



Clinical Practice Guideline

Guideline coverage includes NICU KEMH, NICU PCH and NETS WA

Admission Policy

This document should be read in conjunction with the [Disclaimer](#)

The decision to admit an infant to either of the neonatal units must be arranged through the medical staff who will then be responsible for informing the appropriate consultant on-call for the unit. In the case of infants admitted for level 3 care (clinical services framework level 6), the on-call consultant must be informed immediately if the infant is very sick or unstable or within one hour of admission if either of these conditions are true.

- The consultant will make the decision as to whether that infant needs to be seen immediately.
- This decision is assisted but not determined by the history and clinical findings provided by the registrar.
- If a registrar requests the attendance of a consultant then the consultant should be in attendance within 30 minutes of that request.
- A consultant or senior registrar should see all infants requiring intensive care within 8 hours of admission if not seen immediately.
- Consultants should be informed about infants that require special care but not intensive care within 24 hours of admission.
- A consultant or senior registrar should see these infants within 24 hours.

Public and Private Patients

The consultant neonatologists/paediatricians of the Neonatology Unit at King Edward Memorial and Princess Margaret Hospitals are happy to support and care for private patients (infants) within this service. Because of the round the clock nature of intensive and special nursery care it is necessary to manage these areas in clinical teams. One of the neonatal consultants is in charge of each clinical area at all times. When an infant requires referral to another sub specialty the care of the infant is jointly managed by the neonatal consultant currently on service and the paediatric consultant of the sub specialty.

For intensive and intermediate care patients the existing comprehensive level of medical attendance and cover is appropriate for private patients also. All such infants are admitted under the care of the consultant neonatologist responsible for that area at that time. The consultant carries out one or more daily ward rounds, oversees the care of all infants and will discuss the management of infants with their parents on a regular basis.

For term and near term infants admitted to the post natal wards with their mothers, the neonatologist responsible for the postnatal wards will make themselves known to the parent(s) and will overview their infant's inpatient stay.

For private patients a single account for services rendered will be raised and no gap payment will be charged for any services billed by this hospital. It is not anticipated that consultants will attend the delivery of private patients, except where this is indicated on clinical grounds as indicated in the Guidelines, or as arranged individually between obstetrician and paediatrician.

Related policies

[PCH Admission Policy](#)

Related WNHS policies, procedures and guidelines

WNHS [Clinical Handover Policy](#)

Obstetrics & Gynaecology Guideline – [Agnes Walsh House: transfer of a postnatal woman +/- her baby](#)

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