Document Title:	**Checklist for the accidental administration of expressed breast milk**
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The North West Neonatal Network (NWNODN) consists of 3 locality neonatal networks, Cheshire and Merseyside (CM) Lancashire and South Cumbria (LSC) and Greater Manchester (GM). This document has agreed by locality Clinical Effective Groups (CEG) and can be adapted for local use. **Please acknowledge source if this document is adapted for local use.**	

IMMEDIATE ACTION <1 HOUR

Nurse aspirates the stomach contents using the NG/OG tube ☐

Print Name----------

Date and time ----------

Nurse informs shift leader/nurse in charge ☐

Nurse in charge print name

_____

Nurse in charge informs Consultant or Registrar ☐

Consultant/Registrar print name

_____

Date and time ----------

Nurse to complete Trust incident report, to include-date, time, original location of the EBM given, volume given and aspirated. ☐

Date

Time

Volume Given

Volume aspirated

Date incident form completed

Name----------

ACTION AS APPROPRIATE

Inform and give full apology to the recipient's parents/guardian ☐

DO NOT DISCLOSE DONOR'S NAME

Print name----------

Date and sign----------

Inform and give full apology to donor ☐

Date and time ----------

Senior medical staff to undertake risk assessment, reviewing life-style, medical and social history and serology ☐

Print name----------

Date and time ----------

Consent recipient mother for blood sample for screening ☐

Print name----------

Date and time----------

Consent donor mother for blood sample screening (see note below) ☐

Print name----------

Date and time ----------

WHEN APPROPRIATE

Discuss with microbiology consultant if high risk medical or social history or ante-natal serology positive for Hep B,C or HIV ☐

Print name

Date and time ----------

*Obtain serology samples from donor mother for Hep B, C and HIV ☐

Date obtained ----------

**Obtain serology samples from the recipients' mother for storage ☐

Date and time ----------

Update recipients parent/guardian of treatment (indicate if treatment needed) ☐

Print name

Date and time ----------

Update donor mother of her results (if positive will need referral to appropriate dept) ☐

Name

Date and time ----------

* if donor declines testing, review ante-natal screening and ask for consent for Hep C on the ante-natal blood if available (Hep B and HIV if not already done) note this screening is normally stored for 2 years if there is sufficient sample so this is usually available.

If high risk lifestyle or booking bloods are positive test the baby for Hep B, C and HIV, this may need repeating at 3 months

** If results are not available for Hep B, C or HIV discuss management and follow up screening with the microbiologist

References

Guideline for making up special feeds for infants and children in hospital. Food Standards Agency 2007

What to do if a child is mistakenly given another women's breastmilk 2009.Centre for Disease Control and Prevention.

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From breast to baby: quality assurance for breast milk management.2000. Dougherty D

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