

## Monitoring babies in NNU

Baseline observations should be obtained at the start of each shift for all babies on respiratory support (do your own initial observations rather than bringing forward previous values on Badger). All babies will be on continuous monitoring; this is a guide for how frequently observations should be documented on Badger via nursing Obs charts.

This is only a guide and clinical judgement should be used for each individual case. Ask medical staff for guidance on frequency if unsure.

**IV Sites should be checked and IV pumps read hourly at all times.**

**Weigh nappies on all babies under 32 weeks for the first 72 hours, all babies in ICU and others when clinically indicated.**

Document all observations in Badger

- Obs/monitoring
- Nursing obs

Escalate any changes/deteriorations. Use the table below to determine how often observations should be charted.

	Respiratory Support	Chest Auscultation	HR, RR, Spo2	Temperature	Blood pressure	NPASS	IV Fluids/ cannula site
<ul style="list-style-type: none"> <li>➤ Ventilated</li> <li>➤ Flo2&gt;40%</li> <li>➤ Instability</li> <li>➤ ICU</li> </ul>	Baseline then hourly	Baseline then with cares or as clinically indicated with changing respiratory status	Baseline then hourly	Continuous skin probe (T1) and axilla checks with cares/concerns Continuous T2 monitoring if < 32/40 or deterioration	Baseline then continuous with arterial line, hourly when on inotropic support or deteriorating. 4 hourly for stable ventilated babies, 8 hourly for non ventilated ICU babies – ask for medical instruction if unsure	Admission/shift change/With each hands on care or procedure or when pain is expected	Hourly
<ul style="list-style-type: none"> <li>➤ CPAP</li> <li>➤ Duopap</li> <li>➤ HFNC</li> <li>➤ LFo2</li> </ul>	Baseline then hourly	Baseline then with cares or as clinically indicated with changing respiratory status	Baseline then hourly	< 32/40 Continuous skin probe (T1) axilla checks with cares/concerns T2 monitoring if < 32/40 or <72 hours/deterioration  >32/40 stable or in HDU 6 hourly axilla with cares	Baseline then 8 hourly  Longterm patients can be 1 per shift – seek medical guidance	Admission/shift change/With each hands on care or procedure or when pain is expected	Hourly
<ul style="list-style-type: none"> <li>➤ Fixed in O2 breathing by self in air</li> <li>➤ SCBU</li> </ul>	3 hourly/4 hourly or with feeds	Only as clinically indicated	3-4hourly or with feeds	6 hourly 12 hourly when getting ready for discharge  **If discontinued monitoring check Axilla with cares**	Only as clinically indicated	Admission/shift change/With each hands on care or procedure or when pain is expected	Hourly