Newborn Palliative Care Pathway

https://pulse.utah.edu/policies/Lists/Policies/DispForm.aspx?id=11347

Palliative care will be provided by the Nursery Team* for infants ≥ 34 weeks gestation and by the NICU team** for infants <34 weeks gestation.

***Infants not expected to survive beyond a few hours after delivery should remain with family in L&D unless parents desire otherwise.

<table>
<thead>
<tr>
<th>Charge Nurse Team</th>
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<tbody>
<tr>
<td>L&amp;D Charge nurse notifies all teams of mother’s arrival via SmartText: Newborn Palliative Care Team (L&amp;D/MNBC/NICU Charge Nurses, Peds Att., Sr. Peds Res./NNP, W&amp;C SW, Transition Nurse, and Rainbow Kids Rep)</td>
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<tr>
<td>SmartText Message to Include: Patient name, MRN, Room number</td>
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<tr>
<td>Read palliative delivery plan in mother’s chart</td>
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<td>L&amp;D Nurse contacts IDS and notifies resident that this has been done</td>
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<td>Case discussed in each charge nurse huddle until delivery/discharge (0830 &amp; 2030)</td>
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<tr>
<td>L&amp;D Nurse “pends” baby (Orders can now be written)</td>
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<tr>
<td>Continue communication with assigned nurse/care team until delivery/discharge</td>
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**Nursery Team: Nursery Attending, Transition Nurse, Sr Peds Resident **NICU Team: NICU Attending, NNP, NICU Nurse

Upon receipt of SmartText Page

- Read palliative delivery plan in mother’s chart, if available (Rainbow Kids consult note, Angel Watch note, other delivery plan)
- Infants ≥ 34 wks: Nursery Attending/Senior Peds Resident
- Infants < 34 wks: NICU Fellow/NNP
- Meet with parents to confirm goals of care *See Serious Conversations on Pulse

1. Does family desire therapies beyond primarily Comfort Measures?
   - Examples: Interventions that do not have a clear end point or could not be continued at home such as IV fluids, radiant warmer/ incubator, CPAP/BiPAP, labs (e.g. glucose, bilirubin) and/or antibiotics
   - Is there uncertainty about whether the infant may be admitted to the NICU (uncertain diagnosis or prognosis)?

   - Yes
     - Clarify goals with family. Discuss with NICU fellow/attending. After delivery, admit to Nursery or NICU service based on gestation and interventions desired. Place Orders in Epic, if applicable
     - Change in care plan or infant status? *See Serious Conversations on Pulse
   - No
     - Comfort measures may include pain medication, breast feeding, and blow by O2 per the parents’ desires
     - Round on baby daily and PRN. Make adjustments to care plan as needed

Repeat as needed

- Baby discharged home with parents?
  - Yes
    - Talk to Social Work/Case Management to arrange home hospice
  - No
    - Baby dies in hospital
      - Death Packets may be obtained at front desk of NICU or L&D
      - Provider completes death certificate in Eden

- Notify Attending
  - Death examination should be performed by attending, fellow, or senior resident
  - IDS/Tissue Donor Services Coordination
  - Death packet should be completed by Attending and/or Senior Resident
    - Record of Death
    - Authorization for Performance of Autopsy
    - Disposition of Remains for Babies ≥ 20 weeks

Discharge Summary Completed
Serious Conversations with Expectant Families: When Resuscitation and Care Plan Defined
*as possible, hold discussion in a private place with supportive people there*

Introduce Topic:
“I have reviewed your record, including your conversations with ____ (Rainbow Kids, Angel Watch). I know you have been through a lot, but would it be alright if we talk about the care plan?

Confirming Care Plan:
“I have reviewed your records and it sounds like our plan for delivery is to focus on ________ (comfort, reviving the baby, etc). Did I understand that correctly? I think that is an appropriate and thoughtful plan. Is there anything that has changed?”

Serious Conversations with Expectant Families: Resuscitation and Care Plan Not Previously Defined

Introducing Topic:
“I have reviewed your records and what has gone on since you arrived. I think we need to have a serious discussion. Is there anyone else who should be in the room with us?”

Presenting options:
“This is a difficult discussion and I am here to support you. What have you been told so far about what is going on?”
“In light of what you know (or what I have told you), what are the most important things for us to keep in mind as we take care of your baby?”
“I am going to describe a few possible paths of treatment. There is no right or wrong answer and we have seen caring parents make very different decisions”
“The first path of treatment is to (describe interventions needed with clear, simple language). The second path of treatment is to focus on comfort and support. This would mean we are not doing those other things I just described. It may also mean that your child dies of natural causes.”
“Would it be alright if our team made a recommendation?”
“Based on what you’ve told me, I would recommend (recommendation)”

Talking about Follow Up:
“Is there anyone that you would like me to discuss the care plan with?”
“Our team is available 24/7. Please let us know if you or your family want to talk about this.”
“We have partners in the community called “hospice” that can help you be at home. Have you heard of hospice? Is that something you would like more information on?”