



NICU NURSING CARE PLAN
<29 weeks and/or <1000g after 72 hours of life,
AND ≥ 29 weeks up to 31 6/7 weeks



Name: _____		DOB: _____		General Care/Measurements/Assessments			
Birth Weight: _____		GA: _____		Check Q _____	Weight Q 24 hrs, always with CPAP on		
Mom (cell): _____		(home): _____		Vitals Q _____	Length Q _____		
Dad (cell): _____		(home): _____		BP cuff Q checks, ONLY if no UAL	HC Q _____		
NeoConnect: Y/N		Siblings: _____		<i>Use only prem (white, non-adhesive) sat probe</i>			
Language: F <input type="checkbox"/> E <input type="checkbox"/> Other _____				<i>Change sat probe placement Q full check</i>			
Diagnosis: _____				Bath			
				Born < 28 weeks or ≤ 1 kg: No CHG until > 28 DOL - START CHG ON DOL 29 ___/___/___ ≤ 10 DOL Sterile Water 2x/week until DOL 10 > 10 DOL up to 35 6/7 2x/week ___ & ___ CHG? Y/N 2x/week ___ & ___ If born ≥ 28 weeks and > 1kg, up to 35 6/7: CHG wipedown if central line Q2 days Soap & water Q2 days - next ___/___/___ Central Line? Y/N CHG next ___/___/___			
Treatments/Operations: _____				Tests/Consults		Dressings/Ostomies	
				MRSA/VRE/KPC: only if outborn and > 24 hrs of life NB screening blood due: ___/___/___ <input type="checkbox"/> Done NB screening urine due: ___/___/___ <input type="checkbox"/> Done		<i>Use neonatal bags (small preemie pouches, Hollister #3777 and 3778) only</i>	
Precautions: _____				Other tests: _____ Consults: _____ <i>All non-nursing/non-family MUST sign in before accessing baby</i>			
Respiratory/Cardiovascular				Temperature/Humidity/Skin Care			
Ventilator/CPAP Parameters: Suctioning: Min Q4h if on BCPAP+PRN, use Muko Oxygen: Only one prong out at a time iNO: _____ Chest Physio: _____ Head massage: _____ Saturation Targets: OWL. Allow desaturations 15-30 secs before ↑ FiO₂				Humidity: For first 7 DOL - <input type="checkbox"/> GA < 25 weeks - 85% <input type="checkbox"/> GA 25-31 6/7 weeks - 75% On DOL 8 or 32 weeks (___/___/___) ↓ by 5% Q4h until 50% Maintain 50% humidity until 32 weeks CGA; End at 32 weeks CGA ___/___/___ Isolette change: Q 7 days (Q _____) Temp probe: <i>Change position of probe minimum Qshift</i> UAL/UVL: <i>Mepitac under bridge for <1000g or <29 weeks;</i> <i>Ensure bridge is not directly on skin/rubbing</i> Tapes: <i>Only Mepitac or other silicone-based for <1000g or <29 weeks</i> Disinfection: <input type="checkbox"/> CHG 2% (green) swabs if born < 1000g or <29 weeks until DOL 29 ___/___/___ <input type="checkbox"/> CHG 0.5 % + Alcohol 70% (orange) once 28 days of life or if born ≥ 28 weeks			
Elimination				Developmental Care			
Strict input/output? Y/N Balance Q _____ Foley → Inserted: _____ Removed: _____ Balloon inflated: ___ mL				To decrease stress: • DOME CLOSED unless emergency. • See positioning principles at back of care plan • Limit people/noise in room • Promote non-nutritive sucking • Cluster care		To decrease risk of IVH: • HOB at 30° • Avoid rapid position changes	
Feeding				Teaching with Parents			
Type: PHM / Maternal breastmilk/Other: _____ Calories: _____ Route: NG/OG/NJ/OJ Volume: _____ Frequency: _____ Increase: _____ Over: ___ h <i>Flush with 0.5ml sterile water if < 29 weeks</i>				<input type="checkbox"/> Hand hygiene <input type="checkbox"/> Manual expression <input type="checkbox"/> Baby cues: <input type="checkbox"/> Books for babies <input type="checkbox"/> Breast pump use/cleaning • Signs of stress & how to calm <input type="checkbox"/> Language passport <input type="checkbox"/> Kangaroo care <input type="checkbox"/> Touch • Signs of hunger & oral stimulation <input type="checkbox"/> Preemie timeline <input type="checkbox"/> Skin & Diaper care			
Feeding notes: Start trophic feeds within 12 hours of life <i>OIT Q check</i>				Lines			
NG/NJ/OG/OJ → Inserted: _____ Secured @ _____ Change due: _____				UAL Sutured @ _____ UVL Sutured @ _____ Single/ Inserted: _____ Central/Peripheral Double Removed: _____ Inserted: _____ Removed: _____ <i>Cleanse skin after insertion with sterile NS to remove any leaked CHG</i> PICC External Portion: _____ Central/Peripheral Single/ Inserted: _____ Removed: _____ Double Dressing due: _____			
Fluids				Special Notes			
TFI: _____ Weight: _____ Total ml/day: _____							
Updated by: _____		Date: _____					



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Alignment

Flexion

Symmetry

Movement

Containment

SUPINE

- * Weight appropriate containment device, legs inside (*snuggle up size S*)
- * Appropriate size rolls to provide 360° containment (*stockinette roll*)
- * Appropriate size roll under knees to provide support (*pillowcase*)
- * No bundling



LATERAL OR SEMI-LATERAL (<29w)

- * Weight appropriate containment device, legs inside (*snuggle up size S*)
- * Appropriate size rolls to provide 360° containment (*stockinette roll*)
- * Appropriate size roll between legs to maintain hip alignment (*pillowcase*)
- * No bundling



PRONE

- * Weight appropriate containment device, legs inside (*snuggle up size S*)
- * Appropriate size rolls to provide 360° containment (*stockinette roll*)
- * Appropriate size support under baby's upper body: from waist to above head, nipples width, thickness of 2/3 of baby's thigh (*pillowcase*)
- * Support under baby's ankle (*dry wipes*)
- * No bundling

