eStar NICU Admission Guide

General notes:

- The definition of "inborn" for EHR purposes: a baby who's delivering mother is or was hospitalized in VUMC **and** baby and mom are linked in eStar. All babies not meeting this definition are considered outborn.
- Transport notes are required for every transport that involves a provider (usually transport NNP).
- Since transport note is the first in a cascade of documentation activities, it must be started and finished as soon as resources allow.
- Transport notes are not required in the cases of: inborn baby, admission from ED, or transport made without a provider (typically RN/RT transport).
- If transport note is needed, ensure that it is signed before admission H&P. This is important to guarantee all H&P sections feed into the note.
- If transport note is not signed (because of RN/RT transport, or ED admission), all activities expected from transport provider below become the responsibility of admitting provider. Refer to transport note guide for more info.
- As a general rule transport note should NOT mention any diagnoses made or plans carried out after arrival to VUMC. Such data should be documented in H&P.

Best Practice Advisories:

- Whenever you see one (usually appears in orange) address it by reading what the issue is and by making the most appropriate choice.
- Some of the BPAs are not NICU specific, however, there are several NICU specific BPAs that need to be reviewed carefully.
- **Expectation:** All providers: if you see a BPA address it by making the most appropriate choice.

Care Everywhere:

- Outborn only
- A few facilities that use Epic and support Care Everywhere will be able to send medical records at the time of transfer. Patients history, data, notes, labs, and x-rays, will appear here.
- If you are aware that the OSF supports Care Everywhere, and you can not see patient's medical data already appearing in Care Everywhere section, make a request by searching the OSF name then confirming request.
- **Expectation:** Transport provider: in the case of OSFs that support Care Everywhere, review clinical content that appear here to ensure you are not documenting conflicting data. Request updates every time before you look at the results.

Orders needing cosign:

- **Expectation:**
  - Transport provider is responsible for cosigning orders entered by transport RN or RT.
  - Any ordering provider or attending is responsible for cosigning orders made after arrival to NICU.

Allergies:

- **Expectation:** Transport provider: document allergies on every baby. In the case of NKDA, click the check box next to "No known allergies", then click "Mark as Reviewed".

Birth info:

- Outborn only.
- **Expectation:** Transport provider: its **critical** to document the birth date and birth time here so other eStar reports function properly.

History:

- **Expectation:** Transport provider in the case of outborn, and admitting provider in the case of inborn: its **critical** to document the following:
  - Birth weight
  - Gestational age
  - Delivery method
  - Apgar scores
  - Screening results
  - Hearing screen
- No need to fill in the section of comments

Outborn PTA history:

- Outborn only.
- Spells out as "outborn prior to admission history", the main piece of transport documentation.
- Remember that this section needs to be completed for all outborn admissions even if a transport provider is not involved (ED admission, RN/RT transport..etc)
- If the choices in one section are not sufficient, click on the little white paper beside each data item to add more data.
- Use the comment section to type the transport narrative. All clinical events between arrival to facility and arrival back to VUMC should be documented here as a free text including: delivery resuscitation narrative, evolution of PE, interval labs, medications initiated in OSH or while on transport, and clinical decision making.
- Do not copy the output of this section to hospital course or any other section. This section will appear automatically in transport note, H&P, and interim summaries.
- To view what is documented in this section go to: chart review > notes > make sure {hide addt'l note} is unchecked > find this documentation under the type "NICU transport".
- To edit this section:
  - In the first 24 hours after creating it: click on "addend" within outborn PTA history section
  - Any time during hospitalization: go to outborn PTA history section > click create note > click the tiny icon next to NoteWriter to select the last version > make changes > sign.
- **Expectation:**
  - Transport provider: create a full outborn PTA history.
  - Admitting provider: if not already done by transport provider for any reason, create a full outborn PTA history, this section **needs to be updated** if new prior to admission information becomes available at any time during VUMC hospitalization.

Ballard:

- Not required unless gestational age is uncertain.

Dosing weight:

- **Expectation:** Admitting provider: enter dosing weight.

Select hospital service:

- Should be "Neonatology" for every baby of ours
- **Expectation:** All providers: if this field is empty or contains something other than Neonatology, change to "Neonatology" before proceeding to other activities.

History of present illness:

- Start by choosing from the smartlist outborn vs. inborn:
  - **Outborn:**
    - Include our historic convention for what was known in Starpanel as synopsis: GA, DOL, sex, birth weight, brief relevant maternal data, mode of delivery and reason, reason for transport, remarkable events before arrival to NICU, and status at arrival. Usually ends up being 4 lines in length.
    - HPI is a fixed section that never changes during hospitalization. At the end of HPI include status at arrival to NICU without using "currently on.." or "now on.."
    - **Expectation:** Transport provider: use this section to write the history of the baby until arrival to VUMC NICU using the format prepopulating the HPI box.
  - **Inborn**: includes two parts:
    - HPI text, same as above in outborn
    - Maternal data
    - **Expectation:** admitting provider: create HPI text using the format prepopulating the HPI box **and** review maternal data carefully. Pay particular attention to completion and to dates of tests, make sure all prenatal labs are done during this pregnancy. Do NOT leave any section empty, if one lab is missing, fill in the section with plan (example: called ob, test is ordered on mom..etc)

ROS/PE:

- To avoid disrupting their work, admitting provider, before editing PE make sure transport provider has generated **and signed** transport note.
- **Expectations:**
  - Transport provider: document the physical exam **as it was at team's arrival to OSH**. Indicate that at the beginning of the exam by typing "Exam at arrival to outside hospital:".
  - Admitting provider: document (or update) the physical exam to reflect baby's state at arrival to VUMC hospital bed.

Diagnostic studies:

- Do not include diagnostics from OSF. All OSF labs and images results should be documented in the "outborn PTA history".
- **Expectations:**
  - Transport provider: do not document in this section
  - Admitting provider: refresh diagnostics to automatically include the most recent results of VUMC diagnostics.

Synopsis:

- This is a shorter version of our old synopsis.
- The text for synopsis should follow this theme: XX,baby is an ex-XX week (fe)male infant now XXX day old. Infant is being treated for XXX. Currently on XXX.
- Do NOT include any plans, pregnancy or delivery problems, Apgar scores, or history other than main diagnoses.. etc
- **Expectations:**

- Transport provider: do not document in this section
- Admitting provider: update synopsis from the auto-populated template using above theme.

Hospital course:

- Start hospital course by choosing one of the admission pathways templates.
- Update hospital course content as we historically did.
- **Expectations:**
  - Transport provider: do not document in this section
  - Admitting provider: start hospital course following the same NICU known convention.

Plan by system:

- Start by choosing preterm or full-term plan.
- Even though the title is plan by system, follow the theme of the auto-populating template to create a problem-based note.
- Delete irrelevant parts of plan, replace wild-cards (***) with relevant data
- Add pathologic diagnoses and plans by free texting
- **Avoid** adding plan items that institute universally standard protocols, such as: strict I/O, ROP exam at 32 weeks, healthy brain protocol, neurodevelopmentally appropriate care…etc.
- **Expectations:**
  - Transport provider: do not document in this section
  - Admitting provider: create problem-based plan.

Problem list:

- Transport provider will initiate the problem list. Admitting team frequently identifies a longer list of diagnoses after arrival to VCH.
- **Expectations:**
  - Transport provider: list the clinical problems including ones that resolved during transport, such as hypotension or metabolic acidosis that resolved after a NS bolus.
  - Admitting provider: update the problem list, pay attention to be comprehensive, don't overlook minor diagnoses like hyponatremia, metabolic acidosis, hyperbilirubinemia, nutrition problems of newborn, bruising.. etc.

Co-signature:

- H&Ps require co-signature by the admitting attending. Transport notes do not require co-signature.
- **Expectations:**
  - Transport provider: uncheck "co-signer required" at the top of the generated note.
  - Admitting provider: check cosigner and make sure the admitting attending name appears in the required box

Additional documentation after generating the note:

Transport note to be completed by transport provider:

- Transport attending: usually yellow team attending during the day or the on call attending during the night. This is NOT the admitting attending.
- Transport fellow: usually blue team fellow during the day or the on call fellow during the night.
- At arrival to NICU sign out given to, list the names of receiving clinicians who received the sign out at bedside.
- Time-based billing in minutes.

Outborn and inborn H&Ps to be completed by admitting provider:

- After generating the note, make billing selections. An infant is either non-critical if not meeting any of the listed critical illness criteria. Or critical if meeting at least one.
- Choose one of the following two options:
    - "This infant is not critically ill" or
    - "This infant is critically ill" **and** at least one of the listed criteria that qualified him/her to be critical.