

Guidelines for inpatient care of babies with possible infectious illness

health

1. Introduction

The Victorian neonatal system aims to provide access to safe and effective care for all babies. At times this requires referral and transfer to another hospital.

These guidelines have been developed to inform decisions about receiving hospitals for babies with probable infectious illnesses who require or may require neonatal intensive care unit (NICU) or paediatric intensive care unit (PICU) care, or high dependency tertiary paediatric inpatient care. They provide guidance based on the current range of inpatient options and are intended to inform the referral and transfer decisions coordinated by the Newborn Emergency Transport Service (NETS) and Paediatric Emergency Transport Service (PETS) as appropriate.

These guidelines supplement the *Neonatal intensive care unit critical capacity guidelines* (July 2010).

2. Development of the guidelines

These guidelines were developed by key stakeholders from the sector and have been endorsed by the Neonatal Services Advisory Committee.

3. Referral and transfer options

Once a baby who may have an infectious illness has been clinically assessed as possibly requiring NICU or PICU care, NETS or PETS (as appropriate) will coordinate the referral and transfer process.

The options for the receiving inpatient/emergency unit based on patient age and acuity are presented in Table 1.

Table 1: Inpatient unit options

Age*	RCH MMC PICU	RCH NICU	MMC MHW RWH	RCH MMC Emergency	Non-tertiary hospital
> 28 days high acuity	+++++	++	(+)	+	
> 28 days low acuity	+	++	(+)	+++++	++++
< 28 days high acuity	+++	+++++	+	+	
< 28 days low acuity		++++	+	+++	++

* corrected for prematurity

+ represents weighting of destination/admission preference

RCH: Royal Children's Hospital, **MMC:** Monash Medical Centre, **MHW:** Mercy Hospital for Women, **RWH:** The Royal Women's Hospital

High acuity = requiring or likely to require continuous positive airway pressure (CPAP) or endotracheal intubation

There are intermediate levels of acuity that pose significant problems in accessing a non-ICU tertiary inpatient bed.

From an infection control perspective the options within hospitals to accommodate these babies are (in order of preference):

1. single isolation rooms
2. multibed isolation areas
3. incubator in an area with non-infected patients.

4. Admission process

Every effort must be made by health services to place a baby with a possible infectious illness within Victoria's neonatal/paediatric system to ensure they receive clinically appropriate care.

Issues to be considered by referring and receiving health services include:

- isolation capacity
- capacity to provide appropriate clinical care
- available resources.

When demand for neonatal and paediatric services is high and the options outlined in Table 1 are not available, the clinical requirements of the patient will determine their referral and transfer outcome. Either of the following issues should not preclude a health service from accepting a referral and transfer:

- baby has been out of hospital prior to presenting with illness
- lack of an isolation room.

This includes presentation, referral and transfer to a health service with tertiary or non-tertiary neonatal or infant inpatient/emergency facilities. Non-tertiary services should not expect that babies not requiring intensive care or tertiary paediatric care will be accepted for transfer solely on the basis of a possible or confirmed infectious illness.

5. Procedures for transfer

In the event of a required transfer and admission of a baby with a possible infectious illness the escalation procedure for securing an admission/emergency bed is:

- Level 1: Placement to be guided by Table 1.
- Level 2: The NETS consultant coordinates discussion with consultants at appropriate neonatal services.
- Level 3: The NETS medical director coordinates negotiation with consultants at potential receiving units.
- Level 4: The NETS medical director determines if a transfer is required and where the baby will be transferred to. For babies aged over 28 days, PETS will determine the need to transfer and the receiving unit. NETS will provide support for PETS as requested.

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