Ashford and St. Peter's Hospitals
NHS Foundation Trust

Pathway of care for neonates from community <28 days

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Guideline History		
Date	**Comments**	**Approved By**
December 21	New guideline	Paediatric Guideline Committee
June 25	Addition of normothermic range in neonates	Paediatric Guideline Committee
September 25	Re-write to include community pathway of care/ referral pathway	Paediatric Guideline Committee

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Background

Neonates are managed in a variety of settings necessitating handover between teams and discussion around most appropriate setting for ongoing care. Individual cases may not fit this pathway and should be discussed.

Neonates presenting to hospital in the first 10 days of life is fortunately a rare event. In the majority they present with relatively minor ailments including issues with feeding and support for a new family which can often be managed in the community setting with support of the well baby clinic. It is important to be vigilant to the possibility of more serious illness in these babies, and the consequent need for specialist input. These patients may be referred following discussion between neonatal and paediatric teams, using the Community baby referrals and readmission pathway (Appendix 1). These babies should have a SBAR documentation completed as in Appendix 2

Neonates over the age of 10 days have usually been discharged from community midwifery care. They should be referred directly to the CYPED (Children and Young People's ED)/PAU (Paediatric Assessment unit) for assessment by the paediatric team unless they are still under the care of the community midwifery team or NCOT.

Specific conditions requiring NICU/PICU

In most instances babies who require readmission can be cared for on the postnatal wards or general paediatric wards depending on the clinical symptoms and/or diagnosis. However, there are a few situations, **almost always within the first 10 postnatal days**, where the baby requires urgent treatment and a neonatal unit or PICU would be the most appropriate setting. Such conditions include:

- Severe jaundice requiring immediate exchange transfusion
- Surgical emergencies eg Volvulus in neonate , diaphragmatic hernia (late postnatal presentation)
- Duct dependent cardiac lesions presenting post discharge
- Sepsis (presenting at any age)

Considerations

If a baby presents to CYPED with a condition requiring **URGENT** medical or surgical treatment, it is important that this is recognised and they are transferred to the appropriate setting without delay. If this includes consideration of **readmission to a neonatal unit** the clinician involved should check:

- That baby has not been in close contact with other children/adults with URTI or eg influenza, RSV, suspected COVID-19
- The baby has not been in close contact with other known contagious disease eg chicken pox, gastroenteritis.

This is to safeguard the vulnerable inpatients on NICU, where isolation is not readily available. There should be a discussion between the duty paediatric and neonatal consultants to agree a management plan including safe place of admission**Transfer**

If baby needs transferring to another hospital then the appropriate* transport team should be called and transfer arranged ASAP. When transferring a neonate between Abbey Wing and CYPED/PAU the family should be escorted to ensure a safe and timely arrival at the correct location.

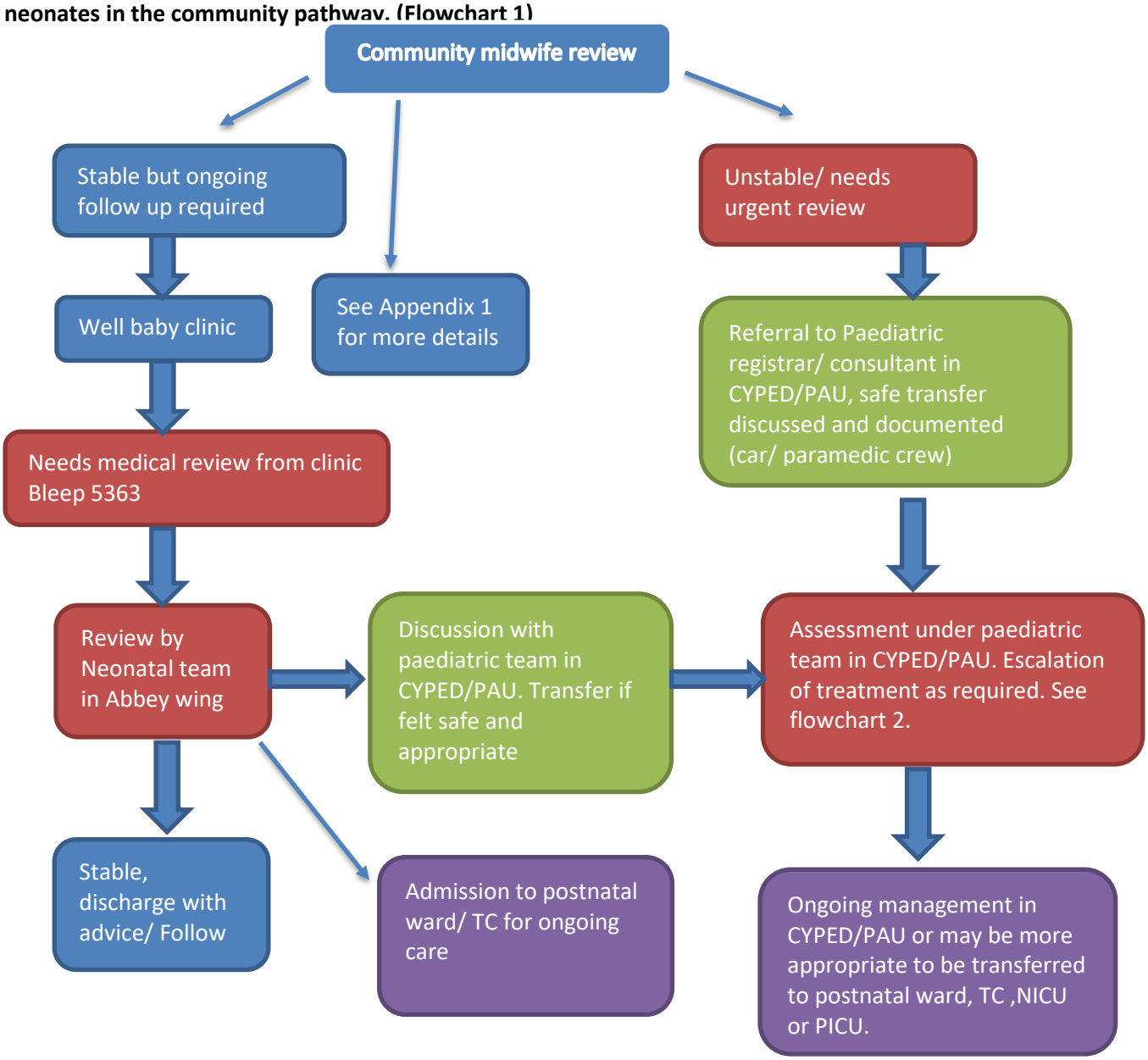
* NTS if baby going to a NICU; STRS if going to PICU (NTS can assist with retrieval from A&E if baby going to ASPH NICU if they are on site)

Additional information

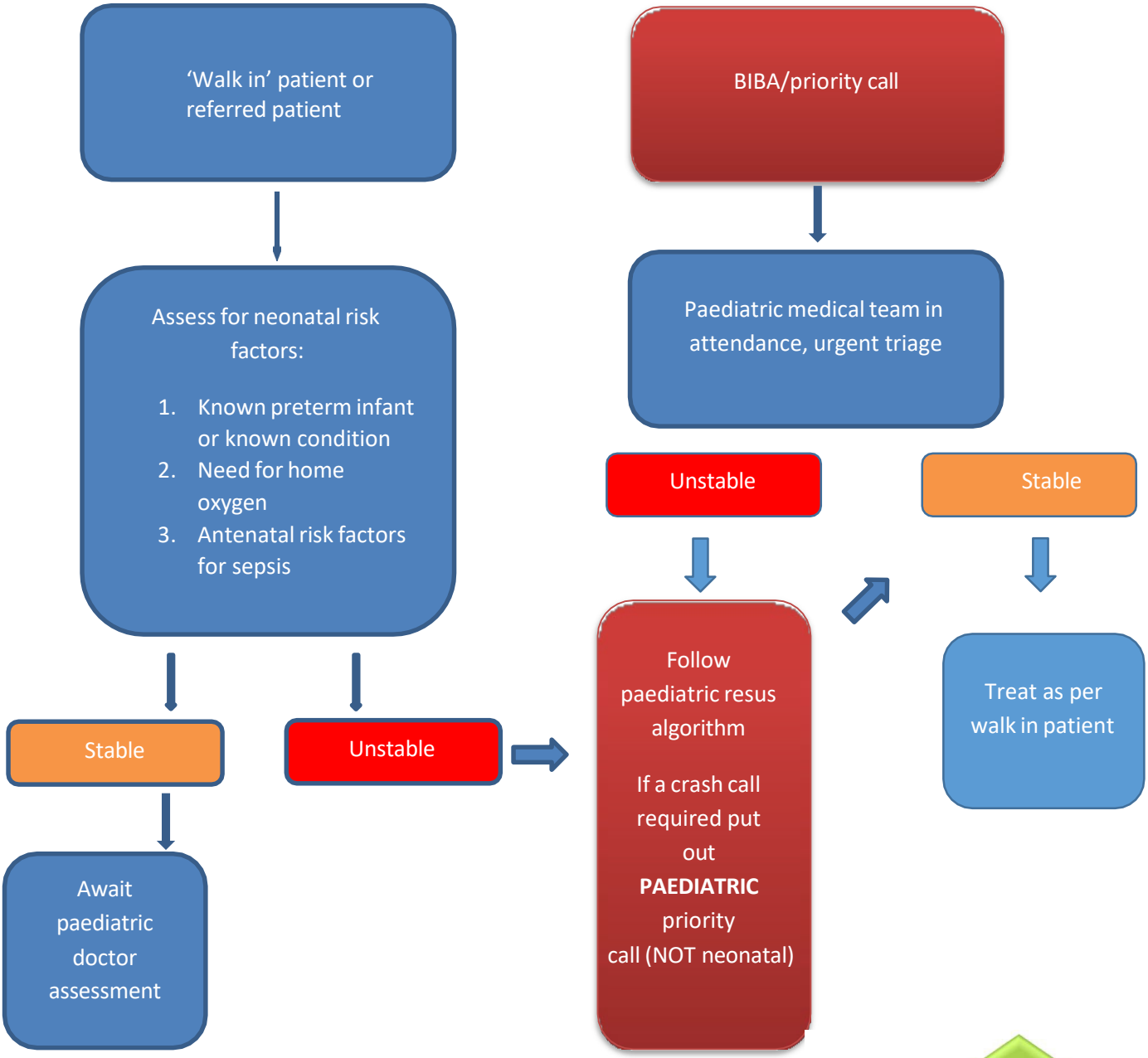
Information about infants may be available on Badgernet (same username and password as PC login)

It is important to continue to support mothers to breastfeed their babies during the readmission, while maternal milk supply is still establishing. Please follow the SOP for 'Supporting breastfeeding outside of Maternity'.

Care of neonates in the community pathway. (Flowchart 1)



Care of a neonate presenting directly to CYPED. Flowchart 2



ASSESSMENT TO INCLUDE

- Consider risk of Sepsis. Neonates may have subtle signs including hypothermia*, lethargy, poor feeding. Use NEWTT to aid assessment
- Is this baby jaundiced? Do an urgent total bilirubin level
- Follow paediatric guidelines for respiratory distress
- Exclude metabolic causes (sugar, lactate measured on a blood gas)
- Consider cardiac causes

***NORMOTHERMIC RANGE 36.5c-37.5c for all babies under 28 days**

If neonatal advice or support required, paediatric consultant to Neonatal consultant discussion

Triage of babies requiring readmission from home / well baby clinic or CYPED

Readmission to the Postnatal wards
Jaundice in an otherwise well baby, needing phototherapy
Weight loss in an otherwise well baby requiring feeding support (>12.5% needs admission)

Readmission to the Neonatal Unit Considered
Jaundice in an unwell baby • Likely to need exchange transfusion • Unable to adequately feed
Suspected seizures
Significant hypoglycaemia requiring IV fluids of higher concentration of dextrose
Need for intensive care including ventilation where infective cause excluded or following consultant decision

Should be diverted to paediatric services
>10 days old/since discharge from NICU
Signs of respiratory distress suggestive of acute viral infection
Vomiting with loose stools

This is not an exhaustive list. Any admissions will be at the discretion of the attending paediatric and neonatal consultants and lead nursing team; dependent on the individual case, unit capacity and staffing.

Appendices:

Appendix 1: Community baby referrals and readmissions SOP

Appendix 2: SBAR documentation of community referrals

References

https://www.clinicalguidelines.scot.nhs.uk/nhsggc-paediatric-clinical-guidelines/nhsggc-guidelines/neonatology/admission-criteria-neonatal-unit-transitional-care/

https://www.londonneonatalnetwork.org.uk/wp-content/uploads/2015/08/Guidelines-for-Readmission-of-Neonates-for-Jaundice-after-Discharge-Home-3.pdf

Supporting Guidelines Available

1. Paediatric Sepsis six ED pathway
2. Bronchiolitis
3. Fever in under 5s
4. Weighing baby pathway
5. Supporting breastfeeding outside of maternity SOP
6. Pathway for escalation of Neonatal care in Paediatric A+E for babies requiring intubation

4. Guideline Governance

a. Scope

This guideline in relevant to all staff caring for babies across neonatal intensive care, transitional care and maternity.

b. Purpose

i. This guidelines aims to facilitate a common approach to the management of babies admitted under neonatal care. At times deviation from the guideline may be necessary, this should be documented and is the responsibility of the attending consultant.

ii. This guideline is subject to regular review to ensure ongoing evidence based practice.

c. Duties and Responsibilities

What is expected from the health care professionals using this guideline to look after infants.

d. Approval and Ratification

This guideline will be approved and ratified by the Neonatal Guidelines Group.

e. Dissemination and Implementation

i. This guideline will be uploaded to the trust intranet 'Neonatal Guidelines' page and thus available for common use.
ii. This guideline will be shared as part of ongoing education within the Neonatal Unit for both medical and nursing staff.
iii. All members of staff are invited to attend and give comments on the guideline as part of the ratification process.

f. Review and Revision Arrangements

a. This policy will be reviewed on a 5 yearly basis.
b. If new information comes to light prior to the review date, an earlier review will be prompted.
c. Amendments to the document shall be clearly marked on the document control sheet and the updated version uploaded to the intranet. Minor amendments will be ratified through the Neonatal Guidelines Group. A minor amendment would consist of no major change in process, and includes but is not limited to, amendments to documents within the appendices.

g. Equality Impact Assessment

Background • Who was involved in the Equality Impact Assessment
Author and the supervising consultants.
Methodology • A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age) • The data sources and any other information used • The consultation that was carried out (who, why and how?)
All groups of staff and patients were taken into consideration and there is no bias towards or against any particular group.
Key Findings • Describe the results of the assessment • Identify if there is adverse or a potentially adverse impacts for any equalities groups
There is no evidence of discrimination.
Conclusion • Provide a summary of the overall conclusions
There is no evidence of discrimination.
Recommendations • State recommended changes to the proposed policy as a result of the impact assessment • Where it has not been possible to amend the policy, provide the detail of any actions that have been identified • Describe the plans for reviewing the assessment
This guideline is appropriate for use.

h. Document Checklist

To be completed (electronically) and attached to any document which guides practice when submitted to the appropriate committee for approval or ratification.

Title of the document: Management of Infants <10 days old presenting to Paediatric ED

Policy (document) Author: Dr Samantha Edwards, Dr Shailini Bahl

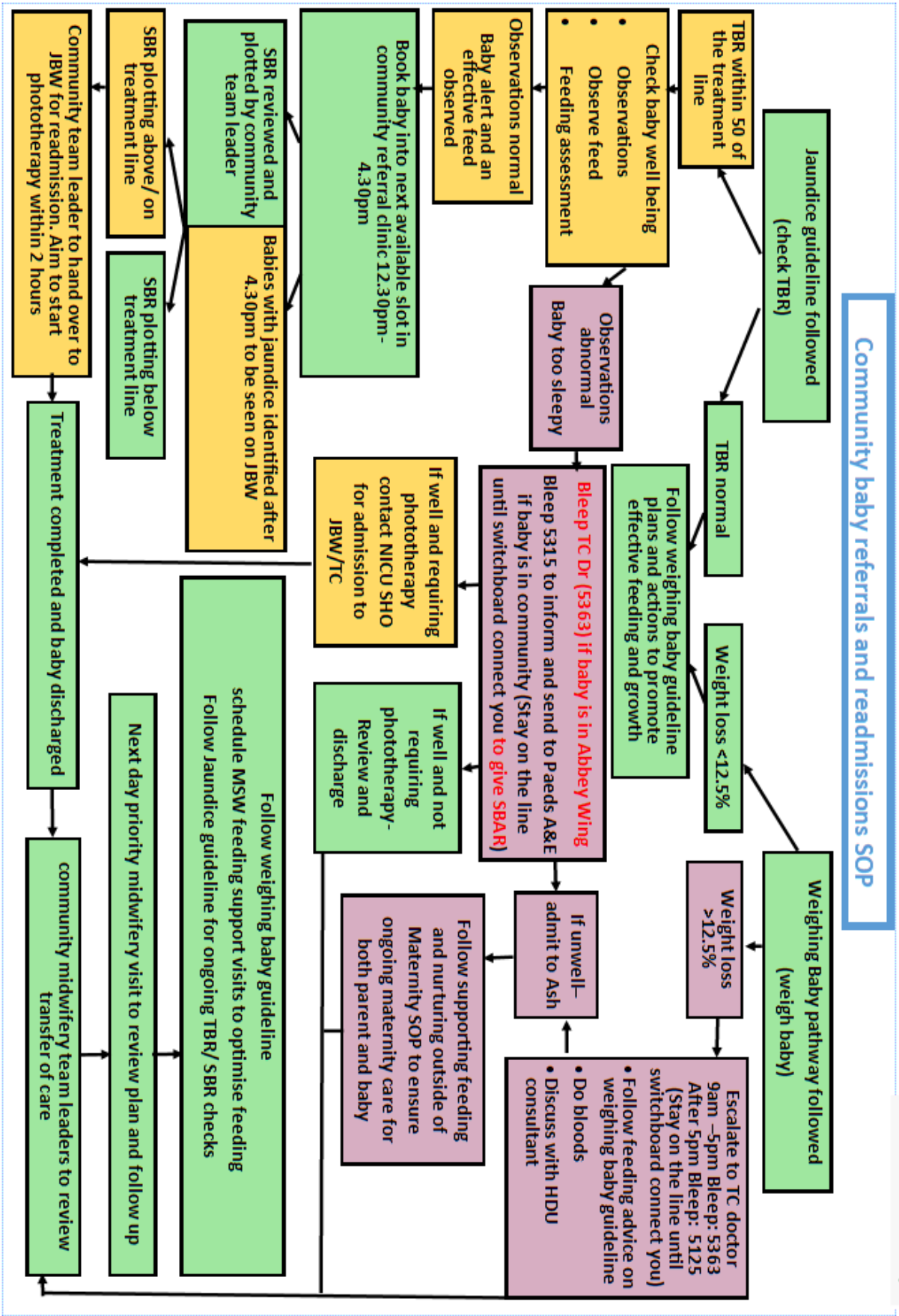
Executive Director: N/A

		Yes/No/ Unsure/NA	Comments
1.	**Title**		
	Is the title clear and unambiguous?	**Y**	
	Is it clear whether the document is a guideline, policy, protocol or standard?	**Y**	
2.	**Scope/Purpose**		
	Is the target population clear and unambiguous?	**Y**	
	Is the purpose of the document clear?	**Y**	
	Are the intended outcomes described?	**Y**	
	Are the statements clear and unambiguous?	**Y**	
3.	**Development Process**		
	Is there evidence of engagement with stakeholders and users?	**Y**	
	Who was engaged in a review of the document (list committees/ individuals)?		**Guidelines Committee**
	Has the policy template been followed (i.e. is the format correct)?	**Y**	
4.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	**N**	
	Are local/organisational supporting documents referenced?	**Y**	
5.	**Approval**		
	Does the document identify which committee/group will approve/ratify it?	**Y**	
	If appropriate, have the joint human resources/staff side committee (or equivalent) approved the document?	**N/A**	
6.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	**Y**	
	Does the plan include the necessary training/support to ensure compliance?	**Y**	

		Yes/No/ Unsure/NA	Comments
7.	**Process for Monitoring Compliance**		
	Are there measurable standards or KPIs to support monitoring compliance of the document?	**N/A**	
8.	**Review Date**		
	Is the review date identified and is this acceptable?	**Y**	September 2028
9.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?	**Y**	
10.	**Equality Impact Assessment (EIA)**		
	Has a suitable EIA been completed?	Y	

Committee Approval (Neonatal Guidelines Committee)			
If the committee is happy to approve this document, please complete the section below, date it and return it to the Policy (document) Owner			
Name of Chair	**Alexandra Jones**	**Date**	**16/9/2025**
Ratification by Management Executive (if appropriate)			
If the Management Executive is happy to ratify this document, please complete the date of ratification below and advise the Policy (document) Owner			
Date: n/a			

Appendices 1



If baby needs to be transferred from JBW to Paediatric A and E or Ash ward, they need to have appropriate escort based (minimum 1 nurse /midwife) and handover done to the Paediatric team

Appendices 2 SBAR community handover

NEONATAL INTENSIVE CARE UNIT

Please place baby sticker here

NHS
Ashford and St. Peter's Hospitals
NHS Foundation Trust

Dear Paediatric Emergency Department,

Please find below the documentation for the neonate seen by the community midwifery team who has been referred to the Paediatric team for review.

S SITUATION	Why are you referring the neonate:
B BACKGROUND	Gestation at birth: Spontaneous labour/Induction (Please circle) Mode of birth: Birth weight: Any Antenatal/Postnatal concerns:
A ASSESSMENT	Colour: Tone: Temperature: Respiration Rate: Heart Rate: Feeding: Passing urine Yes/No Passing stools Yes/No Colour Overall assessment:
R RECOMMENDATION	Midwife Name and Signature: Date & Time: