

**May**

# MORTALITY learning bulletin

## **BadgerNet Admission Details**

These are so important to be completed in full. This includes parameters such as cord gases and details of resuscitation. This can be vitally important when babies are transferred between units to ensure pertinent information is lost.

## **Calculate the Glucose Infusion Rate (GIR)**

In cases of persistent hypoglycemia calculating and documenting the GIR can help guide management and further investigation.

## **Know the Positive Cultures and Sensitivities**

Knowing previously grown organisms and sensitivities of both mother and baby can help guide antibiotic choice in subsequent infective episodes. Could this new episode be with the same bug and will the antibiotics I have chosen treat it?

## **Dilutional Exchange**

Do you have a local guideline for this? Do you know which babies might benefit from this treatment? Polycythemia rarely needs treatment but if symptoms of hyperviscosity syndrome it can be indicated

## **Lung Damage during Chest Drain Insertion**

When inserting chest drains for pneumothoraxes if no signs of tension try to not fully drain the air leak as this may lead to lung trauma during the drain insertion. This is particularly relevant in very small babies.

## **Securing Lines and Tubes**

Take extra care when securing lines in babies being nursed in high levels of humidity. They are much more likely to fall out if not properly secured.

## **MDT Discussion Prior to Transfer to a Surgical Centre**

When a baby presents with an acute surgical problem consider whether an MDT discussion including the view of the family might be helpful in guiding ongoing management. This can be facilitated via CenTre Transport or on a TEAMS call and could include - referring clinician and nursing representative, accepting neonatal consultant and nursing representative in the surgical centre, Consultant Paediatric Surgeon, Transport team and family. What management is in the baby's best interests?

## **Temperature Control during Line Insertion**

Line insertion should be a two person procedure. Monitor duration of the procedure and the temperature while the procedure is being performed. Consider the use of a trans warmer.