

Neonatal Incidents May to July 2015

Many thanks to all those who completed 6 datix incident reports.

Thank you to those who completed Datix forms. The important learning points are given below:

Early Neonatal Sepsis

Two babies with risk factors for sepsis had abnormal observations recorded which should have prompted a decision to admit to NNU for a septic screen and commence iv antibiotics. This was done for both babies but could have been done sooner if the earlier observations had been acted on.

Please act promptly on abnormal observations for babies with risk factors.

Antibiotic prophylaxis for antenatally diagnosed renal abnormalities

A baby with a multicystic dysplastic kidney was almost discharged home without trimethoprim being prescribed. Please be aware of the guideline and remember to:

- Prescribe prophylactic trimethoprim
- Order renal USS for 5-6 weeks and 3 months of age
- Arrange paediatric OPC
- Give parents information sheet.

Hypoglycaemia (again!) and sleepy feeders

Our infant feeding team have asked if I can again reiterate that preterm or small (<2.5kg) babies who have successfully come off the "at risk of hypoglycaemia policy" still need care on Transitional Care if there are any problems with feeding. These are vulnerable babies at higher risk of being readmitted to the ward with feeding difficulties. Please make every effort to accommodate them on TC for extra help with feeding. I have pasted the relevant part of the guideline below:

After these two consecutive measurements ≥ 2.0 mmol/l, no further blood tests are needed and continue usual ward care.

However, if:

Preterm or <2.5kg

AND

A reluctant/sleepy breast/bottle feeder



Transfer to Transitional Care as these infants are at higher risk of feeding difficulties and jaundice.

Many thanks for your help and cooperation

Please report on the Datix system for any incident and use the "Pick List" for common problems. More reports indicate a good, risk aware unit, not more errors!

Steve Brearey
10th July 2015