NHS BORDERS

SPECIAL CARE BABY UNIT

Orientation Pack
For
Bank Nurses & Midwives

Name..............................................................................................................

HML March 2014
Review March 2016
Welcome to the Special Care Baby Unit
At the BGH (Borders General Hospital).

This package is designed to give you an introduction and overview of the unit.

We are a small unit, currently having 8 cots, 2 of which are for high dependency care.
We accept any baby over 32 week’s gestation, with any below this being transferred to one of the nearest tertiary centres.
We work closely with the unit in Edinburgh, and use the “Simpson’s Guidelines” when treating and caring for babies.

We can, and do, ventilate babies, but generally only in the short term.
The Neonatal Emergency Transport Service transfers any baby who is likely to need longer-term ventilation or more specialist support to the most appropriate hospital.

We hope you find this Orientation pack useful.
OUR PHILOSOPHY OF CARE

The safety and welfare of the infant is of paramount importance to our nurses.

Each infant will be seen as a unique individual who will be treated with respect within an environment that enables and encourages bonding with his/her mother.

Our nurses will act as the infants advocate while giving competent and compassionate care to both mother and infant.

Our nurses will recognize the need for good communication between parents and family members. This will provide support and information, enabling them to become involved in their infants care.

Support will be given to our nurses by management, to develop and attain appropriate professional skills and knowledge by having access to continuing education.
MEET THE TEAM

NURSING TEAM

Senior Nurse Child Health          Jane Kennedy
Senior Charge Nurse                   Shirley Syme
Neonatal Nurse Practioners         Anne Moffat
                       Lorraine MacIver
                       Emma Allan
                       Jo Douglas (in training)
                       Nicola Robertson (in training on maternity leave)
Staff Nurses/Midwives               Zoe Warner
                       Jackie Ballantyne (on maternity leave)
                       Helen Lees
                       Julie Robson
                       Sharon Jones
                       Dina Flack
                       Lana Curran
                       Noeline Stuart
                       Joanne Taylor
                       Jodie Cocozza (on maternity leave)
                       Jane Stansfield
                       Tracy Moore
Newborn Hearing Screeners/ Nursery Nurses Fiona Bertram
                       Morag Pheasant
                       Tracy Robinson

There may be nursing students working in SCBU these are Child Branch and Midwifery Students from Napier University.

We work 12.5-hr shifts from 07.30 - 20.00 & 19.30 - 08.00, rotating between both day and night shift, doing a month of each at a time.

There are 2 staff on each shift, and the more senior person from SCBU & Ward 15 will be the bleep holder.
**MEDICAL TEAM**

Consultants

Andy Duncan (AD) Lead Consultant  
John Stephen (JCS)  
Jane MacDonnell (JEM)  
Claire Ketteridge (CK)  
Claire Irving (CI)  
Graeme Eunson (GE)  
Nwe Soe (NNS)

There are a range of specialist doctors who are training in paediatrics and a GP trainee who work within Child Health. The ANNP’s (advanced neonatal nurse practitioner) cover the on-call rota for neonates which includes SCBU, Ward 17 and Labour Ward. Paediatrics have APNP’s (advanced paediatric nurse practitioners) who cover Ward 15 and A & E. We also have medical students from Edinburgh University as well.

**WARDS NEARBY**

Ward 15 - paediatric ward (0-16yrs)  
Ward 16 - gynaecology  
Ward 17 - antenatal/postnatal (including transitional care)

**UNIFORMS**

Standard NHS uniforms are available from the universal autoclave, located on ground floor next to the Margaret Kerr Unit. These should be changed into and out of at the start and end of each day. When leaving the ward to go to another floor a light blue jacket should be worn. Shoes should be non-slip and closed toe. They should also be used exclusively for work and left in the changing rooms on days off. See BGH uniform policy for more information.

**OFF DUTY**

This is done by Helen Lees and published 4-6 weeks in advance. Any specific requests should be made in the "red book" which is kept on the shelf behind the nurse’s desk.

**SICKNESS**

If you are of sick you need to phone via the hospital operator to bleep number 3120. The bleep holder will then inform SCBU of your absence.
You need to phone in as soon as you are fit to work again.

**PAGING**

58, wait for beeps, then enter pager number and extension number to be called.
e.g. for on call doctor to SCBU dial 58 6015 26123
For emergencies (resus, fire, security): 2222 Inform operator of type of emergency, personnel required, location etc...

**UNIT PAPERWORK**

This is all kept in the drawers behind the nurse's desk. Please take some time to familiarise yourself with it as best as you can.

**BABY TAGGING** There is a “baby tagging” system in operation within the hospital for the security of the babies. Tags are fitted at delivery or on the unit. The tracking computer is on Ward 17. For teaching on how the system works please see one of the senior staff on Ward 17.

**UNIT VISITING POLICY**

There is open visiting for parents and siblings. All other visitors must be accompanied by a parent (unless prior arrangement is made with SCBU staff), with visiting times restricted to 11am-1pm and 3pm-7pm. No unrelated children under 16 to visit.
Only 2 people to visit at the cot side. Anyone who is unwell is asked not to visit. The full policy is available in the metal drawers behind the nursing desk.

**NEWBORN HEARING SCREENING**

This is performed on all babies > 4 hours old either before discharge or on an outpatient basis. The team are based in Ward 17 and examine all the babies on the ward and in SCBU prior to discharge and also run an outpatient clinic.

**TRANSITIONAL CARE**

With transitional care, babies are kept with Mum round on Ward 17 but baby's care is led by staff from SCBU.

Criteria for admission to Nursing transitional care:

- 2.0 - 2.5 kg
- > 4.5 kg
- 35 - 37 weeks gestation
- Mum is diabetic
- Maternal use of Beta Blockers

Labour ward staff will advise SCBU of the birth and reasons for referral.
A nurse from SCBU will then assess the baby, write a care plan, and start transitional
The baby is then transferred to Ward 17 with mum, where the care plan is implemented. Staff from SCBU will review the baby as necessary (at least twice daily at handover), and revise the care plan with the mother's midwife to ensure baby's needs are met. This will continue until the baby is discharged from transitional care or if necessary admitted to SCBU.

Babies can also be on Medical Transitional Care:
These include babies that are:

- Rooming In
- IV Antibiotics
- Weight Loss
- Observations 4-6 hourly unless otherwise instructed
- Phototherapy

**IMPORTANT (& USEFUL) PHONE NUMBERS TO KNOW**

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCBU</td>
<td>(01896) 826123</td>
</tr>
<tr>
<td>MAIN HOSPITAL NUMBER</td>
<td>(01896) 826000</td>
</tr>
<tr>
<td>PAEDIATRIC BLEEP HOLDER</td>
<td>bleep 3120 (inform this bleep if off sick)</td>
</tr>
<tr>
<td>WARD 15 (Noah's Ark)</td>
<td>(01896) 826015</td>
</tr>
<tr>
<td>WARD 17</td>
<td>(01896) 826017</td>
</tr>
<tr>
<td>LABOUR WARD</td>
<td>(01896) 826896</td>
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</tbody>
</table>
Welcome to SCBU

Tour of the unit

Introduction to staff

Telephone and bleep system

Security and visiting policy

Fire Walk/policy

Uniform

Shift pattern

Patient Safety
Ward Routine

**Day shift**

Handover

Assigned work load

Baby care plan/ fluids check/ alarm check/ safety check

Feeding, observations and general care of babies

Ward round

Daily checks

Daily jobs

Weekly cleaning schedule

Diary

Breaks

Housekeeping

**Night shift**

Handover

Assigned work load

Baby care plan/ fluids check/ alarm check/ safety check

Feeding, observations and general care of babies

Night checks

Night jobs

Breaks

Housekeeping
Equipment

Neocrib

CPAP

Ventilator

Alaris Pumps

Breast pump

Incubators

SaO2 Monitors (Nelcor)

O2 & Suction

Cardiac & BP monitors (Mindray)

BM monitor
Bilimeter

Sinks

Adjustable cots

Computers (passwords, SCOTTISH BIRTH RECORD, TRAK, NEONATAL WORKLOAD TOOL SBAR & SAFETY BRIEFING)

Washing machine/ Tumble dryer

Tiny Tag

Phototherapy lights

Bilibed

Camera

Screens
Milk fridge/freezer

Hot Cot

Bliss Packs

Mediheat

Milk Warmer

Milton
Notes
Appendices

SCBU Guidelines

Visiting Policy

Useful Abbreviations
SCBU Guidelines

VITAMINS

All infants < 35/40 or < 1.8 kg:
Abidec / Dalavit 0.6mls When full feeds established until fully weaned (9mth – 1yr)
Sytron 0.2ml/kg At 6 weeks of age until fully weaned (9mth – 1yr)

All infants < 32/40 or < 1.5 kg:
Calciferol 600 iu When full feeds established

CRANIAL USS

< 33/40 d 7 & prior to discharge
< 29/40 d 1, d 28 & 36/40 CGA

EYE CHECK

< 32/40 or < 1.5kg

Medical team to refer to Dr Murray. Secretary will phone with an appointment. Prior to appointment: 1 drop each of tropicamide 0.5% & phenylephrine 2.5%. Drops to be administered ½ hr prior to check, recheck eyes at 20 minutes to assess dilation if not dilated administer another drop of tropicamide 0.5% & phenylephrine 2.5% to each eye.

AUDIOLOGY

All infants prior to discharge. Done by BGH Hearing Screeners who will refer to Edinburgh if required.
Scbu Visiting Policy

Visiting Times

Parents, brothers and sisters of baby are able to visit anytime

For friends and family, visiting is between **11am - 1pm** and **3pm - 7pm**

Due to small babies being at risk of infection we ask that no children under the age of 16 visit unless they are baby’s siblings.

Visitors must always be accompanied by either Mum or Dad unless prior arrangements have been made with parents and SCBU staff.

When visiting

Space in the nursery is restricted therefore no more than 4 visitors at a cot space (that is including parents). However numbers may have to be restricted at busy times.

Confidentiality is of the utmost importance, we would therefore ask that visitors confine their attention to the baby they have come to see.

Initially handling of babies is restricted to parents only in order to reduce the risk of infection. As your baby progresses this may change to Grandparents etc with parents’ permission.

If your visitors feel unwell e.g. has a cough, cold or infection please ask them to postpone their visit as small babies are more vulnerable to infection.

**Could all visitors please wash hands on entering and leaving the nursery and remove outdoor coats.**

Thank you for your cooperation

SCBU
BGH
01896 826123
Useful Abbreviations

AF - Artificial Feed
ANC - Antenatal Clinic
ANP - Advanced Neonatal Practitioner
APH - Antepartum Haemorrhage
ARM - Artificial Rupture of Membranes
BAT - Brown Adipose Tissue
BBA - Born before Arrival
BCP - Biochemical profile
BD - Twice Daily
BF - Breast Feeding
BFI - Baby Friendly Initiative
BMI - Body Mass Index
BNO - Bowels Not Open
BO - Had Bowels Open
BP - Blood Pressure
BPM – Beats per minute
CCT - Controlled Cord Traction
CEMACH - Confidential Enquiry into Maternal and Child Health
CESDI - Confidential Enquiry into Stillbirth and Deaths in Infancy
CSU - Catheter Specimen of Urine
CTG - Cardiotocograph
CS - Caesarean Section
C and S - Culture and Specimen
CVS - Chorionic Villus Sampling
CX - Cervix
D & C - Dilatation and Curettage
D & V - Diarrhoea and Vomiting
DIC - Disseminated Intravascular Coagulation
DNA - Did Not Attend
DTA - Deep Transverse Arrest
DVT - Deep Vein Thrombosis
EBM - Expressed Breast Milk
ECV - External Cephalic Version
EDD - Estimated Date of Delivery
EFM – Electronic fetal monitoring
EFW - Estimated Fetal Weight
Epis - episiotomy
EMLSCS - Emergency Lower Segment Caesarean Section
ERPC - Evacuation of Retained Products of Conception
FAS - Fetal Alcohol Syndrome
FBC - Full Blood Count
FBS - Fetal Blood Sample
FE – Iron
FGM – Female genital mutilation
FHR - Fetal Heart Rate
FHHR - Fetal Heart Heard Regular
FMF - Fetal Movements Felt
FSE - Fetal Scalp Electrode
GA – General anaesthetic
G and S - Group and Save
GBS - Group B Streptococcus
GI - Gastro-intestinal
GTT - Glucose Tolerance Test
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>HAI</td>
<td>Hospital Acquired Infection</td>
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<tr>
<td>HB</td>
<td>Haemoglobin</td>
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<td>HBAC</td>
<td>Home Birth After Caesarean</td>
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<tr>
<td>HFFD</td>
<td>Haigh Ferguson Forceps Delivery</td>
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<tr>
<td>HELLP</td>
<td>Haemolysis, Elevated Liver Proteins and Low Platelets</td>
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<tr>
<td>HR</td>
<td>Heart Rate</td>
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<tr>
<td>HPV</td>
<td>Human Papilloma Virus</td>
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<tr>
<td>HVS</td>
<td>High Vaginal Swab</td>
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<tr>
<td>HSE</td>
<td>Health and Safety Executive</td>
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<tr>
<td>HSV</td>
<td>Herpes Simplex Virus</td>
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<tr>
<td>HX</td>
<td>History of...</td>
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<tr>
<td>I/P</td>
<td>Intrapartum</td>
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<tr>
<td>IOL</td>
<td>Induction of Labour</td>
</tr>
<tr>
<td>IM</td>
<td>Intramuscular</td>
</tr>
<tr>
<td>IU</td>
<td>Intramuscular units</td>
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<tr>
<td>IUD</td>
<td>Intrauterine Device</td>
</tr>
<tr>
<td>IUD</td>
<td>Intrauterine Death</td>
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<tr>
<td>IUGR</td>
<td>Intrauterine Growth Retardation</td>
</tr>
<tr>
<td>IV</td>
<td>Intravenous</td>
</tr>
<tr>
<td>IVF</td>
<td>In vitro fertilisation</td>
</tr>
<tr>
<td>IVI</td>
<td>Intravenous infusion</td>
</tr>
<tr>
<td>KFD</td>
<td>Kielland Forceps Delivery</td>
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<tr>
<td>KSF</td>
<td>Knowledge Skills Framework</td>
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<tr>
<td>LBW</td>
<td>Low Birth Weight</td>
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<tr>
<td>LFD</td>
<td>Light for Dates</td>
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<tr>
<td>LFT</td>
<td>Liver Function Test</td>
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<tr>
<td>LMP</td>
<td>Last Menstrual Period</td>
</tr>
<tr>
<td>LOA</td>
<td>Left Occipito-Anterior</td>
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<tr>
<td>LOL</td>
<td>Left Occipito-Lateral</td>
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<tr>
<td>LOP</td>
<td>Left Occipito-Posterior</td>
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<td>LOT</td>
<td>Left Occipito-Transverse</td>
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<tr>
<td>LSCS</td>
<td>Lower Segment Caesarean Section</td>
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<td>LVS</td>
<td>Low vaginal swab</td>
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<tr>
<td>MAP</td>
<td>Mean arterial pressure</td>
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<tr>
<td>MDT</td>
<td>Multi-Disciplinary Team</td>
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<tr>
<td>MEC</td>
<td>Meconium</td>
</tr>
<tr>
<td>MOT</td>
<td>Medical Obstetric Team</td>
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<tr>
<td>MRI</td>
<td>Magnetic Resonance Imaging</td>
</tr>
<tr>
<td>MSSU</td>
<td>Mid-Stream Specimen of Urine</td>
</tr>
<tr>
<td>MSU</td>
<td>Mid-Stream Urine</td>
</tr>
<tr>
<td>NAD</td>
<td>Nothing Abnormal Detected</td>
</tr>
<tr>
<td>NAS</td>
<td>Neonatal Abstinence Syndrome</td>
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<tr>
<td>NB</td>
<td>Normal Birth</td>
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<tr>
<td>NBFD</td>
<td>Neville Barnes Forceps Delivery</td>
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<tr>
<td>ND</td>
<td>Normal Delivery</td>
</tr>
<tr>
<td>NEC</td>
<td>Necrotizing enterocolitis</td>
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<tr>
<td>NICU</td>
<td>Neonatal Intensive Care Unit</td>
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<td>NICE</td>
<td>National Institute of Clinical Excellence</td>
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<tr>
<td>NIEL</td>
<td>Not In Established Labour</td>
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<td>NIDDM</td>
<td>Non-Insulin Dependent Diabetes Mellitus</td>
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<tr>
<td>NND</td>
<td>Neonatal Death</td>
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<tr>
<td>NNU</td>
<td>Neonatal Unit</td>
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<tr>
<td>NMC</td>
<td>Nursing and Midwifery Council</td>
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<tr>
<td>NSAID</td>
<td>Non-Steroidal Anti-Inflammatory Drug</td>
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<tr>
<td>NSF</td>
<td>National Service Framework</td>
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<tr>
<td>O/E</td>
<td>On Examination</td>
</tr>
<tr>
<td>ODA</td>
<td>Operating Department Assistant</td>
</tr>
<tr>
<td>ODP</td>
<td>Operating Department Practitioner</td>
</tr>
<tr>
<td>OP</td>
<td>Occipito Posterior position - see position</td>
</tr>
<tr>
<td>O/P</td>
<td>On Palpation - often written this way by the docs!</td>
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</table>
P - Pulse
PIA - Par Abdomen (sometimes seen before documenting palpation)
PCT - Primary Care Trust
P/S - Per Speculum
PCA - Patient Controlled Analgesia
PE - Pulmonary Embolus
PIH - Pregnancy Induced Hypertension
PGD - Patient Group Directive
PKU - Phenylketonuria
PN - Postnatal
PO - Orally
PPH - Postpartum Haemorrhage
PP - Presenting Part
PPROM - Prelabour Premature Rupture of Membranes
PR - Per Rectum
PRN - As required
PROM - Premature Rupture of Membranes
PU - Pass Urine
PV - Per Vaginum
QDS - Four Times Daily
RDS - Respiratory Distress Syndrome
Rh - Rhesus factor
ROA - Right Occipito-Anterior
ROL - Right Occipito-Lateral
ROP - Right Occipito-Posterior
ROT - Right Occipito-Transverse
SB - Still Birth
SBR - Serum Bilirubin
SC - Subcutaneous
SCBU - Special Care Baby Unit
SFD - Small for Dates
SGA - Small for Gestational Age
SHO - Senior House Officer
SIDS - Sudden Infant Death Syndrome
SIGN - Scottish Intercollegiate Guidelines Network
SOB - Sub Occipito-Bregmatic
SOB - Shortness of Breath
SPD - Symphysis Pubis Disorder
SROM - Spontaneous Rupture of Membranes
STD - Sexually Transmitted Disease
STI - Sexually Transmitted Infection
STS - Skin To Skin
SVD - Spontaneous Vaginal Delivery
TCI - To Come In
TDS - Three times daily
TEDs – Thromboembolic deterrent stockings
TTO - To take out (medications)
U and E - Urea and Electrolytes
USS - Ultrasound Scan
UTI - Urinary Tract Infection
VBAC - Vaginal Birth After Caesarean
VE - Vaginal Examination. Would be more correctly written epv (examination per vaginam) as you are examining via the vagina, not examining the vagina itself!
VX - Vertex - the clinical name for the fetal head. Usually used during vaginal birth - the first sighting of the fetal head would be written as VX (vertex) visible in the notes.