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| FAMILY INTEGRATED CARE |
| WHAT IS THE **SAME** FOR NURSES? |
| Continue to provide care in accordance with CNO standards and hospital policies  * The professional responsibility and accountability of nursing will remain the same as current practice |
| WHAT IS **DIFFERENT** FOR NURSES?   1. **Education & Support**: Focus on parent teaching and supporting parents to have a more active role in the care of their babies. Encourage parents to participate in the parent education programs. 2. **Rounds**: Support parents contributing to and presenting on medical rounds, recognizing that they may have more information to add and may have questions. 3. **Parent charting**: Encourage parents to do their own charting and to sign for achievement of parent skills as they are completed on the Parent Checklist.   We can all mentor and teach our parents together. If you need any extra Information or education about the study, please speak to your team leader/nurse educator. |



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| TASK | NURSING RESPONSIBILITIES | PARENT RESPONSIBILITIES |
| Orientation to NICU | * Provide orientation * Show layout of the unit * Teach infection control precautions | * Receive orientation * Become familiar with layout of the unit * Follow infection control precautions |
| NG & Oral Feeds | * Identify milk in fridge/freezer check with 2nd RN * Double check milk with parent * Check volume of milk to be administered with parent * Check position of NG/OG * Hang feed | * Double check milk with nurse * Check vol. of milk to be administered w/ nurse * Parent can hold feed |
| Medication | * Teach indication of routine medications * For approved Oral/NG medications, check dosage, patient time and route * Supervise administration of medication * Record in MAR. Specify on flow sheet medication administration by parent * Medications that need independent/double check follow MSH policy | * Identify the purpose of routine medications * Administration of approved Oral medications with nursing supervision |
| Monitors | * Record vital signs * Ensure proper position of leads and sat probe * Check tracing on monitor | * Basic understanding of vital signs & alarm limits * Reposition sat probe & ECG leads * No changing alarm limits * No silencing of alarms without nursing approval |
| Oxygen | * Change oxygen concentration as indicated * Record oxygen on nursing flow sheet | * No changing oxygen concentration * Adjust low flow prongs on face |
| Spells | * Respond to parents call * Assess and provide appropriate assistance | * Recognition of a spell * Provide stimulation * Call for assistance |
| Weighing | * Provide supervision and assistance when needed | * Correct weighing procedure * Check w/ nurse if weight significantly different |
| Skin-to-skin | * Assistance with learning technique, preparation, adjustment of O2 | * As much as possible when in hospital |
| Bathing | * Teaching & assisting | * Safe practices around bathing |

