

NICU

Placement information

Welcome to the Neonatal Unit (NICU). This is a fantastic placement full of varied learning opportunities. Here you will be linked with a Practice Supervisor and Assessor whom you can work alongside in a supernumerary status to help enhance your learning and placement experience. You will also be supported by the NICU nursing and medical team, along with opportunities to work alongside housekeeping, community staff, physiotherapists, and other health care professionals.

We hope you enjoy your placement on NICU and find it a valuable and enjoyable experience. If any issues do arise, please do not hesitate to discuss these with your mentor, student link, or any member of NICU staff.

Kings Mill NICU is a level 2 Neonatal Unit within the Trent Neonatal Network. Our full cot capacity is 8 cots, plus 6 Neonatal Transitional Care cots on the postnatal ward and/or neonatal unit. We care for a range of infants, from transitional care/special care, to high dependency and intensive care.

NICU admits any infants who require additional support (i.e. respiratory, thermoregulatory, nutritional, etc). If infants require long term intensive care or surgical interventions, these patients will then be transferred to an appropriate level 3 unit. We formally admit infants born 26+6 weeks gestation and above, however will admit & stabilise infants born sooner if required.

NICU pride ourselves on delivering a high standard of individualised holistic family centred care. We are a close team, consisting of a ward sister, practice development matron, deputy sisters, nurses, support workers, housekeepers, domestics, receptionists and a full medical team of doctors and consultants. Physiotherapists regularly input in our patients care. The hospital chaplains also provide excellent support to staff and patients during difficult times.

We work closely with the midwives on Sherwood Birthing Unit and Maternity Ward, providing transitional care for well babies whom can stay with their mothers on the maternity unit, but require IV antibiotic therapy or extra care requirements (i.e. feeding or temperature support).

During your placement you may observe many different reasons that infants are admitted to the unit. These may include: prematurity, respiratory distress, poor feeding, hypoglycaemia, hypoxia, hypothermia, intra uterine growth restriction (IUGR), congenital abnormalities, meconium aspirate, infection, drug withdrawal, social issues, etc.

Most of our patients require IV fluid therapy, nasogastric tube feeds (NGT), oxygen therapy, CPAP, IV and oral medications, and supportive temperature techniques.

Learning opportunities

Care of infants and families requiring Low dependency or Transitional care - help care for infants requiring support establishing feeding, assist and support mothers to breastfeed, care for infants requiring phototherapy, support temperature regulation, deliver parentcraft and prepare families for discharge home.

Care of infants and families requiring high dependency - observe the differences between term and pre term infants and how they behave and respond. Familiarise yourself with equipment used on the unit. Many high dependency patients require respiratory support including CPAP and/or oxygen therapy. Observe procedures including long lines, intravenous medications, etc.

Intensive care - observe care provided to a critically ill infant, including intubation and ventilation, intensive care medications, umbilical catheters, etc.

Insight visits

Care following discharge home- Spend time with the community family care team to observe the transition from hospital to home.

Physiotherapist- gain an insight into the role the physiotherapist plays in the care of infants on NICU, including developmental care.

Pharmacist- gain an understanding of the role of the unit pharmacist.

Hearing, retinopathy of prematurity (ROP), newborn and infant physical examination (NIPE)- observe and learn regarding the screening processes within NICU.

Transport team- observe the care provided to a baby requiring referral to a regional centre for various reasons including surgical interventions and extreme prematurity.

Daily ward rounds and grand round- welcome to attend to gain insight into medical team input and communication.

Newborn and infant resuscitation- become involved in learning simulations and observe in practice where possible.

Please note- it may not be possible to achieve all these outcomes during your placement. However we encourage you to take advantage of all learning opportunities available to you.

Shift information

Please ensure that you arrive on time for duty as handover takes place promptly. NICU staff mostly do long days (7.30am-8pm) and nights (7.30pm-8am). Occasionally staff work early shifts (7.30am-2pm) and late shifts (1.30pm-8pm).