Title:	**NWNODN Clinical Advice Guideline**
Reference Number	GL-ODN-14
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Target Audience	NWNODN clinicians
Ratified by:	SMT
Date Ratified:	22/4/21
Review Date:	22/4/24
Version:	1.0
Document status:	Final

Document History:

Date	Version	Author	Notes
3/8/20	0.1	LWL	1st draft. ID to insert flow chart
1/10/20	0.2	CN	Main body of guideline discussed & amended by QILN/Director team ready to share with SMT.
3/2/20	0.3	CN	Amended flow chart to go in appendix 1 & narrative added
23/3/20	0.4-0.6	CN	Comments collated from LWL, KM & KH. Amendments made & draft shared with SMT for discussion.
22/4/21	0.7		Comments collated from units and amended as necessary. Ratified by SMT
9/6/21	0.8	CN	

North West Neonatal Operational Delivery (NWNODN)

Clinical Advice Guideline

1. Introduction

All neonatal providers within the NWNODN aim to deliver high quality, safe and effective services. In order to achieve this it is essential that consistent, clear and evidence based advice is available whenever required. Effective communication between provider units in the NWNODN, Connect-North West (CNW) and the Cot Bureau are essential. This guideline aims to standardise the mechanism for clinical advice across the NWNODN providing clarity on when, how and from whom advice should be sort.

2. Purpose

This guideline aims to standardise the mechanism for clinical advice across the NWNODN.

3. Scope

All providers of Neonatal care in the North West Neonatal Operational Delivery Network.

4. Assumptions and Responsibilities

- Each neonatal unit has an agreed set of clinical indicators, in-line with the NHS England Neonatal Critical Care Specification (Intensive Care, High Dependancy and Special Care) which provides the criteria for services delivered by each level of unit (i.e. NICU, LNU or SCU). Where the clinical indicators fall outside the criteria for local care, advice must be sought and transfer to tertiary care may need to be arranged.
- Babies at the threshold of the criteria may stay within the referring unit only following discussion and agreement in line with this guidance.
- Care outside of the nationally agreed service specification will be monitored via the NWNODN exception reporting process on a weekly basis (quarterly in relation to transport) and the Quality Improvement Lead Nurses (QILNs) will send out exception forms, to the provider trust. The NWNODN Exception reporting guideline can be accessed at https://www.neonatalnetwork.co.uk/nwnodn/network-guidelines/
- The NWNODN Senior Management Team (SMT) will be responsible for assessing clinical governance risks and working with providers to address areas of concern.

5. Clinical Advice

See appendix 1 for flow-chart showing who should be contacted for advice

5.1 Where baby meets criteria for immediate transfer

As per the flow chart, when it is known a transfer is required the unit caring for the baby will telephone the cot bureau who will make all the necessary arrangements for transport and conference calls. Examples of care include:

- Gestation ≤ 26+6 weeks and/or birth weight <800g in an LNU*
- Gestation ≤ 31+6 weeks if at Countess of Chester Hospital, Furness General Hospital or Macclesfield
- Birth weight below 1000g if born at a SCU
- Gestation >34+0 weeks **and** meeting cooling criteria as per regional guideline for management of Hypoxic Ischaemic Encephalopathy
- Severe respiratory failure at any gestation including an urgent predicted need for oscillation and/or Nitric Oxide therapy and/or requiring >80% inspired oxygen to maintain normal oxygen saturations
- Confirmed / suspected duct-dependent congenital cardiac lesion (clinical/cardiac scan)
- Administration of a Prostaglandin infusion
- Replogal tube in situ
- Confirmed / suspected diagnosis of gastroschisis, suspected malrotation, congenital diaphragmatic hernia, NEC perforation etc.
- Cardio vascular support requiring >one inotrope to maintain optimal blood pressure
- Exchange partial/dilution/transfusion

* NB for NMGH the gestation is 29 weeks as agreed locally

5.2 Where management advice is required which may or may not result in a transfer

An advice call should be made for all care which falls outside the NHS England Neonatal Critical Care Specification to discuss the care and management plan. Any deviation from the service specification should be clarified and documented with an acknowledgement it is safe to continue with care in an LNU/SCU. Examples of care include:

- Support for more than one organ e.g. ventilation and inotropes
- Prolonged intensive care (ventilatory support) >48 hours
- Administration of Adrenaline
- Presence of an umbilical or peripheral arterial line >48 hrs
- Insulin infusion
- Presence of a chest drain
- Presence of external ventricular drain
- Presence of an epidural catheter
- Any High Dependency Care exceeding 6 hours within a SCU

There may be other clinical situations, not categorised as exceptions, where support from the local NICU may be required, for example multiple seizures. In this situation the same process should be followed but the decision when/if to seek advice remains with the LNU/SCU.

All advice should be documented on the Advice Pro-forma, see Appendix 2, and e-mailed securely to the referring unit to be filed in the baby's medical notes. An electronic version of the form can be accessed at https://www.neonatalnetwork.co.uk/nwnodn/network-guidelines/

5.3 Link NICUs for LNU/SCUs requesting advice

When advice is required, units should telephone their link NICU. This is the hospital where the baby is most likely to transfer to and should avoid multiple conversations with different NICUs promoting continuity of care/advice.

LNU / SCU	NICU Link	Contact Number
Stepping Hill Hospital **Wythenshawe**	**St. Mary's Hospital, Manchester**	**0161 901 2700**
Royal Albert Edward Infirmary, Wigan	**Royal Bolton Hospital**	**01204 390748**
Tameside General Hospital **North Manchester General Hospital**	**Royal Oldham Hospital**	**0161 627 8151**
Countess of Chester Hospital	**Arrowe Park Hospital**	**0151 604 7108**
Whiston Hospital **Leighton Hospital** **Ormskirk Hospital** **Warrington Hospital** **Macclesfield Hospital**	**Liverpool Women's Hospital**	**0151 702 4193**
Blackpool Teaching Hospital **Lancaster Royal Infirmary** **Furness General Hospital**	**Royal Preston Hospital**	**01772 524242**

6. Monitoring & Audit

The use of the advice guideline and completion of the advice pro-forma will be monitored as part of the exception reporting process

7. Attachments

Appendix 1 – Flow chart showing the advice process

Appendix 2 – Advice pro-forma

8. Relevant links

NWNODN Acute Cardiac PostNatal Pathway

NWNODN Postnatal Surgical Pathway

NWNODN Cooling Guideline

NWNODN Exception Reporting Guideline

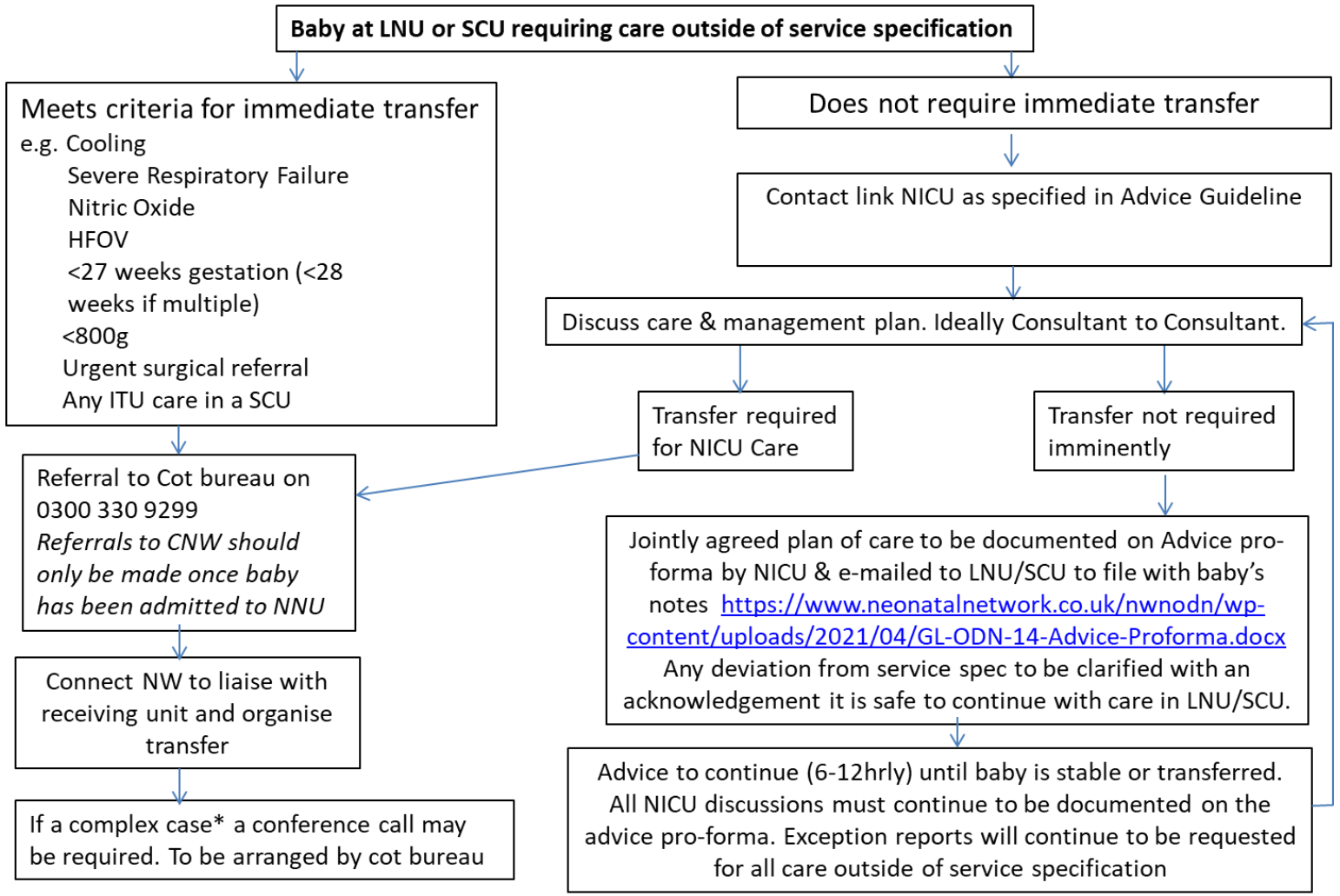
All NWNODN guidelines can be accessed at
https://www.neonatalnetwork.co.uk/nwnodn/network-guidelines/

10. National Guidance

NHS England Neonatal Critical Care Service Specification

https://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-e/e08/

Appendix 1 – Flow Chart showing advice process



* Complex cases include acute medical & surgical referrals, severe PPHN / cardiac problems or HIE where appropriateness of cooling uncertain

Link for the proforma: https://www.neonatalnetwork.co.uk/nwnodn/gl-odn-14-advice-

North West Neonatal NHS
Operational Delivery Network

Appendix 2 – Advice Pro-forma

Baby's name
Hospital Number

To be completed at the local unit

Advice Pro-forma – to be e-mailed securely to the LNU/SCU seeking advice and filed in the baby's medical records

Local Unit:		**NICU:**	
Date & time of initial call:		**Badger ID:**	
Date & time of birth:		**Last 4 digits of NHS Number:**	*** *** _ _ _ _
Name & position of person seeking advice:			
Name & position of person providing advice:			
Date and time of neonatal admission:		**Age of infant at time of call**	
Gestation		**Weight**	
Brief summary of care received and reason(s) for advice call			
Summary of advice given			
Is a transfer out required at this stage? **If the advice is for baby to remain in local unit acknowledgement is needed that it is safe to continue care in LNU/SCU.**			
Date & time next advice call required e.g. 6-8hrs		**Form e-mailed securely**	**Yes / No** **Time:**