Progression of Training and Skills
NICU

Preamble
Common problems include perinatal asphyxia, major birth defects, sepsis, neonatal jaundice, and infant respiratory distress. The family physician must recognize the threat of delivery of a compromised infant, be skilled in its resuscitation and initial stabilization, knowledgeable about the transport and support capabilities within the area of practice, and committed to supporting the family under stress.

Goals
• To know the capabilities available to support the distressed infant
• To understand the hazards of prematurity and strategies to reduce its occurrence
• To understand the problems involved in preparation for, and transport of, the compromised newborn
• To understand the family stressors of the intensive care environment and support and communicate effectively and compassionately
• To be prepared to look after the “graduate” from the intensive care unit

Objectives
• Perform initial assessment and evaluation of newborn infants
• Accompany the neonatal transport team when appropriate
• Perform the following procedures under supervision:
  • Attended deliveries (minimum 10)
  • Bag-mask resuscitation (1)
  • PIV insertions (3)
  • Umbilical catheters (1 successful)
  • Intubation attempts (1)
  • Lumbar punctures (1)
• Evaluate laboratory results and correlate pathophysiology
• Develop neonatal resuscitation abilities including:
  • Positioning and tactile stimulation
  • Thermal regulation
  • Airway management (suctioning, ET intubation, g-tube insertion)
  • Ventilation, bag valve mask device and/or anesthesia bag
  • Establish vascular access including UVC line placement
  • External chest compressions
• Develop knowledge of stabilization of the critically ill neonate
• Demonstrate understanding of pathophysiology associated with prematurity and principles of management
• Recognize physical findings of the normal perinatal transition
• Integrate the basic principles of fluid, electrolytes, and nutrition
• Summarize mechanical ventilation and various modes of ventilation
• Observe complex neonatal care and appropriate convalescent management
• Discuss complex issues with parents with clarity, and sensitivity

Encounters will count towards the required 250 dedicated to the care of the ill child.

[Revised and approved at the Faculty Meeting April 3, 2012]
[Revised and approved at the Faculty Retreat June 20, 2014]

Suggested reading: Can be found on the Altru Public Drive O/NICU EDUCATION/pramod