BWH | BRIGHAM AND WOMEN'S HOSPITAL

Title:	Readmission of Infants to the Newborn Nursery
Number:	1.11.6
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I. Purpose

To describe the procedure for readmitting infants to the Newborn Nursery.

Readmission is restricted to infants meeting all of the following criteria:

- The infant was discharged from BWH within the past 14 days
- The infant has a noninfectious condition
- If readmission is for a diagnosis **other than** hyperbilirubinemia, the infant is approved for readmission by the Medical Director of Newborn Service and Maternal/Newborn Nursing Director (or their designees).

II. Procedure

The following steps are taken once the admitting physician identifies the need for readmission. The admitting pediatrician may contact the BWH Faculty Newborn Service attending pediatrician on call via Partners pager #33332 to assist with coordination of the admission. If there is any concern that the infant may need NICU admission or if the infant is being readmitted between the hours of 4PM to 8AM requiring initial evaluation by the NICU Birth and Transition Service (see section 5), the admitting physician should contact the attending neonatologist on duty by calling 617-732-5420.

1. **The admitting physician must notify one of the nurses in charge on duty in the postpartum units as well as the Obstetrical Admitting Office (617-732-5521)**. If possible, the infant will be placed on the same nursing unit that (s)he was on during the birth hospitalization and every attempt will be made to arrange accommodation for the infant's parents in an unoccupied postpartum patient room or postpartum family room. If there are no available postpartum family rooms or unoccupied postpartum patient rooms, it is an option to admit the infant to the NICU if the census allows. If a high NICU census precludes this option, the infant should be diverted to another hospital for admission unless the mother explicitly prefers admission to BWH without accommodation for her.

2. The admitting physician should instruct the parents to bring the infant to BWH Obstetrical Admitting Office and should instruct the admitting clerk regarding to which unit the family

should be escorted (see sections 5 and 6). The admitting clerk will escort family to the appropriate nursing unit (i.e. CWN 9, CWN 10, or NICU triage).

3. The infant will be banded with HUGs tag by the admitting nurse upon arrival to WBN. HUGs tag ID will be documented in EPIC. If the baby is first seen in NICU triage, id bands will be applied by the NICU triage nurse upon arrival.

4. The admitting physician will assess the infant within one hour of arrival to the nursing unit and will enter the admission orders and H&P into Epic. It is an acceptable alternative for the admitting physician to enter the H&P and orders remotely based on a face to face evaluation of the infant that has occurred within six hours of readmission to the hospital.

5. If the admitting physician is unable to provide an admission assessment (s)he will notify the newborn hospitalist on call via Partners pager #33332 to request assistance with the admission evaluation, H&P, and orders. Between the hours of 8AM and 4PM, the newborn hospitalist on call will perform this assessment on the postpartum nursing unit. Between the hours of 4PM to 8AM, the infant will instead first be assessed in the NICU triage area by the NICU Birth and Transition team prior to transfer to the designated postpartum nursing unit.

6. At discharge, infant ID bands and HUGs tag will be verified with parent. HUGs tag will be removed. Documentation of ID verification and discharge note will be recorded in infant EPIC note. Infant will be discharged to parent.

Reference	
Commonwealth of Massachusetts. Department of Public Health Massachusetts Hospital Licensure Regulations (2017). 105 CMR 130.616 p. 44.	