

To be completed quarterly in May, August, November and February by Assistant Nursing Manger.

NB. Should an indicator not be possible to assess (eg no baby on respiratory support of IV fluids) then interview the nurse to assess standard practice.

Date:		Unit:	
Not applicable:	Does not apply to the unit or individual assessment or not observed.		
Non-Compliant:	<50% compliance		
Partially Compliant:	50-79% Compliance		
Compliant:	80-100% Compliance		

NO.	INDICATOR	May	August	November	February
GENERAL CARE					
1.	All babies have 2 ID bands with correct information				
2.	All staff are clearly identified				
3.	All unoccupied beds clean and set ready for admission				
4.	Bed line clean and present on every bed				
5.	Weekly rounds by the audiologist, speech, OT and physiotherapists.				
THERMAL CARE					
6.	Unit temperature (temp) recorded twice daily				
7.	Unit temp. maintained 22-26 °C				
8.	Babies under radiant warmers covered with plastic				
9.	Temp. probes functional and in use for each radiant warmer				
10.	Reflective temp. probe covers used.				
11.	Radiant warmer temp. set at 36.5°C				
12.	All babies' heads are covered.				
NEURO- DEVELOPMENTAL CARE					
Pain management					
13.	Non-nutritive sucking with sucrose encouraged				
14.	Babies swaddled prior to painful procedures				
15.	Mothers encouraged to hold baby during procedures				
16.	Emla cream applied prior to invasive procedures				
17.	Pain assessment score completed 3-6hrly (Reg/Tert)				
Family centered care					
18.	Family (including siblings) visiting encouraged (2 visitors at a time)				
19.	Father & mother allowed 24hr access to baby				
20.	Parents participate in decision making				
21.	Mothers assist with routine care administer oral medications				
Environmental control					
22.	Curtains/blinds on windows-low ambient light				
23.	Individual bed lighting is available (2 ^o /3 ^o hosps)				
24.	Incubators covered				
25.	Low sound levels in unit				
Positioning					
26.	Babies "nested"- containing baby in a flexed, midline position				
27.	Infant Position Assessment Tool used to assess position				
28.	Babies primarily nursed prone (rotated with supine & lateral)				
29.	Babies nursed head up (at a 30 degree angle)				
Intermittent KMC					
30.	Intermittent KMC is commenced with 48hrs of birth				
31.	Babies are removed from the incubator by the nurse/doctor				
32.	Intermittent KMC sessions last at least one hour once asleep.				
33.	HC and ICU babies also receive intermittent KMC				
34.	Babies are fed in skin to skin position.				
35.	Babies are securely tied on with neck extended in neutral position				
	A. NA				
	NC				
	PC				
	C				

FLUIDS AND FEEDS		Interview mother/staff member re expressing	May	August	November	February
36.	Colostrum expressed within 6hrs of birth					
37.	No babies receiving formula feeds					
38.	Mothers express correctly (no rubbing/milking action)					
39.	Mothers empty their breasts at each expression					
40.	No milk left at the bedside between feeds					
41.	Continuous feeds-syringe inverted/rotated hourly to ensure milk does not separate.					
42.	Donor milk available/accessible					
43.	NG tubes dated (colour coded –2 ^o /3 ^o hosps)					
44.	IV fluid administered via infusion pump (not dial a flow).					
45.	Appropriate giving sets in use					
46.	Pump pressure set to low/med					
47.	Clear fluid filter used (2 ^o /3 ^o hosps)					
48.	IV lines dated on drip chamber					
49.	IV lines colour coded and labeled (2 ^o /3 ^o hosps)					
50.	IV line securely strapped with insertion site visible					
Umbilical venous lines						
51.	Umbilical graph available					
52.	Lines at correct depth on X-ray (sticker on X-ray re any change)					
53.	Size 5fg luer lock catheter used for venous lines. (Not NG tube)					
54.	Secured with clean secure strapping					
55.	Depth recorded in clinical record and on label on incubator					
56.	Line at correct depth					
Arterial lines (2^o/3^o hosps)						
57.	Size 3.5fg luer lock catheter used for umbilical art. lines					
58.	Labelled correctly (red tape/sticker)					
59.	Patent with ½ NaCl (and Heparin if peripheral)					
60.	Line/ 3-way tap clear of blood					
PICC/CVP lines (2^o/3^o hosps)						
61.	Strapped appropriately (insertion site visible and catheter not coiled on top of its self)					
62.	Correct position on X-ray					
TPN (2^o/3^o hosps)						
63.	Bag and lines changed daily (Line and bag dated)					
64.	TPN filter used					
65.	TPN protected against phototherapy.					
MEDICATIONS						
66.	Stored apart from other stores in clean, locked cupboard					
67.	Schedule meds. locked in a metal drug cupboard and shift leader carries the key					
68.	Oral meds (multivits and ARTs) issued to and given by mother					
SKIN CARE						
69.	Extra thin hydrocolloid dressing applied beneath all strapping.					
70.	No tape applied following heel prick or phlebotomy					
71.	All babies have moist, clean lips and no dry skin					
72.	Sats probe secured without tape-fingers warm & pink					
JAUNDICE						
73.	Angled phototherapy lights avail. & funct. in neon.unit & post-natal					
74.	Lights changed at 1000hrs (if non LED) & all functional					
75.	Only super blue lights in use (TL52/20 OR FL20T12/BB)					
76.	All lights functional					
77.	Perspex cover in place over lights					
78.	Lights as close to baby as possible (+-40cm)					
79.	Incubator/cot not covered with blankets/sheets					
80.	Eyes covered with well-fitting eye shield					
81.	Nappy left open (baby naked)					
		B.	NA			
			NC			
			PC			
			C			

RESPIRATORY CARE		May	August	November	February
82.	Appropriate sized nasal cannulae in use				
83.	Oxygen % controlled by Venturi/blender				
84.	Oxygen is not administered into the incubator.				
85.	In and out surfactant therapy is available and used				
86.	All babies receiving oxygen have continuous sats. monitoring with appropriately set alarm limits (High - 95%, Low - 89%)				
87.	Saturations maintained at 90-94% (Oxygen adjusted accordingly)				
88.	Alarms responded to within 20secs				
Nasal CPAP					
89.	Functional nCPAP available				
90.	Used for initial respiratory support				
91.	Nasal CPAP cleaned and set ready for use.				
92.	Nasal CPAP initiated and discontinued by nurses				
93.	PEEP maintained at 5cm H ₂ O and recorded				
94.	Prongs securely attached-correct size, no leaks				
95.	Nasal perfusion monitored and recorded-nostrils warm & pink and eyes not oedematous				
96.	Baby suctioned 6-12hrly and PRN				
97.	Orogastic tube in situ and on free drainage if NPO				
Ventilation (2^o/3^o hosps)					
98.	Flow sensors in use and functional.				
99.	ETT securely strapped (clean strapping, nares visible, no tube movement) at correct depth				
100.	ETT size and depth recorded in clinical record and on label on incubator				
101.	Ventilator Alarm limits set				
102.	Ventilators cleaned and set ready for use.				
BLOOD TRANSFUSIONS					
103.	Syringe/infusion pump used for all transfusions				
104.	Blood filter used				
DYING AND DEATH (Ask staff member to describe the process followed when a baby dies)					
105.	Family's cultural beliefs ascertained and supported				
106.	Mother encouraged to hold her baby prior to death				
107.	Privacy is ensured during dying and death				
108.	Mother encouraged to name her baby				
109.	Keepsakes (eg footprint/photo/hair/name tag) given to mother if appropriate				
	C.	NA			
		NC			
		PC			
		C			
	Final Scores:	%	%	%	%

Month	Assessed By -Sign	Print	Desig.	Date
May				
August				
November				
February				

Month	Feedback received by -Sign	Print	Desig.	Date
May				
August				
November				
February				

Scoring and feedback-In Discussion with the Unit:				
May Scoring	NA=	NC=	PC=	C=
	NAx2=			Cx2=
	A: PC + (Cx2) =		B: 218 - (NAx2)=	
	A / B =		X 100 =	%
Gaps Identified:				
Action Plan:				
August Scoring	NA=	NC=	PC=	C=
	NAx2=			Cx2=
	A: PC + (Cx2) =		B: 218 - (NAx2)=	
	A / B =		X 100 =	%
Gaps Identified:				
Action Plan:				
November Scoring	NA=	NC=	PC=	C=
	NAx2=			Cx2=
	A: PC + (Cx2) =		B: 218 - (NAx2)=	
	A / B =		X 100 =	%
Gaps Identified:				
Action Plan:				
February Scoring	NA=	NC=	PC=	C=
	NAx2=			Cx2=
	A: PC + (Cx2) =		B: 218 - (NAx2)=	
	A / B =		X 100 =	%
Gaps Identified:				
Action Plan:				