There is no image provided. However, the text is a set of rules and regulations for the Pediatrics Department of PeaceHealth Southwest Medical Center. It outlines the responsibilities and procedures for evaluating staff performance, reviewing charts, clinical privileges, and criteria for attending in the Holtzman Twins Newborn Intensive Care Unit (NICU). The text also includes guidelines for admission to the NICU and criteria for transferring care to the NICU from other services.
consult or transfer of care to the Neo service. If an emergent transfer needs to occur, the providers should discuss as soon as possible after the baby has been stabilized.

3) Three: The Neo service will accept most babies 28 days or less for transfer of care. (See below for exceptions and for specific criteria.) Except in emergencies or immediately after delivery, the responsible peds or FM doc must call a Neo provider to discuss the case.
   - For readmissions, FM docs, pediatricians and ER providers should only send babies to the NICU after discussion with a Neo provider.

4) Four: Exceptions:
   - If the FM or peds service asks to continue providing care in the NICU – in which case the Neo service is happy to consult or co-manage as appropriate.
   - If accepting the patient would violate the NICU’s Infection Control Guidelines. This applies mainly to readmissions to the hospital. See below for the relevant guidelines.
   - If the Neo providers need to decline or postpone transfer of a patient. This should happen only with high NICU acuity, high census or both, or if the Neo provider is already dealing with multiple admissions. If this happens the Neo provider will collaborate with the referring provider to determine the best option for care. Transfer to the Neo service may occur later if the original provider still wants to transfer care.
   - If the baby doesn’t have a medical need, but is a well newborn on CPS/social hold, or in the NICU for other non-medical reasons. These newborns are not candidates for the Neo service unless they develop a medical need.

Neonatology Service Admission/Transfer and Consult Criteria

Admission to the Neonatology service immediately after delivery/resuscitation is standard for the following newborn conditions:

1) Less than 35 completed weeks gestation
2) Birth weight ≤ 2000 g
3) Need for respiratory support
4) Need for any vascular resuscitation or support (IV fluid resuscitation, blood transfusion, inotropic support)
5) 5 minute APGAR < 4
6) Documented or suspected pneumothorax
7) A congenital anomaly that may need urgent management (e.g., myelomeningocele)
8) Any other condition for which the resuscitation team determines that immediate NICU assessment is needed.

For babies who are not immediately brought to the NICU (that is, are admitted to FBC and a well-baby service): transfer to the Neo service is standard for the following newborn conditions. Except in emergencies, a physician from the baby’s assigned service must contact a neo provider (NPN, PA or neonatologist) to discuss transfer:
1) Need for respiratory support (oxygen or CPAP)
2) Need (or possible need) for vascular resuscitation or support (IV fluid resuscitation, blood transfusion, inotropic support)
3) Documented or suspected pneumothorax
4) Any other condition for which a provider or resuscitation team member determines that NICU assessment is needed
5) Glucose <25 mg/dL or symptomatic hypoglycemia
6) Seizures
7) Bilirubin approaching or within 3 mg/dL of recommended exchange level (AAP guidelines) or newborn with diagnosis of Rh isoimmunization
8) Documented or suspected critical heart disease
9) A congenital anomaly that may need urgent management
10) All transfers from outside hospitals
11) Any other patient that Family Medicine or Pediatrics wishes to transfer based on medical need not listed above.

Consultation with a Neonatology provider (with possible transfer) recommended for the following newborn conditions:

1) Neonatal abstinence syndrome
2) Persistent hypoglycemia
3) All other congenital anomalies or suspected genetic syndromes
4) Need for gavage support and/or hyperalimentation
5) Apnea
6) Newborns at risk for perinatal HIV transmission
7) Hyperviscosity/polycythemia (venous Hct >70%)
8) Anemia

Infection Control and Readmission to NICU
1) Neonates and infants 28 days of age or less may be re-admitted to the NICU.
2) During the neonatal period, babies may be admitted from outside the hospital to the NICU with neonatal problems like hyperbilirubinemia or neonatal abstinence syndrome.
3) Discharged neonates who require critical care can be re-admitted to the NICU, even if there is possible or confirmed infection. (When this happens, special procedures will be followed to allow family members into the NICU to be with their baby.) Examples include:
   a. A 20-day old infant with RSV with severe respiratory distress or failure, requiring CPAP or mechanical ventilation
   b. An 8-day old baby with fever and evident shock or metabolic acidosis
4) Discharged neonates who have evidence of infection but do not require intensive or critical care cannot be admitted to the NICU on any service. Examples include:
   a. A 15-day old infant with a fever who is being evaluated for sepsis, but is otherwise well-appearing and medically stable.
   b. A 10-day old infant with RSV requiring low-flow nasal cannula oxygen.
5) The neonatology MDs and advanced practitioners will be available as appropriate to help evaluate babies for placement.

7. Pediatric Admission Laboratory orders will be at the discretion of the attending physician.
8. Pediatric inpatients will have:
   a. Admitting History and Physical written or dictated within twenty-four (24) hours of admission.
   b. Daily Progress Notes
   c. Discharge Summary (on patients admitted over 48 hours)
   d. Transfer Note

   (1) A transfer note is required for patients transferred to another facility, regardless of length of stay.

9. Newborn documentation will consist of:
   a. Admitting physical examination within twenty-four (24) hours of birth. The physician will be notified of a newborn admission in a timely manner.
   b. Daily progress notes on all infants in the NICU.
   c. Discharge examination documented no sooner than twenty-four (24) hours before discharge.

10. Members on the Active Staff shall participate on the Pediatric City Call Schedule
    a. Family Medicine Southwest (FMSW) will take first call for all newborn and pediatric city call admissions. If a phone consultation is necessary, FMSW will choose their consultation based on the practice listed on the city call schedule on the day that the consult is needed.