

TRANSITION FROM INCUBATOR TO CRIB

Indications

Transition from incubator to crib is indicated for those patients who meet the criteria stated below, taking into account their clinical status.

Appropriate transition from incubator to crib is important for infants' developmental outcomes.

Key points

In order to qualify for transition from incubator to crib, patients must meet **ALL** the criteria stated below:

- Be stable from a cardiorespiratory and hemodynamic standpoint
- Be at least 32 weeks CGA
- Be off humidity
- Weight at least 1.6 kg
- Have an average weight gain of 20g per day over at least 7 days
- Have maintained normothermia (manual axillary temperature between 36.5° Celsius and 37.2° Celsius) at every routine nursing assessment for at least 24 hours.
- Have in-incubator air temperature not exceeding 28° Celsius in at least 24 hours

NOTE: Some older infants (older than 37 weeks CGA) may not meet all of the above criteria, but for the sake of developmental stimulation or in particular clinical situations may be considered for transition out of the incubator anyway. This should be discussed with the medical/allied health care team.

Procedure

1. Verify that the patient meets all of the above stated criteria, or discuss special cases with team.
2. Clothe baby with pajamas, hat and blanket.
3. Open dome of incubator and place it in Open Radiant Warmer – Baby mode, leaving baby connected to axillary temperature probe (see figure 1).
4. Monitor and record baby's temperature every hour (via skin probe) and note if radiant warmer is heating at each hour:
 - a. If baby maintains normothermia x 4 hours without the radiant warmer heating, consider transition to crib.
 - b. If baby does not maintain normothermia without the use of the radiant warmer, close the dome and place the incubator back in Baby mode. Investigate potential causes of temperature instability. If no causes are identifiable and baby still meets criteria for transition, repeat steps 1 to 4 after 72 hours.
 - c. Document attempt to transition and baby's tolerance in flow sheet.
5. Once baby is in crib, monitor and document manual axillary temperature with each nursing check (no longer than 6 hours).

