

Neonatal nursing at the sharp end?

Great Ormond Street Hospital's NICU, as you might expect, cares for babies with a variety of complex and difficult cases, often after all options have been exhausted at the referring hospital. Conjoined twins, babies with conditions such as necrotising enterocolitis (NEC), patent ductus arteriosus (PDA) ligations, diaphragmatic hernia, gastroschisis/exomphalus, tracheo-oesophageal fistula/atresia, neurological problems and malformation of the vein of Galen, for example, receive treatment at the hands of a vast pool of surgical and medical expertise available on-site.

Approximately 60% of admissions require some form of surgery and around 40% are medical, presenting with a variety of conditions and anomalies including meconium aspiration syndrome, sepsis, metabolic disorders and renal disturbances. Peritoneal dialysis is carried out on NICU, while babies requiring haemofiltration are usually transferred to PICU. The unit also receives referrals for ECMO. Babies are admitted for treatment with high frequency oscillation and nitric oxide to see if they can be stabilised

without needing ECMO. If they do not improve they are placed on to ECMO on the unit and then transferred to the cardiac ITU.

The busy unit is spacious and bright, housing ten intensive care cots, four in separate rooms. With no high dependency room, babies move on to the wards or if they are still ventilated they are returned to the NICU they came from originally. Plans are underway to set up some nurse-led high dependency cots and as the unit's ANNP has just left, another of the unit's nurses is being developed to the role on the Southampton ANNP course.

My guide around Great Ormond Street's NICU for the day was Family Liaison Nurse Esther Rose. The Family Liaison Nurse role, created following the October 2003 Bristol enquiry, provides a valuable resource for parents coping while their infant is on the unit and is a role which obviously gives Esther a lot of satisfaction.

The NICU and PICU Family Liaison Nurses offer a supportive and practical link between parents, the bedside nurse and all the disciplines that are likely to be encountered during a baby's stay



on the ward.

During a widely varied day, Esther may be called upon to assist with practical needs such as car parking and local accommodation, helping with milk expression, explaining a baby's treatment in detail, calling multidisciplinary team meetings, arranging counselling and supporting the unit's nurses.

With many non-English speaking families using the unit, Esther spends much of her time using the Language Line service for face-to face or over the phone translation.

As a rule, the unit doesn't take simpler cases such as respiratory, feeding or growth difficulties, and it is the complicated problems of the babies on the ward that mean that the mortality rate is relatively high, in the region of 30-40 deaths a year. Arranging bereavement counselling and lending support to staff are a regular part of Esther's role, as is managing the baby's transferral to home or local hospital, if parents wish it, with the assistance of the palliative care team.

Transport services are provided by Children's Acute Transport Services or the



LEFT: Nicole Miller's daughter Bre-Ayne was born at 24 weeks and admitted with a PDA which was clamped. Following an NEC and complicating abscess, Bre-Ayne has a stoma bag. An investigative operation will take place when she is four weeks old.

ABOVE: Nicole and Esther discuss Bre-Ayne's continuing treatment.

Regional Neonatal Transport Service and new admissions arrive by road, sometimes requiring collection from one of the city's airports. Referrals come largely from the north Thames region but complex cases are referred from across the UK and occasionally from overseas.

Infants can be on the unit for just a day or up to a month or two, with some patients requiring long term ventilation being moved to the transitional care unit with the aim of organising home ventilation to be set up with the local community team. Complex surgical cases might result in a longer stay and, because the NICU accepts referrals back after babies have gone home, for example RSV cases in winter, infants up to two years old have spent time on the ward. Close links with the PICU just across the corridor



ABOVE: The main ward is bright, spacious and well-equipped. One-to-one nursing is usually practised with more intensive nursing available when it is needed.

LEFT: Nurse Practice Educator Annabel Linger goes over the current admissions with Family Liaison Nurse Esther Rose.



parent-to-parent telephone support network. Once a team of volunteer past parents have been trained in telephone support skills and a rota established, parents with babies currently on the unit will be able to call and share their experiences, gaining vital support at difficult times.

The care received on the unit engenders a great deal of loyalty and past parent support features strongly – a twice yearly support group meets where parents provide input into leaflets and make suggestions to improve the service provided to users of the unit. A redesigned parent kitchen and the breast pump room came about following parents' suggestions.

In common with many NICUs, the unit at Great Ormond Street is warm and welcoming, staffed by enthusiastic, dedicated nurses and bristling with the latest equipment. The difference lies in the serious conditions of the babies being treated here and the huge wealth of expertise and resources readily available to carry out that treatment.

means that older infants are sometimes accommodated on the NICU when the PICU is at capacity.

With the resources of a centre of excellence at hand, the unit calls on the PICU play specialists to encourage normal development in their patients, while offering advice to parents on infant massage and stimulation.

Accommodation for mothers is arranged in the mother's unit or in rooms a short distance from the hospital and new mothers are seen in a midwifery clinic held at the hospital three times a week. Two rooms on NICU are currently being developed where parents will be able to stay in emergency situations and for bereavement purposes.

A central London location and the

associated travel and accommodation costs means that GOSH has to invest a lot of time and effort in recruiting and retaining its staff, which is constantly an issue. Many neonatal nurses come to receive valuable training and gain experience from the broad spectrum of expertise available and then move on. A variety of training, try-out periods in higher grades, help with accommodation costs, job-share and flexible hours are all on offer to encourage nurses to stay.

Along with a core of senior staff, Esther has been with the unit for a number of years, enthusiastically returning after maternity leave and it is obvious that she is proud of the unit.

A joint initiative with the PICU gets underway in September in the form of a

Is your unit special?

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