

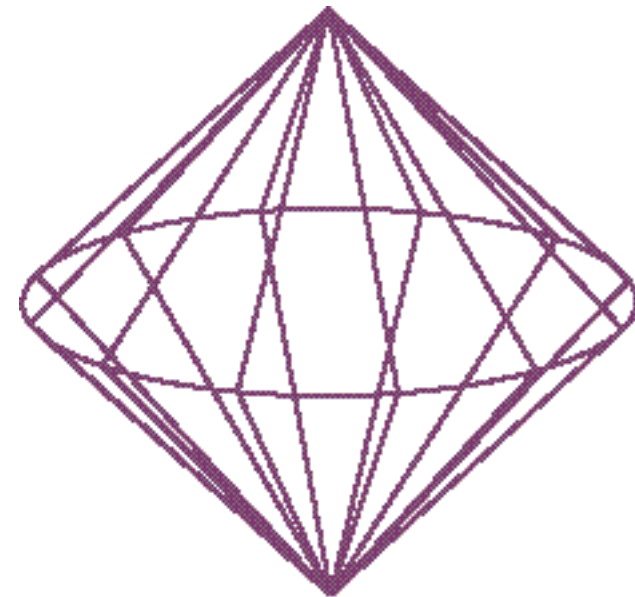
CONTINUING PROFESSIONAL DEVELOPMENT PORTFOLIO

QA
CPD

A Route to Enhanced Competence in
Neonatal Nursing

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Design and Production//www.interactive-design.co.uk

A Route to Enhanced Competence in Neonatal Nursing

The background of the slide is a complex technical drawing or blueprint. It features a large circular structure with concentric rings and radial lines, resembling a cross-section of a tunnel or a large pipe. The drawing is overlaid with a grid and various technical annotations, including labels like 'SLT', 'MKS', and 'MKS'. The overall color scheme is a muted purple and grey.

2225,00	395,00	2,16	27
2225,00	440,00	2,16	27
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2200,00	645,00	2,19	27
2180,00	725,00	2,21	27
2180,00	810,00	2,21	27
2150,00	855,00	2,23	27
2140,00	955,00	2,23	27
2140,00	1035,00	2,25	27
2140,00	1115,00	2,25	27
2120,00	1180,00	2,27	27
2120,00	1255,00	2,27	27
2100,00	1315,00	2,29	27
2100,00	1385,00	2,29	27
2075,00	1475,00	4,53	150
2075,00	1625,00	4,47	150
2075,00	1795,00	4,41	150
2065,00	2135,00	6,48	150
2070,00	2265,00	6,36	150
2070,00	2365,00	6,28	150

Introduction

For some time there has been agreement amongst neonatal educationalists for an all-Scotland approach to preparation programmes.

In the Autumn of 2000, during the consultation phase of the Maternity Services Framework for Scotland, it became apparent that a consistent approach to the education of neonatal practitioners in Scotland would be useful and that what was required was a stand alone educational programme set beyond the level of initial registration, enabling the practitioner to work towards a Specialist Practitioner Qualification in Neonatal Nursing. The Framework (SEHD, 2001) recommended that:

“Educational establishments should consider the development of a course in the theory of neonatal nursing so that nurses and midwives have appropriate knowledge to begin practical neonatal nursing to improve the quality of care” (SEHD 2001, page 77)

“The National Board for Nursing, Midwifery and Health Visiting for Scotland, the Royal College of Midwives UK Board for Scotland, the Royal College of Nursing and the four universities offering specialist practitioner programmes, were charged with the responsibility of taking that work forward”. (SEHD 2001, Page 59)

In March 2001, Miss Anne Jarvie, Chief Nursing Officer for Scotland, in launching “Caring for Scotland”, the strategy for nursing and midwifery, set out a range of plans to enhance the roles and opportunities for nurses and midwives for the delivery of Health Services in Scotland. Among those was the announcement of a new investment to ensure that all neonatal nurses will be appropriately prepared and competent to meet the needs of sick new-borns effectively.

A Steering Group was established in May 2001, made up of Directors of Nursing and senior neonatal managerial and clinical staff from a range of NHS Trusts, together with educationalists from the four universities currently involved, as well as representatives from the Royal College of Nursing, the Royal College of Midwives, the Scottish Neonatal Nurses Group and the Nursing & Midwifery Practice Development Unit.

The group recognised the need for the provision of descriptors of core competencies for the delivery of high quality neonatal nursing. A focussed working group, facilitated by an independent consultant, took this work forward. This publication is presented in

the form of a portfolio route to enhanced competence in Neonatal Nursing, modelled on the Critical Care Nursing publication (NBS, 2000), and embraces the twelve core competencies identified by the working group. These core competencies are practice oriented and are intended to inform the development of educational programmes which will prepare practitioners to meet the needs of sick neonates. The essential clinical skills arising from these competencies are detailed in the Appendix. These will be outcome measures of the theory underpinning the core competencies.

The features of the portfolio are that it:

- ◆ Is designed to meet the needs of neonatal nurses/midwives working in neonatal units following a period of consolidation of initial training and be undertaken in association with the NBS Portfolio Route to Enhanced Competence.
- ◆ Will have application to the preparation of in-house clinical courses as well as having a place in informing curricula developed by Higher Education providers in partnership with NHS Trust/s.
- ◆ Can be achieved as a work based programme through rotational placements in identified, educationally audited practice placements.
- ◆ Is designed to articulate with programmes of preparation for the NMC recordable qualification in specialist practice.
- ◆ Will provide for the individual a bank of evidence of achievement in the core competencies which may have career development potential and could be presented for Accreditation of Prior Learning (AP(E)L) of Scottish Higher Education Level 3 points (Scottish Credit and Qualifications Framework level 9) in relation to the Specialist Qualification in Neonatal Nursing.
- ◆ Will be delivered to meet the Standards of the Framework for Quality Assuring Continuing Professional Development in NHS Trusts in Scotland ‘Strength Through Partnership’, NBS, April 2000.
- ◆ Will be facilitated by a designated experienced practitioner.

SEHD (2001), *A Framework for Maternity Services in Scotland*, Scottish Executive, February 2001.

How to get started

This workbook is designed to be completed in associated with the **NBS Portfolio Route to Enhanced Competence (2000)**. It continues to utilise the framework of reflecting on past experience and learning in order to record continuous professional development to enhance clinical competence in Neonatal Nursing. It will help the individual nurse to identify sources of learning and evidence of good practice which relates to providing high quality Neonatal Nursing. It is essential to access the other workbooks within Unit 2 of the NBS portfolio; however, you do not necessarily need to complete these sections before commencing this workbook.

QACPD Portfolio CD

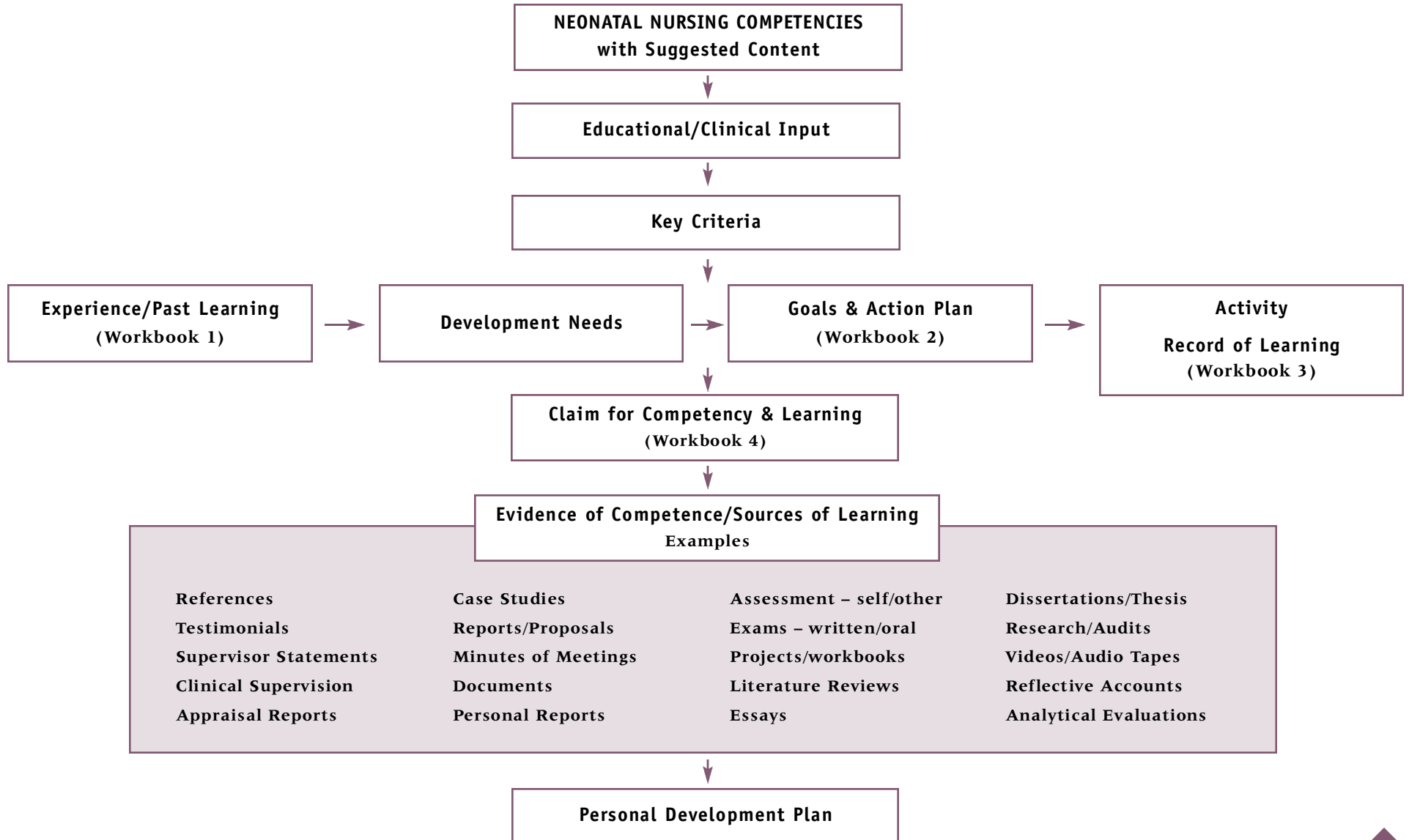
A copy of the NBS Continuing Professional Development Portfolio, 'A Route to Enhanced Competence' and 'A Route to Enhanced Competence in Neonatal Nursing' documents are supplied on the enclosed CD in Acrobat PDF format, they may also be printed out for reference.

Steps to Building a Portfolio

You may already have a personal professional profile which you may wish to incorporate into this NES portfolio, however, you should continue to use the following steps:

- Step 1 Review your experience and practice to date identifying any Neonatal Nursing knowledge and skills that you have;*
- Step 2 Appraise your level of competence and identify strengths and any areas that need to be developed;*
- Step 3 Agree with your senior manager, in-house CPD staff and/or Higher Educational Institution a training programme which meets your learning needs;*
- Step 4 Set goals and devise an action plan to achieve the stated Neonatal Nursing competencies in partnership with your named facilitator;*
- Step 5 Provide evidence of competence through your portfolio.*

Portfolio Route To Achieving Competence in Neonatal Nursing



The competencies are set out against a framework of a patient pathway, however need not necessarily be met in this sequence

EPISODE OF CARE PATHWAY	COMPETENCY
Pre Special and/or Intensive Neonatal Care Period	Examines the decision making process involved in the pre admission phase of special and/or intensive neonatal care Prepares for a neonate’s admission to a special and/or intensive care neonatal unit, taking into account the pertinent, perinatal events of the mother and baby
During the Special and/or Intensive Neonatal Care Period	Demonstrates a systematic approach to the nursing management of the neonate Acts in partnership with parents in caring for the neonate Assesses, interprets, reports and acts on information obtained from observing and monitoring the neonate’s physical, behavioural and developmental status Participates in the initial assessment and investigation of the neonate Maintains the safety and comfort of the neonate Demonstrates competence in the nursing role associated with non-invasive and invasive monitoring of neonates Applies nursing knowledge and skills to maximise the impact of prescribed therapeutic interventions/activities Critically appraises the features displayed by the neonate with sudden or emerging complications in order to assist in the formulation of planning care Demonstrates competence in caring for a dying neonate and supporting parents and others
In Preparation for and on Completion of Special and/or Intensive Neonatal Care Episode	Contributes to individualised discharge planning of the neonate

Competencies and Suggested Content



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2065,00	2135,00	6,48	150
2070,00	2265,00	6,36	150
2075,00	2365,00	6,28	150

Examines the decision making process involved in the pre admission phase of special and/or intensive neonatal care

Suggested content

- ◆ Definition of special and intensive neonatal care
- ◆ Reasons for admission to neonatal unit including congenital abnormalities, birth injuries, complications of pregnancy
- ◆ Local policies and procedures on caring for a baby in a neonatal nursing unit
- ◆ National guideline producing bodies e.g. NICE, SIGN
- ◆ Ethical principles applied to neonatal care
- ◆ Legal issues including informed consent
- ◆ Accountability, professional regulations, code of conduct, in relation to neonatal nursing
- ◆ Communication skills in relation to neonatal nursing, involving neonate, parents, family and multidisciplinary team (internal and external), including
 - Verbal
 - Non-verbal (facial expression, eye contact, active listening, posture, attendance, purposeful silence, emotions)
 - Combination of verbal and non-verbal (extra-verbal, inflection, inferences, negotiation, de-escalation of conflict/aggression)
 - Person-to-person
 - Person-to-group
 - Written (records and record keeping)
 - Computer skills (data transfer and retrieval)
- ◆ Risk management in neonatal care
 - Optimum skill mix in multidisciplinary team
 - Issues related to health and safety (equipment, staff, parents, babies, visitors)
- ◆ Aspects of research and audit
- ◆ Aspects of reflection, clinical supervision, teaching
- ◆ Principles of managing change

Prepares for a neonate's admission to a special and/or intensive care neonatal unit, taking into account the pertinent, perinatal events of the mother and baby

Suggested content

- ◆ Principles of resuscitation, stabilisation and transportation of the neonate
- ◆ Local policies and procedures in relation to transporting an ill neonate (from labour suite, from post-natal ward, from home, to and from another hospital/department)
- ◆ Evidence supporting the impact of efficient/effective preparation on the neonate's outcomes
- ◆ Organisation of the environment to meet the needs of a neonate
- ◆ Equipment to support care – e.g. monitors, incubators, infusion devices, ventilators
 - Assessing appropriate equipment
 - Efficiency in setting up and safe operation of equipment
 - Compliance with manufacturer's/NHS Trust/departmental instructions
 - Awareness of the limitations of equipment
- ◆ Communication with parents and multidisciplinary team
- ◆ Documentation

Demonstrates a systematic approach to the nursing management of the neonate

Suggested content

- ◆ Current theories and approaches to the medical and nursing management of the neonate
- ◆ Current research/evidence regarding the nursing management of the neonate
- ◆ National reports in delivering neonatal care
- ◆ The systematic approach to care
- ◆ Appropriate frameworks to plan care
- ◆ Care planning, anticipating and prioritizing needs of the neonate
- ◆ Evaluation of a neonate's response to care
- ◆ Documentation of care
- ◆ Risk management
- ◆ Skill mix and levels of accountability in neonatal care unit

Acts in partnership with parents in caring for the neonate

Suggested Content

- ◆ Children's rights
- ◆ Legal and ethical issues
- ◆ Child protection
- ◆ Parenting behaviour
- ◆ Parental feelings and responses to their baby in a neonatal unit
- ◆ Assessment of parents' needs
- ◆ Methods to involve parents into negotiated and partnership care
- ◆ Methods of communicating with parents
- ◆ Cultural and spiritual differences and needs

Assesses, interprets, reports and acts on information obtained from observing and monitoring the neonate's physical and behavioural and developmental status

Suggested content

- ◆ Associated normal/altered physiology
- ◆ Impact of therapeutic interventions on neonate – positive and negative
- ◆ Written and verbal skills when communicating a neonate's invasive/non-invasive monitoring profile
- ◆ Evaluation of comprehensive monitoring profiles and trends
- ◆ Limitations of personal competence and knowledge with reference to scope of practice
- ◆ Developmentally supportive care by the multidisciplinary team

Participates in the initial assessment and investigation of the neonate

Suggested content

- ◆ Revision of physiological mechanisms to ensure normal functioning of vital organs/systems, including embryological and fetal development, and transition to extra-uterine life
- ◆ Models/tools that enable systematic and comprehensive assessment of the needs of the baby and family
- ◆ Normal neonatal physiological and behavioural parameters/values and variations from the norm
- ◆ Impact of altered physiology on vital organs/systems
- ◆ External factors which may impact on initial assessment e.g. co-existing morbidity, maternal and genetic factors, toxicology findings
- ◆ Principles of assessment of
 - Heart rate and rhythm
 - Respiration including pattern, effort, rate, noise, breath sounds and synchronicity with ventilator
 - Tone, posture, activity
 - Development and response to stimulation e.g. oral feeding ability, fixing and following, smiling
 - Signs of deterioration and appropriate actions
- ◆ Interpretation of laboratory results e.g. blood, CSF, secretions, surface swabs, urine, stool
- ◆ Investigative procedures
- ◆ Psycho/social factors to be considered when assessing a neonate
- ◆ Evidence based approaches to communication in addressing the information needs of the parents/family and significant others
- ◆ Specific nursing interventions to support the neonate undergoing assessment and investigative procedures
- ◆ Identify potential risks to the neonate
 - During transport
 - During therapeutic interventions e.g. ventilatory support, thermoregulation, feeding method, administration of oxygen
 - From the environment e.g. noise, light
 - From resuscitative techniques
- ◆ Record/report findings

Maintains the safety and comfort of the neonate

Suggested content

- ◆ Social/emotional care
 - Partnership with parents in the care of the baby
 - Assessing, preventing and reducing the impact of sensory deprivation/overload, stressors, painful situations, environmental factors
 - Advocacy
- ◆ Nutrition/hydration
 - Development of the GI tract
 - Pathophysiology of the GI system
 - Assessment of nutritional needs and functional ability
 - Growth charts and normal nutritional requirements
 - Routes and rationale for administration of enteral and parenteral nutrition
 - Rationale for feeding methods and types of milks
 - Calculation of requirements
 - Techniques for breast milk expression, sustaining lactation, storage of milk
 - Feeding behaviour
 - IV fluid administration
- ◆ Skin Care
 - The integumentary system
 - Pathophysiology related to breaches in the skin
 - Skin care lotions, securing tapes/adhesives, methods for removal of adhesives
 - Mouth care and other mucous membrane care
 - Pressure risk analysis
 - Techniques for positioning, repositioning and support
 - Special equipment
 - Wound management
- ◆ Respiratory care
 - Factors influencing respiration
 - Techniques for positioning, repositioning and support
- ◆ Temperature management
 - Factors influencing temperature control (anatomical, physiological, pathological, environmental)
 - Techniques for temperature management
 - Heat balance, oxygen consumption, energy expenditure
- ◆ Pain Management
 - Theories of pain in the neonate
 - Physiological mechanisms of pain
 - Assessment of pain in an ill neonate
 - Impact of pain on behaviour
 - Pharmacokinetics of analgesic drugs
 - Administration of analgesic drugs
 - Physical/behavioural effects of analgesic drugs
 - Use of non-pharmacological methods of relieving pain
- ◆ Prevention of infection
 - Policies
 - Sources and routes of transmission of infection in a neonatal environment
 - Universal precautions and other preventative measures
 - Decontamination of equipment
 - Hospital acquired infections (bacterial, viral, fungal)
 - Antibiotic choices
 - Role of infection control nurse and other members of the multidisciplinary team
- ◆ Assessment of environmental hazards and risk management
 - Chemical/electrical/mechanical hazards
 - Systems for recording and reporting incidents
- ◆ Miscellaneous
 - Retinopathy of prematurity

Demonstrates competence in the nursing role associated with non-invasive and invasive monitoring of neonates

Suggested content

- ◆ Physiological bases associated with non-invasive and invasive monitoring
- ◆ Definitions relating to invasive and non-invasive monitoring
- ◆ Knowledge of neonatal monitoring equipment
 - Setting up and safely using invasive and non invasive monitoring equipment
 - Compliance with manufacturers'/NHS Trust/departmental instructions
- ◆ Issues relating to health and safety for staff, neonate and others when using equipment
- ◆ Assessing the need for equipment for continuing care or transport
- ◆ Troubleshooting monitoring problems
- ◆ Limitations of personal competence and knowledge with reference to scope of professional practice
- ◆ Limitations of equipment, especially during transport

Non-invasive monitoring

- ◆ Types of respiratory monitoring
 - Visual
 - Auscultation
 - Pulse oximetry
 - TcPaO₂
 - TcPaCO₂
- ◆ Types of cardiac monitoring
 - Heart rate
 - Blood pressure

- ◆ Types of neurological monitoring
 - Sensory and motor assessment
 - Withdrawal index
- ◆ Temperature monitoring
 - Methods
- ◆ Normal values and variations in non-invasive monitoring
- ◆ Managing the care of a neonate requiring non-invasive monitoring
- ◆ non-invasive and invasive monitoring.

Invasive Monitoring

- Invasive monitoring equipment – nurse's role
- Venous peripheral and central
- Arterial – peripheral and central
- Spinal/intracranial
- ◆ Measuring and recording invasive monitoring results
 - Arterial pressure
 - Central venous pressure
 - Blood pressure
 - Blood gases analysis
 - Haemodynamic profiles
 - Intracranial pressure
- ◆ Normal values and variations in invasive monitoring
- ◆ Managing the care of a neonate requiring invasive monitoring

Suggested content

◆ Airway management

- Anatomy and physiology of the respiratory system, including changes at birth
- Pathophysiology of respiratory system
- Causes of airway occlusion
- Airway maintenance
- Chest physiotherapy
- Suction
- Special airway management situations
- Interventions to assist spontaneous breathing
- Indications, insertion procedures, care and removal of airway assistance apparatus (i.e. Guedel and nasal airways, Naso pharyngeal tube, Nasal prongs, CPAP mask, Endotracheal tube, Tracheostomy)
- Oxygen therapy
- Drugs used in association with intubation
- Equipment used in association with insertion of airway assistance apparatus
- Complications in association with insertion and use of airway assisted apparatus
- Emergency/elective intubation and care of the baby before, during and after intubation
- Post extubation management
- Drugs used to support respiratory stability
- Care of neonate with chest drains
- Administration of respiratory therapies
- Documentation

◆ Ventilation

- Care and safety aspects
- Criteria/indications
- Assessment including auscultation, breath/chest sounds, blood gases
- Suction techniques
- Modes of mechanical ventilation including conventional ventilation, PTV, SIMV, HFOV, ECMO

- Care during ventilation
- Complications of mechanical ventilation
- Sedation, muscle relaxants and analgesia
- Documentation

◆ Fluid and electrolyte management

- Anatomy and physiology of renal system
- Acid base balance, gluconeogenesis/glycogenolysis and bilirubin metabolism and excretion.
- Assessment of fluid status
- Humidity
- Fluid shifts within the body
- Uses of different types of IV fluid and electrolyte maintenance
- Drugs/fluids used in a neonate with fluid and/or electrolyte imbalance
- Uses of infusion devices and bacterial filters
- The processes involved and the signs of extravasation and inflammation
- Techniques to treat extravasation injury including drugs, elevation, passive movement, “flush out”, hydrocolloid dressings
- Documentation of fluid intake and output

◆ Neurological management

- Anatomy and physiology of the neurological system
- Neurological assessment including USS, X-Ray, CT scan, MRI scan
- Pathophysiology of the neurological system
- Prevention, assessment and treatment of neurological problems e.g. seizures, intraventricular haemorrhage, periventricular haemorrhage, periventricular leucomalacia, cerebral palsy, Neonatal Abstinence Syndrome
- Sleep wake states, stress and stability states
- Theories on neuro -developmental assessments, care and goals
- Theories of pain and the notion of “wind up”
- Assessment of pain in the neonate
- Non-pharmacological methods of relieving pain
- Pharmacokinetics of analgesic drugs
- Physical and behavioural effects of analgesic drugs

Critically appraises the features displayed by the neonate with sudden or emerging complications in order to assist in the formulation of planning care

Suggested content

Generic

- ◆ Related pathophysiology to type of complication
- ◆ Prioritise the neonate's immediate and ongoing needs
- ◆ Awareness of individual roles during an emergency situation
- ◆ Care of neonate and parents during an emergency situation
- ◆ Safety issues
- ◆ Signs of complications
- ◆ Use of drug therapies to treat underlying causes of complications
- ◆ Communication skills in sudden or emerging complications

Specific – Types of Complications

- ◆ Bradycardia/tachycardia/hypoxia/asphyxia/apnoea
- ◆ Cardio-pulmonary collapse
- ◆ Pneumothorax/air leak
- ◆ Shock
 - Types of shock
 - Associated signs of shock
 - Management
 - Volume replacement therapy

- ◆ Surgical complications and disorders including pre, intra and post-operative care
- ◆ Cardio-vascular system and blood adaptations to extra-uterine life
- ◆ Assessment and management of cardio-vascular and blood problems
 - Congenital abnormalities
 - Patent ductus arteriosus
 - Persistent pulmonary hypertension of the newborn
 - Jaundice
 - Haematological disorders including haemorrhages, anaemia, polycythaemia, DIC, haemolytic disease
- ◆ Blood products and administration

Specific – Therapeutic interventions

- ◆ Resuscitation
 - Basic life support interventions plus elements of Neonatal Advanced Life Support – equipment, drugs, algorithms
 - Co-ordination of resuscitation – priorities, roles, documentation
 - Uses and maintenance of emergency equipment
 - Resuscitation Council(UK) guidelines for respiratory and cardiac arrest
 - Ethical and legal issues
- ◆ Pharmacological interventions in specific emergencies

Demonstrates competence in caring for a dying neonate and supporting parents and others

Suggested content

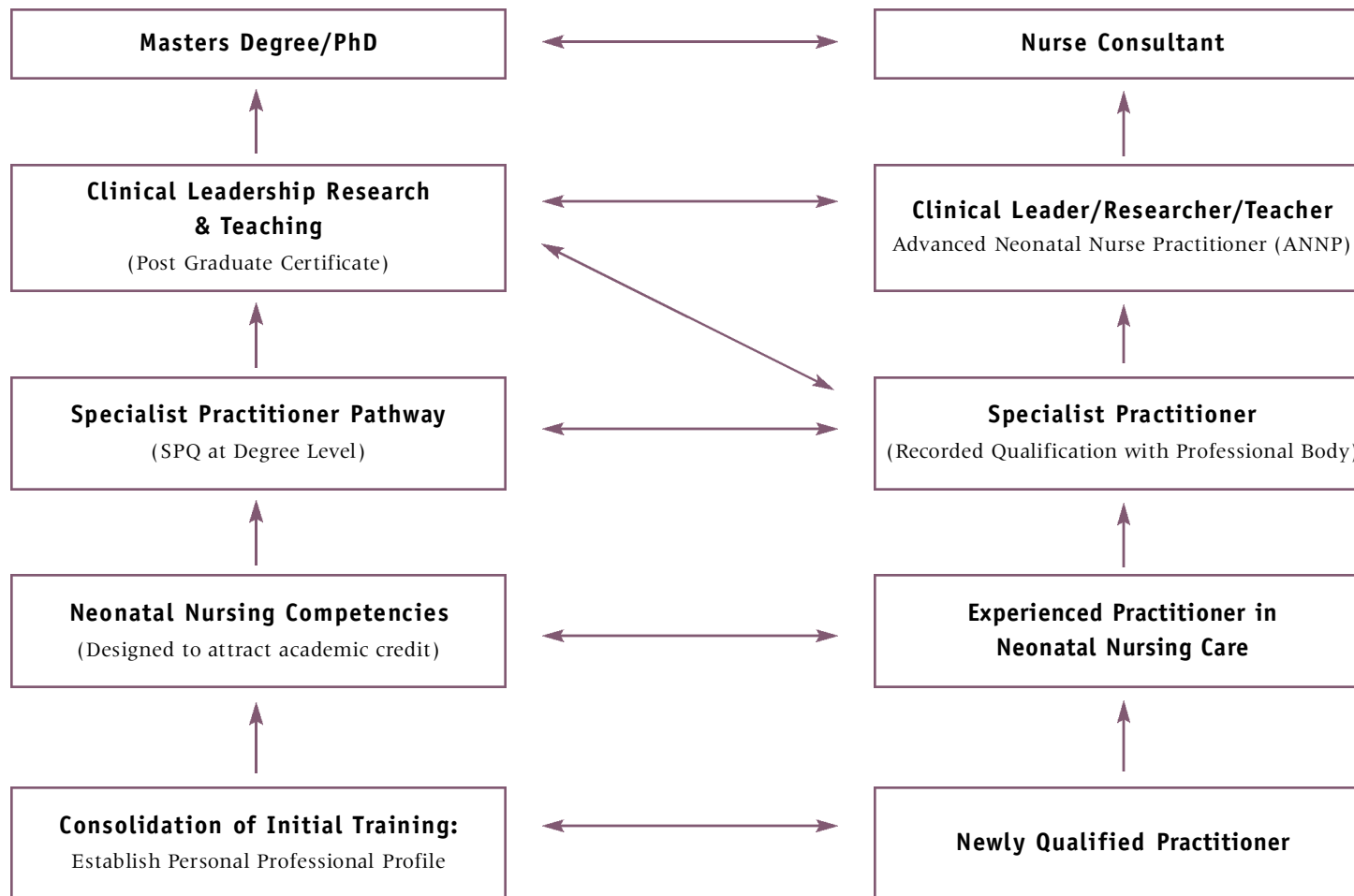
- ◆ Ethics/legal issues
- ◆ Parent/infant care
- ◆ Last Offices
- ◆ Post mortem and consent
- ◆ Bereavement, loss and grieving
- ◆ Staff support

Contributes to individualised discharge planning of the neonate

Suggested Content

- ◆ Discharge guidelines – national and local
- ◆ Assessment and planning for discharge including screening tests, for hearing and the ability to maintain physiologic stability in car seat
- ◆ Transfer – internal and external
- ◆ Communication channels surrounding discharge
- ◆ Partnership with parents
- ◆ Parent education
- ◆ Decision making for discharge/transfer
- ◆ Interagency working
- ◆ Discharge follow up/community liaison
- ◆ Child development
- ◆ Morbidity

Potential Clinical Progression Framework for Midwives/Neonatal Nurses



Recommended Bibliography

The following is a list of recommended key texts and journal publications. These informed the document content. Programme developers may find them useful and are encouraged to use supplementary material.

Boxwell, G. (Ed.) (2000) *Neonatal Intensive Care Nursing*. Routledge, London

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Redshaw, M., Harris, A., and Ingram, J.C. (1996) *Delivering neonatal care. The neonatal unit as a working environment: a survey of neonatal unit nursing*. HMSO, London

Scottish Neonatal Consultants' Collaborative Study Group and the International Neonatal Network. (1995) *CRIB (Clinical Risk Index for Babies), mortality and impairment after neonatal intensive care*. Lancet, 345: 1020-1022

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Williams, S., Whelan, A., Weindling, A.M. and Cooke, R.W.I. (1993) *Nursing staff requirements for neonatal intensive care*. Archives of Disease in Childhood, 68: 534-538

Williamson, S. (1993) *Job satisfaction and dissatisfaction amongst neonatal nurses*. Midwifery, 9(2): 85-95

Scoping Exercise

The following neonatal units participated in the scoping exercise, which informed the content of the document and the subsequent allocation of funding.

1 Maternity Unit

Community Hospital
Links Terrace
Peterhead
AB42 2XB

1 MacArthur Special Care Baby Unit

Raigmore Hospital
Inverness
IV2 3UJ

2 The Neonatal Unit

Aberdeen Maternity Hospital
Aberdeen
AB25 2ZL

2 Special Care Baby Unit

Dr Gray's Hospital
Elgin
Moray
IV30

3 Neonatal Intensive Care unit

Ninewells Hospital
Dundee
DD1 9SY

3 Special Care Baby Unit

Perth Royal Infirmary
Jeanfield Rd
Perth
PH1 1NX

4 Special Care Baby Unit

Falkirk & District Royal Infirmary
Falkirk
FK1 5QE

4 Neonatal Intensive Care Unit

Stirling Royal Infirmary
Stirling
FK8 2AU

5 Special Care Baby Unit

Forth Park Hospital
30 Bennoch Road
Kirkcaldy
Fife
KY2 5RA

6 Special Care Baby Unit

The Princess Royal Maternity Hospital
16 Alexandra Parade
Glasgow
G31 2ER

6 Special Care Baby Unit

Queen Mother's Hospital
Yorkhill
Glasgow
G3 8SH

6 Neonatal Surgical Unit

Royal Hospital for Sick Children
Yorkhill
Glasgow
G3 8SJ

6 Special Care Baby Unit

Southern General Hospital
Glasgow
G51 4TF

7 Surgical Neonatal Unit

Royal Hospital for Sick Children
Edinburgh
EH8 1LF

7 Neonatal Intensive Care Unit

The Simpson Centre for Reproductive Health
Royal Infirmary of Edinburgh
Little France
Edinburgh
EH16 5SU

7 Special Care Baby Unit

St. John's Hospital
Livingston
EH54 6PP

8 Special Care Baby Unit

Borders General Hospital
Melrose
Roxburghshire
TD6 9BS

9 Special Care Baby Unit

Wishaw General Hospital
50 Netherton Road
Wishaw
ML2 0DP

10 Special Care Baby Unit

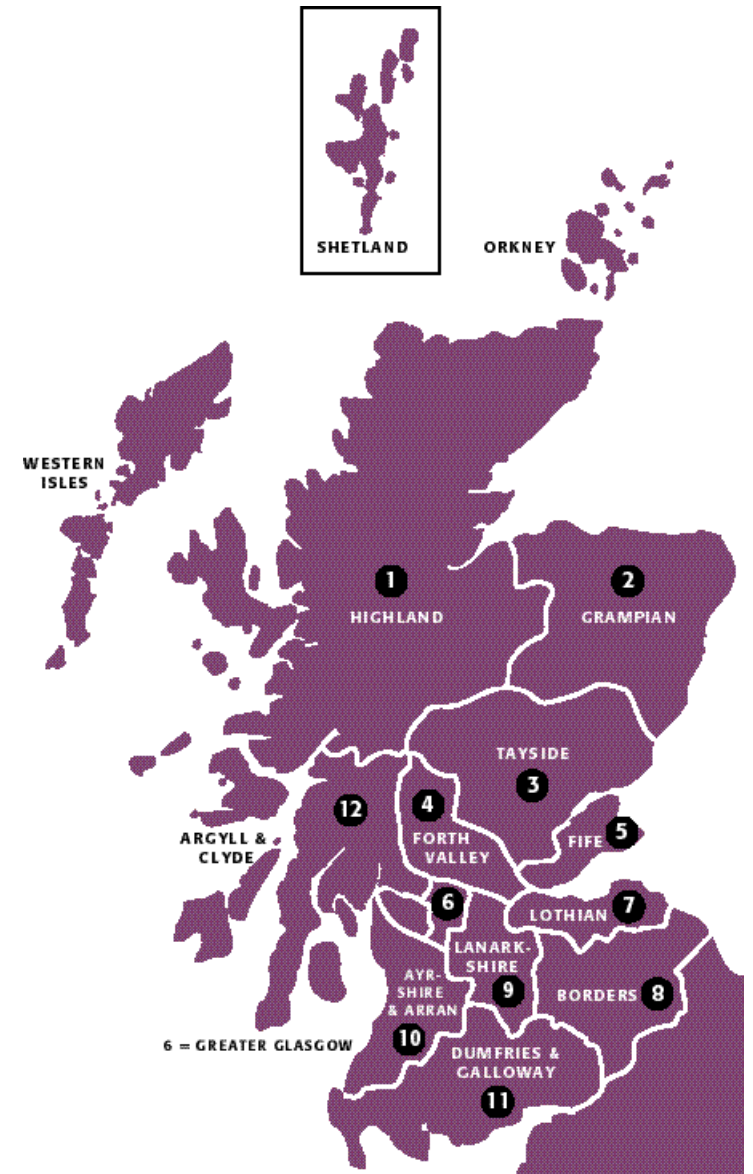
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Irvine
KA12 8SS

11 Special Care Baby Unit

Cresswell Wing
Dumfries & Galloway Royal Infirmary
Bankend Road
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12 Special Care Baby Unit

Royal Alexandra Hospital
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Appendix

Introduction

The essential skills within the following categories:

- ◆ Communication
- ◆ Assessment
- ◆ Fluid/electrolyte and nutrition/hydration management
- ◆ Neurological and pain management
- ◆ Respiratory
- ◆ Skin management
- ◆ Temperature Management
- ◆ Investigations
- ◆ Equipment

may apply to one or more of the core competencies. In applying these skills, the neonatal nurse/midwife must have knowledge and ability to rationalise the strategy chosen.

Communication

Essential Skills

Is able to:

- ◆ Engage in effective communication with parents and/or multi-disciplinary team members by active listening, acknowledging, responding, explaining, reiterating, questioning, negotiating, analysing, and facilitating
- ◆ Consider the roles of various agencies – who to contact, referrals, OPD appointments
- ◆ Discuss methods of, barriers to and boundaries of effective communication and adapt accordingly to facilitate exchange of information e.g. foreign language, telephone conversation, deaf/blind, also cultural/religious imperatives
- ◆ Value the contribution of others
- ◆ Conduct one-self in a professional manner in respect to confidentiality, empathy, information giving, and liaising with other staff (internal and external)
- ◆ Display a heightened self-awareness (verbal and non-verbal) and use a non-judgmental approach (i.e. unconditional positive regard)
- ◆ Report accurate and concise assessment findings
- ◆ Minimise parental stress and/or avoid information overload by selecting and staging 'time sensitive' information
- ◆ Acknowledge parental feelings and respond appropriately when parents raise sensitive issues
- ◆ Effectively use various strategies to manage stressful situations, and/or deal with challenging behaviour and conflict e.g. observation, de-escalation
- ◆ Initiate and maintain accurate evaluation sheet/nursing care plans
- ◆ Document the outcomes of nursing and other interventions
- ◆ Maintain legible, grammatically correct, accurate, concise, contemporaneous records that comply with professional and local standards (name, signature, designation, date – patient ID data on each page)
- ◆ Discriminate information appropriately and record accurately
- ◆ Demonstrate competence in data input, transfer and retrieval

Assessment

Essential Skills

Is able to:

- ◆ Formulate, implement and evaluate a plan of care which meets the needs of infant and family
- ◆ Anticipate potential complications and take steps to remedy effects

Is able to:

- ◆ Demonstrate in-depth knowledge of the various techniques for monitoring physiological parameters – TCM/sat O₂, ECG, intra-arterial, intrathecal/intraventricular pressure monitoring, cuff BP, central and peripheral temperature (mercury, tympanic and digital thermometers)
- ◆ Apply electrodes/probes, plus set up and maintain equipment – TCM/sat O₂, ECG, cuff BP, taking of central and peripheral temperature
- ◆ Understand and comment on capillary refill
- ◆ Set up and maintain pressure monitoring systems

Is able to:

- ◆ Recognise differing sleep states and associated physiology as well as steps to support undisturbed sleep and quiet alert
- ◆ Recognise capacity or incapacity to engage in an activity and support the infant where necessary e.g. oral feeding, motor stability
- ◆ Recognise normal and abnormal tone in infants and the ability to support optimal positioning/posture
- ◆ Recognise the signs and symptoms associated with maternal/paternal drug dependency and infant withdrawal and introduce steps to provide a quiet and nurturing environment
- ◆ Recognise the signs and symptoms of cerebral irritation/oedema and remedies to support the infant

Fluid/electrolyte and nutrition/hydration management

Essential Skills

Is able to:

- ◆ Calculate fluids/drugs requirements
- ◆ Monitor input and output – nappy weighing, urine collection, specific gravity/clinitest, urinalysis
- ◆ Monitor blood glucose levels
- ◆ Set up, insert, maintain and remove intravenous lines
- ◆ Set up, maintain and remove peripheral intra-arterial lines, long lines and central lines
- ◆ Adopt various methods for stabilisation of cannulae
- ◆ Recognise and intervene when there are signs of inflammation or extravasation
- ◆ Recognise the potential complications associated with the insertion of a long line e.g. cardiac tamponade
- ◆ Use and maintain local pumps/appliances

Is able to:

- ◆ Apply techniques for measuring growth
- ◆ Inform and advise on breast milk, breast feeding, hand expression, supplemental nursing and storage of milk
- ◆ Inform and advise on artificial milks, reconstituting powders and storing/refrigerating milks
- ◆ Insert and maintain a gastric/duodenal/jejunal tube
- ◆ Carry out bottle, cup, syringe/spoon, gavage feeding and jejunal/duodenal feeding
- ◆ Perform a feeding assessment
- ◆ Administer nutritional supplements

Is able to:

- ◆ Recognise the signs and symptoms of a GI disorder e.g. NEC
- ◆ Provide care for the infant who is unable to receive enteral feeds e.g. mouth care, non-nutritive sucking

Neurological & pain management

Essential Skills

Is able to:

- ◆ Assess sleep wake states, stress and stability states
- ◆ Identify activities associated with the provision of neonatal intensive care which may lead to neurological insult
- ◆ Recognise physiological and behavioural differences between stress, distress, discomfort, pain, convulsions and drug withdrawal
- ◆ Carry out an appropriate assessment – PIPP, NIPS, modified Finnigan score
- ◆ Recognise factors, associated with standard care, that may lead to painful experiences e.g. endo-tracheal intubation, extravasation of IVI, TCM burn
- ◆ Recognise potentially painful/stressful events and plan/implement care/interventions to minimise the impact of such events
- ◆ Implement non-therapeutic measures to reduce or relieve stress/pain – facilitative tuck, containment, non-nutritive sucking, oral sucrose, kangaroo care, massage, environmental modification
- ◆ Administer prescribed medications using of oral, intra-muscular, intra-venous and topical techniques observing for response and side-effects

Respiratory

Essential Skills

Is able to:

- ◆ Select appropriate intervention (positioning; feeding method/route) to minimize respiratory embarrassment or distress
- ◆ Provide appropriate tactile stimulation
- ◆ Safely administer oxygen therapy via the incubator, headbox, nasal cannulae
- ◆ Provide airway humidification
- ◆ Provide care to the infant – receiving respiratory support, whilst requiring a chest drain
- ◆ Extubate from IPPV and CPAP
- ◆ Carry out passive movements and/or active physiotherapy
- ◆ Carry out oral suction, oro/naso pharyngeal suction & endotracheal suction
- ◆ Demonstrate safe and effective resuscitation of the neonate (assessment of need, suction, gastric emptying, bag and mask ventilation & administration of prescribed drugs)
- ◆ Administer prescribed drugs safely (nebulisers) observing for a therapeutic response/side-effects and acts appropriately

Is able to assist with:

- ◆ Elective/emergency insertion of artificial airway
- ◆ Managing ventilatory support – bag and mask, CPAP, nasal prong O₂, IPPV, SIMV, PTV and HFOV
- ◆ Insertion of underwater seal drains/negative pressure valves

Skin management

Essential Skills

Is able to:

- ◆ Recognise potential pressure sites and the need for changing equipment probe sites – TCM/sat O₂, temperature probes, heart rate leads
- ◆ Examine the skin for and identify rashes, burns, infection, breaks and excoriation
- ◆ Use appropriate skin care lotions, securing tapes/adhesives, methods for removal of adhesives
- ◆ Use appropriate bathing strategies (frequency and solutions)
- ◆ Use appropriate cord care techniques
- ◆ Carry out a mouth examination and care
- ◆ Recognise an eye infection
- ◆ Perform eye cleansing, swabbing
- ◆ Use different eye protection methods (phototherapy)
- ◆ Adopt optimal positioning techniques and facilitate smooth movement/turning
- ◆ Implement techniques in managing stomas
- ◆ Recognise normal wound healing, wound cleansing techniques, application of dressings

Temperature management

Essential Skills

Is able to:

- ◆ Demonstrate competence in assessing body temperature of the neonate
- ◆ Select appropriate method and site for temperature monitoring (instant and continuous)
- ◆ Compare and contrast neonate's temperature recording/trends in relation to normal temperature parameters – identify neonate's thermoregulatory status
- ◆ Identify instability and take appropriate action to avert
- ◆ Apply techniques for minimising environmental factors
- ◆ Provide an environment for the neonate in accordance to need e.g. neutrothermal or cool
- ◆ Use, regulate and maintain equipment – incubators, overhead heaters, baby-therms, heat shields, warming mattresses, water beds/heaters appropriately
- ◆ Apply bathing techniques to maximise temperature control and minimise energy expenditure
- ◆ Take account of the effects of phototherapy
- ◆ Use humidification methods
- ◆ Advise parents on appropriate clothing according to the infant and environmental factors

Investigations

Essential Skills

Is able to:

- ◆ Perform handwashing and alcohol cleansing
- ◆ Obtain clean catch urine
- ◆ Obtain stool specimens
- ◆ Carry out and collect surface swabs, eye and mouth swabs (chlamydia; virology, bacteriology), ETT/OP secretions
- ◆ Assist in supporting an infant undergoing LP, ventricular tap, SPA
- ◆ Perform damp dusting
- ◆ Clean, dry and store equipment
- ◆ Observe guidelines on regular changing of equipment and use of disposable equipment
- ◆ Perform aseptic and no-touch techniques
- ◆ Perform blood taking for culture
- ◆ Implement techniques for minimising line related infection – aseptic, no touch, equipment (minimising connectors)
- ◆ Assist with eye examination, laser therapy/cryotherapy

Equipment

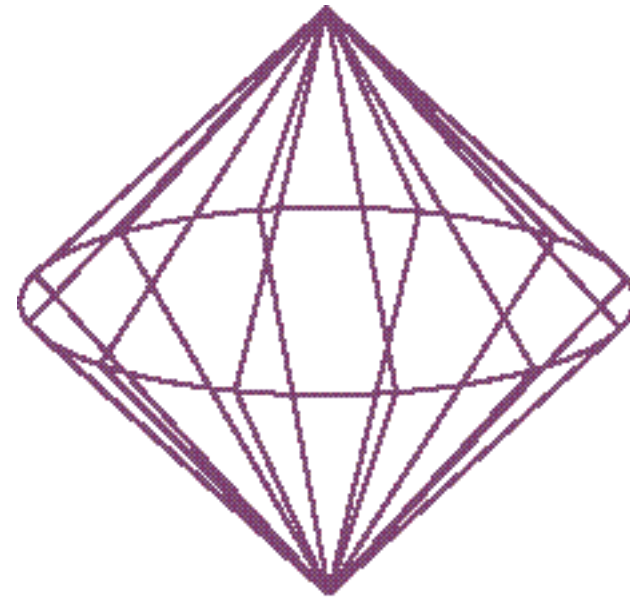
Essential Skills

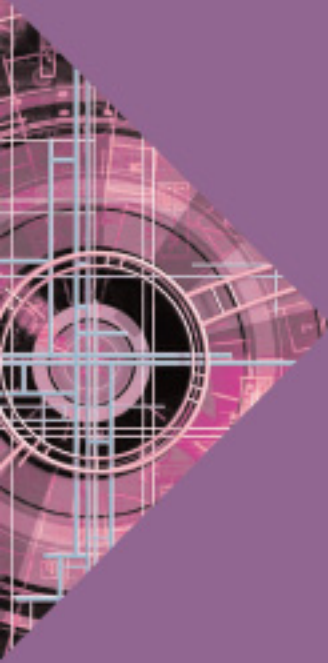
Is able to:

- ◆ Demonstrate efficiency in setting up and safe operation of equipment in accordance with Trust/manufacture's instructions
- ◆ Use various infusion devices taking into consideration type of line and infusate
- ◆ Prepare ventilator/respiratory support equipment safely observing aseptic technique – testing function and setting alarms, effectively using the humidifier systems
- ◆ Set up routine monitoring equipment particularly considering the site and size of probe application e.g. heart rate monitors, pulse oximetry, blood pressure monitoring (both cuff and intra-arterial) and transcutaneous probes

QACPD Website

For more information on QACPD and access to all previous CPD Portfolios and related documents visit www.qacpd.org.uk





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