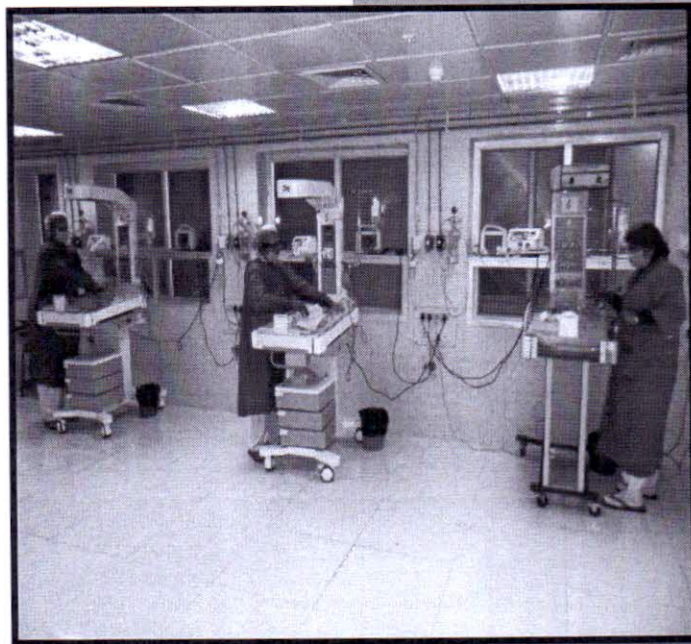




Standard Operating Procedures for District Women Hospitals- Uttar Pradesh

SOP SNCU



	Standard Operating Procedure	Document No:
	Sick New Born Care Unit	Version:
		Date of Issue:

Objectives of Sick New Born Care Unit (SNCU)

- 1. Manage Specific conditions- Post Asphyxia, Sepsis, (Pneumonia & Meningitis), Tetanus Neonatorum, Neonatal Jaundice**
- 2. Measures to reduce deaths in SNCU**
- 3. Enhancing the skill of the staff by regular CME**
- 4. Follow the protocol for step-down of Newborn**

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1. Purpose:

- Neonatal mortality contributes to about two thirds of infant deaths. There is an increasing need to focus on newborn care and survival for significant reduction in IMR.
- Strengthening the care of sick, premature, low birth weight newborns right from birth through the neonatal period.
- To provide all required services to in born as well as out born neonates referred to SNCU.
- To respond to the need and expectations of the attendants.

2. Scope:

To provide Intensive care services to sick new born babies both in-born and out-born.

3. Responsibility:

Pediatrician on duty/sister in-charge

- To receive the potential high risk sick new born referred from OT, LR and maternity ward (in born) or referred from other health facilities.
- To pay immediate attention, assessment, immediate management.
- It is the responsibility of pediatrician on duty at SNCU to attend the call from emergency for acutely sick new born baby.
- To provide immediate intensive care to acutely sick newborn and the treatment record should be mentioned in Bed Head Ticket.
- Triage management of Sick Inborn & Out-born Neonate
- Shifting of baby to step-down is sole responsibility of SNCU team
- To take decision for transferring the severely sick New Born to higher level
- To follow all quality parameters

4. Standard Procedure:

S.No.	Activity	Responsibility	Reference Document / Record
4.1	Registration for admission in SNCU:		
4.1.1	Registration is done at registration counter during OPD hours and at emergency department during non OPD hrs. Every patient who is registered is provided with an identification number and directed either towards the OPD/ Emergency department based on the	Treating Doctor, Nurse.	In-patient Admission Register / BHT

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	<p>time of registration.</p> <p>A written order for hospitalization by the doctor at the Paediatric OPD during OPD hours or the Medical officer at the emergency after OPD hours.</p> <p><u>Criteria for babies to be admitted in SNCU</u></p> <p>a) Criteria for babies to be admitted in SNCU for inborn babies:</p> <ol style="list-style-type: none"> 1. Infants who are born prior to 34 weeks gestation 2. Infants weighing 1800 grams at birth (regardless of gestational age). <p><i>*(Neonates weighing less than 1.2 Kg should be referred to the higher centre after proper stabilization)</i></p> <ol style="list-style-type: none"> 3. Infants with an APGAR score of < 6 at 1 min and evidence of birth asphyxia or delayed cry after 5 minutes. (i.e. slow gasping respiration or no respiration at 1 minute). 4. After prolonged Resuscitation that is after using Bag and mask or Bag and tube. 5. Persistent respiratory Distress. 6. Shock or CRT > 3 seconds 7. Central cyanosis 8. Vomiting ---especially bile stained 9. Neonates with surgical problems should also be referred after stabilizing. 10. Any infant who is felt to be at risk by the nursing staff or Doctor 11. Any infant with a birth weight of <1800 grams & /or <34 weeks must be admitted to the SNCU for a minimum of 24 hours. 12. Transfer from Neonatal ward due to need for close monitoring or any deterioration in the condition of the Neonate. <p>b) Admission from postnatal ward to SNCU</p> <p>The following signs and symptoms signify a sick infant and for admission from postnatal ward:</p> <p>Delayed or persistent respiratory distress Apnoeic or cyanotic spells Abnormal behaviour or activity including recurrent vomiting, abdominal distention, lethargy,</p>		
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