

Neonatal Nursing Procedure for Teaching Parents Basic Resuscitation Skills

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Key Documents Owner:	Dr Viviana Weckemann Consultant Paediatrician
Approved by:	Paediatric Quality Improvement Meeting
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This is the most current version and should be used until a revised document is in place	

Key Amendments

Date	Amendments	Approved by

Introduction:

Parents of babies on the Neonatal Unit (NNU), Mother and Baby unit (MBU) or Transitional Care Unit (TCU) are often anxious about what they would do in an emergency situation at home on their own and request resuscitation training especially if their baby has been ill or premature. Teaching parents basic resuscitation skills has been shown to enhance their confidence and reduce anxiety. (Henley 1999 et al, Clarke 1998.)

Some babies are more at risk of Sudden Infant Death Syndrome (S.I.D.S.) this is of particular importance to babies admitted on the S.C.B.U who have been identified at an increased risk of S.I.D.S. due to low birth weight, respiratory illness for example apnoea and bradycardia. (DOH 1993)

It is important to be aware that teaching parents basic resuscitation skills will not necessarily prevent S.I.D.S. as it can be attributed to many factors. However it has been suggested that if parents of vulnerable babies are able to recognise the warning signs and take effective action the incidence of S.I.D.S could be reduced. (Bruce 1995)

The patients covered by this guideline are parents/carers of babies within NNU, MBU or TCU.

This guideline is for use by the following staff groups:

Qualified nursing staff who have undertaken the Newborn Advanced Life Support Course, (NALS) or Paediatric Advanced Life Support Course (APLS or PALS), within the past four years.

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.

Introduction

Parents of babies on the Neonatal Unit (NNU), Mother and Baby unit (MBU) or Transitional Care Unit (TCU) are often anxious about what they would do in an emergency situation at home on their own and request resuscitation training especially if their baby has been ill or premature. Teaching parents basic resuscitation skills has been shown to enhance their confidence and reduce anxiety. (Henley 1999 et al, Clarke 1998.)

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Competencies Required

RN, RM, or RSCN.

Undertaken the Newborn Advanced Life Support Course (NALS) or Paediatric Advanced Life Support Course (APLS or PALS), within the past four years.

Attended mandatory resuscitation update as per Trust policy.

Equipment

- Manikin
- Alco wipes
- Written information for parents (see appendix 1)

Procedure

1. Poster to be displayed on the unit promoting resuscitation teaching to ensure parents/carers are aware of the service provided.
2. Named nurse to discuss and identify parents/ carers who would like teaching and provide clear and concise written information on the content of the session. This will ensure parents/ carers have received consistent advice allowing them as the main caregivers an informed choice.
3. Named nurse to complete relevant documentation in the appropriate neonatal care plan relating to teaching resuscitation; all entries need to be dated and signed after discussion with parents. Registered Nurses are personally accountable for ensuring they maintain accurate documentation as stated by the Nursing and Midwifery Council (NMC), 'Guidelines for records and record keeping' (NMC 2002).
4. Named nurse and team member undertaking teaching to liaise with parents to arrange a suitable date allowing sufficient time prior to discharge to ensure parents are not overwhelmed with information.

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5. The sessions should be presented at a level, which the parents understand and planned according to specific objectives:
 - Parents are aware of recommended precautions to reduce the risk of cot death as addressed within the pamphlet ` Safe sleep for your baby – how to reduce the risk of cot death` (FSID-2011) which includes:
 - To be able to recognise signs and symptoms of illness and infection, and when to contact Doctor.
 - Monitoring of room and baby temperature.
 - To correctly use apnoea monitor if appropriate.
 - How to perform basic infant resuscitation based on the recommendations of Resuscitation Council (UK 2000)

6. The practical demonstration is undertaken in several stages:
 - Parents watch the DVD (Infant basic life support – CPRO) with a demonstration a realtime situation.
 - Parents continue to watch the DVD in conjunction with a demonstration with commentary and broken down into stages.
 - The procedure is then demonstrated on the manikin by the nurse, with parents providing the commentary.
 - The parent then demonstrated the procedure on the manikin.
 - Parents are given a copy of the DVD (Basic life support for babies – a guide for parents (BLISS 2012) to take away.

7. The sessions should allow sufficient time for the parents to practice on the manikin and answer any questions. The parents receive written information in the form of a leaflet produced by the Trust; ` Infant resuscitation- A step by step approach for parents and carers`.

References

- Bruce, M. (1995) Teaching CPR skills . Journal of Neonatal Nursing. Vol 1, no`s 3 P 27-30.
- Clarke, K. (1990) Infant CPR: the effect on parental anxiety regarding SIDS. British Journal of Midwifery. Vol 6, no`s 11, p 710 –715.
- Department of Health. Reduce the risk of cot death. DOH 2000. London.
- DVD basic life support for babies – a guide for parents. BLISS 2012
- FSID `safe sleep for your baby – how to reduce the risk of cot death` 2011, DVD infant basic life support – CPRO (Council for professionals as resuscitation officers).
- Henley, J. and Jeavon, P. Teaching Parents Infant CPR. Journal of Neonatal Nursing. Vol 8 issue 1 2002
- Infant Resuscitation `If an infant stopped breathing, would you know what to do?` British Red Cross. London.
- Nursing and Midwifery Council. ` Guidelines for record and record keeping.` NMC 2002.
- Resuscitation Council (UK) (2000) Resuscitation Guidelines 2000 Resuscitation Council (UK). London.

APPENDIX 1

**SUMMARY
OF
RESUSCITATION
PROCEDURE**

For further information contact:

**Resuscitation Department
Worcestershire Acute Hospitals NHS Trust
Charles Hastings Way
Worcester
WR5 1DD
01905 760754**

**Resuscitation Council UK
5th Floor
Tavistock House North
Tavistock Square
London
WC1H 9HR
020 7388 4678
www.resus.org.uk**

- Remember every second counts
- Check response — stimulate and shout
- Clear and open the airway
- If not breathing give 5 rescue breaths
- Check for signs of circulation
- If no signs of circulation, start chest compressions together with rescue breathing (2 breaths to 30 compressions)
- Continue for one minute, then dial 999 if alone. Continue until medical help arrives

Worcestershire **NHS**
Acute Hospitals NHS Trust

INFANT RESUSCITATION

**A step by step approach
for
Parents and Carers**



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Check the baby's response

Gently tap or flick the sole of the baby's foot and shout their name.

If no response shout for help.

Open the airway

- Place the baby on their back on firm flat surface.
- Look in the mouth and carefully remove any obvious obstructions such as vomit or food.
- Gently tilt the baby's head so that the eyes are looking directly at the ceiling. Lift the chin up with one finger.



Check for breathing

Look, listen and feel for breathing

- Place your cheek next to the baby's face to see if you can feel or hear any breath from the baby's mouth.
- Look at the baby's chest for 10 seconds and see if the chest rises or falls.
- If, after opening the airway the baby starts to breathe, watch carefully until medical help arrives, keeping them on their side.

If the baby does not respond and is not breathing:

Immediately send for an ambulance if help is available

START RESCUE BREATHING

- Keep the baby's head in the 'eyes to the ceiling' position with the chin lifted.
- Seal your mouth around the baby's nose and mouth.
- Blow gently until the baby's chest starts to rise.
- As the chest rises, stop blowing and allow the chest to fall.
- Do this five times.

Check for signs of circulation

- Look, listen and feel for signs of circulation such as breathing, coughing, or movement for no more than 10 seconds.

If circulation is present give 20 rescue breaths and then call for an ambulance (if alone).

- If baby still does not breathe, continue rescue breathing until medical help arrives.
- Keep checking circulation every minute.

If circulation is absent

START CHEST COMPRESSIONS

- Place two fingers in the centre of the baby's chest.
- Press down on the chest up to one third of its depth (about 1.5 to 2 cm) at a rate of 100 times per minute.



- After thirty chest compressions give another two rescue breaths and repeat (2 rescue breaths to 30 chest compressions).
- **If you are alone, continue for one minute and then dial 999.** Take baby with you to the telephone. If the baby does not respond continue with rescue breathing and chest compressions.

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Monitoring Tool

How will monitoring be carried out? Patient satisfactions survey/records monitoring uptake

Who will monitor compliance with the guideline? Paediatric Clinical Governance Committee

STANDARDS:

Item	%	Exceptions
Partents/carers of SCBU/NNU babies offered resuscitation training	100%	None
Parent satisfaction with contents of training	100%	None

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