



INTERMEDIATE NEONATAL NURSERY: DOWN REFERRAL PROCESS

PRINCIPLES:

- The Intermediate Nurseries have been established to:
 - Allow optimal use of scarce regional and tertiary level neonatal ICU beds;
 - Facilitate access to specialist services for all newborns who require this.
- They will provide a District Hospital package of care with:
 - Additional beds;
 - Greater clinical competence;
 - Increased support from the regional / tertiary centre.
- They will receive newborns from the higher level of care who:
 - Have been assessed by a specialist and have a management plan;
 - Require implementation of the management plan;
 - No longer require daily specialist oversight.
- Individual babies will be transferred to their initial hospital of origin once the level of care they require matches the capacity of that hospital.
- Intermediate level nurseries have been identified in the following district hospitals, situated in districts with no regional hospital:
 - Dundee Hospital : Umzinyathi District
 - Christ the King Hospital : Harry Gwala District
 - Bethesda Hospital: : Umkhanyakude District
 - Nkonjeni Hospital : Zululand District
- Although primarily for patients residing in the district in which it is situated, the intermediate level nursery may be used for the down-referral of patients from adjacent districts.

CRITERIA FOR DOWN-REFERRAL:

1. The assessment of the patient must be complete and a diagnosis established.
2. A management plan must have been formulated and initiated.
3. The component of the management plan requiring a higher level of care must have been fulfilled.
4. Direct transfer back to the hospital of origin is not possible due to insufficient beds or lack of suitable clinical skills or resources required to implement the management plan.

5. The patient must be in a stable condition with respect to the following systems:
 - Respiratory:
 - Breathing spontaneously;
 - Requiring < 50% nasal-prong oxygen.
 - Cardiovascular:
 - Not receiving inotropes and/or prostin;
 - No features of cardiac failure;
 - Stable fluid requirements.
 - Metabolic:
 - Stable glucose levels;
 - Stable acid-base status.
 - GIT:
 - Not receiving Total Parenteral Nutrition (TPN);
 - Receiving and tolerating 30% of nutritional needs as expressed breastmilk (EBM) feeds.
 - Neurological:
 - No status epilepticus or uncontrolled seizures;
 - May be awaiting neurosurgical intervention.
 - Sepsis:
 - If the patient had a positive blood culture during their stay in the regional / tertiary hospital:
 - i. They must have had a negative blood culture prior to discharge; OR
 - ii. A repeat blood culture must have been taken and the result pending.
6. If the management plan includes medicine, surgical sundries or infant feeds (donor breastmilk) not routinely available at a district hospital these must be supplied to the intermediate hospital with each individual baby.

PROCESS OF DOWN REFERRAL

1. Identify patient meeting the above criteria.
Specialist in regional / tertiary hospital nursery.
2. Contact intermediate hospital to establish if a bed is available and explain the assessment and management plan to the receiving Medical Officer.
Registrar or Medical Officer in regional / tertiary hospital.
3. Prepare a comprehensive discharge summary including the following information:
 - i. Initial presentation;
 - ii. Relevant blood results;
 - iii. Assessment;
 - iv. Management plan;
 - v. Current condition;
 - vi. Palliative care plan if necessary.*Registrar or Medical Officer in regional / tertiary hospital.*

4. Print 6 copies of the discharge summary to be distributed as follows:
 1. Stapled in the RTHB;
 2. Handed to the mother;
 3. Placed in the regional / tertiary clinical notes;
 4. Placed in the discharge summary file;
 5. Placed in an envelope for the intermediate hospital;
 6. Placed in an envelope for the base hospital.

Registrar or Medical Officer in regional / tertiary hospital.

5. Prepare a transfer pack:
 - i. Case summary;
 - ii. Ongoing management plan;
 - iii. Follow up plans:
 - iv. Consumables and drugs required from management plan.
 - v. Gather supplies / medication required to accompany the patient.

Registrar or Medical Officer and Professional nurse in regional / tertiary hospital.

6. Arrange transport.
Professional nurse in regional / tertiary hospital.

7. Ensure a support plan is in place:
 - i. Ad hoc phone calls
 - ii. Outreach support visits*Nursery Consultant / Outreach Paediatrician.*

MONITORING AND EVALUATION

- Record of outcome of all the patients that are down referred must be kept at both the regional/tertiary level as well as the intermediate level in order to re-evaluate the criteria for referral. **How**
- Delays in transfer by EMRS at either the regional/tertiary level or at intermediate nursery level must be documented. **How**