to meet other professionals from the multi-disciplinary team who may be involved in supporting your baby and family in the future. Please speak to the consultant or nurse if you have any questions.

## Smoking

The hospital building and grounds are designated "NO SMOKING" areas. We ask that where possible you do not attend the unit for at least one hour after you have had a cigarette. You will also be asked not to hold your baby for an hour after a cigarette due to the toxins and chemicals that remain on your clothing.

Electronic cigarettes aren't risk free, however they are 95% safer to use as they do not contain the 4 – 7000 chemicals as cigarettes do. The Public Health England review has noted that the amount of nicotine released into the ambient air poses no identifiable risks to bystanders. Please remember electronic cigarettes need to be stored and placed well out of reach of children

If you or any member of your family need help and would like to give up smoking the Kent Stop Smoking Service is here to help you go smoke free.

For more details please contact:

**[www.kenthealthandwellbeing.nhs.uk](http://www.kenthealthandwellbeing.nhs.uk)** Phone: **0300 123 1220**

Alternatively please speak to one of the NICU's smoking cessation team.

## Zero tolerance

East Kent Hospitals will do all it can to prevent abuse, assault and discrimination towards its staff members. Aggression and racist behaviour is unacceptable and will not be tolerated.

## Complaints and suggestions

If you have any suggestions, complaints or concerns regarding NICU, nursing or other issues, please make these known to a member of staff immediately as we can often resolve issues for you.

Alternatively you can ask to speak with the matron or ward manager or contact the Trust's Patient Advice and Liaison Service (PALS).

For more details please contact:  
**[www.ekhuff.nhs.uk/pals](http://www.ekhuff.nhs.uk/pals)**

Phone: **01227 783145** or **01227 864374**    Email: **[ekh-tr.pals@nhs.net](mailto:ekh-tr.pals@nhs.net)**

We are always looking for ways in which we can improve our service and would appreciate parents completing The Parent Experience Survey regarding your baby's journey. Ask a member of staff for more information.

## Parent support

For many parents the first few days, weeks and months with a premature or sick baby are extremely tough, especially if your baby is very little or unwell. The staff on the unit are experienced in supporting families in your situation and will always find time to explain things to you.

Bliss is a charitable organisation that offers a listening ear, emotional support and information to families whose babies were born premature or sick.

For support in over 200 languages please call: **0808 801 0322**

For online support please visit: **[www.bliss.org.uk/messageboard](http://www.bliss.org.uk/messageboard)**

For free information please visit: **[www.bliss.org.uk](http://www.bliss.org.uk)**

For email support please message: **[www.hello@bliss.org.uk](mailto:www.hello@bliss.org.uk)** /  
**[www.parentssupport@bliss.org.uk](mailto:www.parentssupport@bliss.org.uk)**



## East Kent Neonatal Unit Parent Support (NUPS)

### *East Kent N.U.P.S. Neonatal Unit Parent Support*

Our Parent Support group is a place to hear from parents, who have shared or are sharing a NICU or SCBU journey, in order to help and support each other, connect with other parents, share stories, milestones, helpful hints, bad days and importantly good ones.

We meet on the 3rd Monday of each month 10:00am – 12:00pm, in the WHH Hub, located just outside the canteen on the ground floor. Look out for posters around the unit detailing our next meet, find us on Facebook, or ask to join our WhatsApp group.



East Kent N.U.P.S.



## Preparing for home

Staff will complete the Parent Guide with you included in this booklet to ensure you feel happy with caring for your baby at home.

Your baby may be prescribed medicines that will need to be continued at home. You will have the opportunity to give these to your baby whilst they are still in hospital. Please ask staff for details. All parents will need to watch a resuscitation DVD before going home and be offered a practical resuscitation demonstration.

Your baby needs to be registered within 6 weeks of birth. Their NHS number is required; please ask a member of staff for this.

For more information please visit: [www.kent.gov.uk/registration](http://www.kent.gov.uk/registration)



# Parent guide: learning to care for your baby on NICU

Education Skills for Parents	Parental Teaching Staff Signature / PRINT NAME	Date (dd/mm/yyyy)	Parent/Carer Understood Initial
<b>Important Information</b>			
Introduction and tour of NICU			
Advice on visiting NICU			
Infection control measures			
Safety / Security / Confidentiality			
Admission pack for parents			
<b>Developmental Care</b>			
Comfort holding / Recognising stress cues			
Kangaroo care / Skin-to-skin holding			
Quiet time: noise and light (what your baby hears and sees; see Bliss Booklet "Look at me I'm talking to you")			
Sucrose / Pain relief			
Feeding cues			
Using a dummy (pacifier or/and comfort sucking at the breast)			
<b>Infant Cares</b>			
Mouth care (breast milk or sterile water)			
Nappy changes and skin care			
Daily washes			
Temperature control 36.5 – 37.5 normal range			
Bathing			
<b>Feeding</b>			
Colostrum pack			
Hand expressing effectively			
Safe use of breast pump (check sizing of pump shield)			
Cleaning & sterilising breast pump equipment			
Breastfeeding advice			

# Parent guide: learning to care for your baby on NICU

<b>Education Skills for Parents</b>	<b>Parental Teaching</b> Staff Signature / PRINT NAME	<b>Date</b> (dd/mm/yyyy)	<b>Parent/Carer Understood</b> Initial
Defrosting / Warming of breast milk			
Storage of breast milk at home			
Feeding plan started			
Bottle feeding (Types of bottles and teats)			
Making up formula feeds			
Cleaning and sterilising bottles/teats			
NHS bottle feeding leaflet			
<b>Giving Medicines</b>			
Renewal of medicine prescriptions			
Safe administration and storage			
Advice given regarding medicines			
<b>Preparing for home</b>			
Register with GP			
Resuscitation DVD and/or practical training			
BLISS "Going Home" booklet			
"Safer Sleep for Babies" booklet			
Medical examination of baby before discharge			
Follow up appointments			
Specialist milk prescription			
Car seat, bouncer and baby walker safety			
Immunisations (tell parents when these are due)			
Meningitis baby watch leaflet			
Tummy Time leaflet			
Smoking advice			
Weaning leaflet			

# Tube feeding my baby: competency statement for parents

Statements of competency	Parent/Carer Signature	Nurse Signature
<p>I have been given a demonstration of nasogastric feeding by NICU staff including:</p> <ul style="list-style-type: none"> <li>Reducing risk of infection</li> <li>Positioning – safe and secure</li> <li>Skincare and correct positioning of feeding tube</li> <li>Visual observation of the baby throughout process of feeding</li> </ul>		
<p>I am aware of the health and safety issues around this procedure, including potential aspiration of milk:</p> <ul style="list-style-type: none"> <li>It has been explained to me what to do if my baby coughs, chokes, gags, vomits, becomes unwell or changes colour whilst feeding</li> <li>I also know what to do if my baby vomits and at the same time the nasogastric tube becomes dislodged</li> </ul>		
I know how to effectively wash my hands using the correct technique before I start the procedure		
I know how to gather the correct equipment		
I know how to safely warm the milk if needed and not to carry hot water outside of the milk kitchen		
I know my baby must be in a safe and secure position/place before I start to feed		
I have been shown how to check the feeding tube is securely attached		
I have been shown how to check the feeding tube is at the correct length and documented on the feed chart		
I have been taught how to check the correct position of the tube by gently aspirating immediately before use, then testing the aspirate on a pH indicator strip		
<p>I understand the result range on the pH paper and that it must be 1 – 5.5</p> <p>If 6 or above I must not feed by the tube until re-testing pH</p> <ol style="list-style-type: none"> <li>Re-check tube positioning ensuring secure taping and correct length as documented</li> <li>Change position of baby</li> <li>Attach a syringe with approx. 1ml of air and gently push through the feeding tube. Re-check pH – if remains 6 and all of the above have been confirmed, then attach a syringe with 2mls of sterile water and gently push water through the tube.</li> </ol> <p>If still 6 or above whilst in hospital inform the nurse. If at home inform the Community Children's Nursing Team (CCNT).</p>		

# Tube feeding my baby: competency statement for parents

Statements of competency	Parent/Carer Signature	Nurse Signature
I know what a normal aspirate (clear/milky) looks like and to call for help if green/yellow or blood stained, when in hospital and contact CCNT if at home.		
I have been shown the types and sizes of syringes that I need to use and how to use them: <ul style="list-style-type: none"> <li>• 5ml and 20ml in hospital</li> <li>• 20ml and 60ml at home</li> </ul>		
Before starting to feed baby, I will check the temperature of the milk to make sure it's not too hot or too cold		
I know how to pull back the plunger on the syringe before I attach the syringe to the feeding tube and then remove the plunger to start the feed. When my baby requires more than 20mls, then I will attach an empty syringe to the feeding tube instead and fill this from a bottle of milk, then reinsert the plunger and remove to commence the feed by gravity		
I know the milk must flow slowly into my baby's stomach and this depends on how high or low I hold the syringe from my baby		
I know how to stop the feed quickly if my baby vomits, becomes unwell, or changes colour (becomes blue) or has signs of reflux		
I know I must call for help if I am at all worried		
I know how to remove the syringe at the end of a feed and then use approx. 0.5mls of air in a 5ml syringe to gently push milk through the tube to clear it when in hospital to clear. To clear it when at home use approx. 2mls of sterile water before and after feeds.		
I know where to dispose of equipment at the end of the feed while in hospital. At home I know how to clean and sterilise my equipment at the end of the feed.		
I know to make sure that the feed is written on the feed chart		
I know that I should not allow anyone else to feed my baby who has not been trained to do so by the NICU staff		
I know what to do and who to contact if the nasogastric tube is pulled out, dislodged or I have any other concerns (CCNT once at home and nursing staff whilst in hospital)		

**IF IN DOUBT DO NOT USE FEEDING TUBE AND SEEK ADVICE**

## Tube feeding my baby: competency statement for parents

Supervision log – Please ensure an assessment is carried out over a period of time to ensure parents are consistently competent. The amount of supervised feeds will be dependent on each parent/carer's individual needs and the staff will need to assess this.

Date (dd/mm/yyyy)	Staff Signature	Parent/Carer Signature	Comments

Staff and parent to sign prior to completing nasogastric tube feeds without supervision.

	Parent Name, Sign and Date
<b>Parents:</b> I have received training, been assessed and feel safe and able to feed my baby by nasogastric tube. I am willing to take responsibility for feeding my baby using a nasogastric tube without supervision	Parent/Carer (1)
	Parent/Carer (2)
<b>Staff:</b> I have provided the above training to the Parent/Carer named and assessed their competence. I consider them ready to take responsibility for feeding this baby by nasogastric tube without supervision	Staff (1)
	Staff (2)

## Transfer to other Neonatal Units or Paediatric Unit

The William Harvey Hospital NICU is one of two Neonatal Units in East Kent Hospitals. The SCBU at Queen Elizabeth Queen Mother Hospital at Margate is a 12 cot unit for babies of 31 weeks gestation and over who do not require specialist and/or intensive care.

If babies have long-term care needs, it is more appropriate that they are transferred to a children's ward where the environment and specialist team can further support their development. Prior to transfer, you will have an opportunity to visit the ward, meet nursing staff and discuss how your baby will be cared for.

If a baby is term and transferred to another hospital for treatment, they may be re-admitted to a children's ward.

The nurse in charge is happy to discuss any planned transfers and can arrange a visit to the ward/unit.

If your baby requires further investigations, surgery or if NICU is at full capacity then your baby may be transferred to another NICU.



## If I stop breathing

- If I stop breathing .....  
To keep me alive  
**Give me breaths of five**
- Then **30 pumps to my chest**  
**+ another two breaths**
- **REPEAT 30 + 2 until I'm fine**  
..... but as soon as you can **call 999**
- If I'm choking & turning blue .....  
**Up to 5 steady back blows**  
I may need from you
- If that fails and I'm still in a pickle  
**Push on my chest 5 times in the middle**
- **REPEAT 5 + 5 until I'm fine**  
..... and if you need, **call 999**







# Have you seen our Wishing Tree?





# Tiny Toes

Part of **East Kent  
Hospitals Charity**

This booklet has been funded by charitable donations to the NICU,  
through East Kent Hospitals Charity's Tiny Toes fund.



## East Kent Hospitals Charity

*Helping your hospitals!*

The Hospital Charity raises funds for NICU under the name Tiny Toes.  
All donations allow the Charity to support the Unit with additional equipment and facilities.  
Please contact us if you would like to **get involved**.

**East Kent Hospitals Charity Level 3 Trust Offices, Kent & Canterbury Hospital, Ethelbert Road, Canterbury, CT1 3NG**

Tel: **01227 868748** | Email: [ekh-tr.fundraising@nhs.net](mailto:ekh-tr.fundraising@nhs.net) | W: [www.ekhcharity.org.uk](http://www.ekhcharity.org.uk) | Reg Charity No: **1076555**

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