

Team Nursing Model of Care, Skills List and Education/Training: **NICU**

Team Based Nursing Model of Care: In general, an experienced nurse will oversee the unit or the care for the individual patient while coordinating care with the team and delegating responsibilities to appropriate members. Responsibilities will vary depending on skills and strengths of each team member.

With nurses that fall under category B, **Team Based Nursing Model** may look like the cross-trained nurse managing the patient assignment with only a supportive role by the experienced NICU nurse for unfamiliar skills or treatments. Category C or D, may require the NICU nurse to maintain management of the patient, but delegate skills or aspects of care to the alternate available staff based on their level of experience and knowledge.

A	B	C	D
<p>Full Scope NICU Nurse (RN Currently working in NICU)</p> <p>Able to work independently in NICU</p>	<p>Cross-trained to NICU (Nurses from Paediatrics holding NICU composite positions, previous NICU nurses working in other departments)</p> <p>Independently work with less complex patient load, stable infants OR work in partnered model in collaboration with experienced NICU nurse for patients outside of nurse's experience</p>	<p>Nurses trained in any Women and Children's Department (Any RN not currently in NICU composite role)</p> <p>Independently work with the least complex infants based on their current experience OR able to support team-based model</p>	<p>Alternate Care Staff OR Nurses with no Women and Children's experience. (i.e., Nurses from adult care locations, nursing students, UCAs, allied health, etc. within their appropriate scope)</p> <p>Able to support in a team based nursing model of care</p>
<ul style="list-style-type: none"> • NICU patients requiring resuscitation/stabilization in transition to extrauterine life • Neonatal respiratory support: <ul style="list-style-type: none"> • Mechanical ventilation/CPAP/SiPAP • Endotracheal suctioning • High Flow/Low Flow and Humidification • Phototherapy • Hypoglycemia of the Neonate • Neonatal Abstinence Syndrome (NAS) • Invasive BP (arterial line and transducer) • Neonatal phlebotomy • Umbilical lines • Care of PICC or percutaneously central venous catheter • Chest tube care • Medication administration for Neonates • Care of the post-operative pediatric 	<ul style="list-style-type: none"> • "Feed and grow" infants including NG feeding, difficult bottle feeding • Infants with NAS • Stable newborns or infants with IV/Antibiotic therapy • IV initiation and maintenance • Stable infants with respiratory infections or requiring O₂ therapy via nasal prongs • Urinary catheter insertion and management • Infants following surgical intervention for pyloric stenosis or simple orthopedic surgery • Receiving admissions and transfers of patient within their scope • Potential to have other patients identified as independent patient load based on prior experience and provided the unit workload will allow for sufficient support by senior nurses 	<ul style="list-style-type: none"> • Infants with NAS • Newborns or infants with general feeding support including NG feeding or bottle feeding • Vital signs of infants not on continuous cardio-respiratory monitoring • Team based care of: <ul style="list-style-type: none"> • IV care and maintenance • Administration of maintenance IV infusions • Medication administration within scope of practice, with double checking of all medications • Urinary catheter insertion and management • Basic and complex wound care 	<ul style="list-style-type: none"> • Team based care of: <ul style="list-style-type: none"> • "Infants with general feeding support including NG feeding or bottle feeding • Infants with NAS • IV care and maintenance • Administration of maintenance IV infusions • Medication administration within scope of practice, with double checking of all medications • Urinary catheter insertion and management • Basic and complex wound care • Vital signs

patient less than 4 months old			
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Education and Training	B	C	D
	<ul style="list-style-type: none"> • Schedule orientation to unit if not already completed. Complete NICU skills checklist • Composite nurses are responsible for maintaining their competency across their assigned units • Consider any necessary unit review with CNS or NICU trained nurse with focus on new PPE guidelines, documentation, changes to equipment if no shifts > 6 months • Clinical preceptor shift x 1 (11.25 hr.) if no shifts >12 months OR 2 day re-orientation to unit if no shifts > than 18 months 	<ul style="list-style-type: none"> • All are currently working in clinical areas within the Women and Children’s Program at the Hospital • Skills vary greatly • Reference document for emergency codes, role, and responsibility 	<ul style="list-style-type: none"> • Reference document for emergency codes, role, and responsibility
Learning/Opportunity	B	C	D
	<ul style="list-style-type: none"> • Completion of skill competency checklist • Completion of NICU specific care e-learning information and learning packages on Dual Code 	<ul style="list-style-type: none"> • Real-time unit familiarization 	<ul style="list-style-type: none"> • Real-time unit familiarization