

## **Kangaroo care NICU admission Criteria**

The following babies should be admitted to NICU:

- < 1.8 kg
  - < 34 weeks though the weight is above >1.8Kg
  - After prolonged active resuscitation (5 minutes or more)
  - Persisting respiratory distress /Grunt (> 30 minutes)
  - Severe congenital abnormality (medical or surgical)
  - Suspicion of sepsis from the ward
  - Any baby needing monitoring, oxygen therapy or ventilation
  - Any infant with a cord gas pH of <7 or having required prolonged resuscitation at birth.
  - With severe jaundice > 19 mg/dl.
  - Within 24 hours of life (Hemolytic/pathological Jaundice)
  - With electrolyte disturbances like hypernatremia >150 mg/dl
  - With neonatal seizures
  - With persistent hypoglycemia or GRBS < 35mg/dl
  - Suspicion of IEM
  - Persistent vomiting or abdominal distension with decreased passage of stools • With severe bleeding (early or late HDN) or anemia requiring blood transfusion.
  - If Mother is sick -baby has to be observed in NICU/SCU for feeding.
1. Term infants who were only briefly intubated but were pink and well by 5-10 minutes may go to the postnatal wards after 12-24 hrs but need early review.
  2. Babies with respiratory distress with normal SpO<sub>2</sub> or who require low flow oxygen after birth can be observed for 1 hr in LDR, or recovery room. If better after 1 hour can be shifted after ensuring baby is active and feeding well, maintaining temperature or sucking reflex is good. If in doubt or if tachypnoea persists then explain about transient state and shift to NICU.

**Important:**

Show the baby to parents especially to mother and explain to her that baby will be taken to NICU for further care and assure her that she can see him/her later.

Father can be allowed to NICU for brief time after explaining but no other relatives to be allowed then or later.

Inform the obstetrician and pediatrician (both attending and NICU pediatrician) in charge about the transfer either from LDR, OT or ward.

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