

Standard Rotation: Neonatal Intensive Care at UHB or KCHC–Junior Resident

Residents: PL-1 pediatrics, EM-1 or EM-2 emergency medicine residents

Prerequisites: Successful completion of NRP course with certification

Primary Goals for this Rotation

GOAL: Perinatal Prevention. Understand the pediatrician's role in and be an active advocate for programs to reduce morbidity and mortality from high-risk pregnancies.

1 : Identify and describe strategies to reduce fetal and neonatal mortality, including use of group B strep prophylaxis and perinatal steroids.

2 : Understand and know how to access:

1 :Basic vital statistics that apply to newborns (neonatal and perinatal mortality, etc)

2 :Prenatal services available in one's region

3 :Tests commonly used by obstetricians to measure fetal well-being

3 : Recognize potential adverse outcomes for the fetus and neonate of common prenatal and perinatal conditions, and demonstrate the pediatrician's role in assessment and management strategies to minimize the risk to the fetus and/or newborn in the following situations:

1. Maternal infections/exposure to infection during pregnancy including HIV, tuberculosis, varicella, rubella, hepatitis, and others
2. Fetal exposure to harmful substances (alcohol, tobacco, environmental toxins, medications, street drugs)
3. Maternal insulin-dependent diabetes and pregnancy-induced glucose intolerance
4. Multiple gestation
5. Placental abnormalities (placenta previa, abruption, etc)
6. Pre-eclampsia, eclampsia
7. Chorioamnionitis
8. Polyhydramnios
9. Oligohydramnios
10. Premature labor, premature and/or prolonged ruptured membranes
11. Complications of anesthesia and common delivery practices (e.g., Caesarian, vacuum, forceps assisted, epidural, induction of labor)
12. Fetal distress during delivery
13. Postpartum maternal fever or infection
14. Blood group incompatibilities
15. Other common maternal conditions having implications for the infant's

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health such as lupus, HELLP syndrome, maternal thrombocytopenia
GOAL: Resuscitation and Stabilization. With supervision, assess, resuscitate and stabilize critically ill neonates.
1 : Explain and perform steps in resuscitation and stabilization, particularly airway management, vascular access, volume resuscitation, indications for and techniques of chest compressions, resuscitative pharmacology and management of meconium deliveries.
2 : Describe the common causes of acute deterioration in previously stable NICU patients.
3 : Function appropriately in neonatal resuscitations as part of the NICU team by: <ol style="list-style-type: none"> 1. Participating in resuscitations 2. Completing Neonatal Resuscitation Program (NRP) 3. Using neonatal resuscitation skills and drugs appropriately
GOAL: Common Signs and Symptoms. Evaluate and manage, under the supervision of a neonatologist, common signs and symptoms of disease in premature and ill newborns.
1 : Under supervision, evaluate and manage patients with the signs and symptoms that present commonly in the NICU.
1 :General: feeding problems, history of maternal infection or exposure, hyperthermia, hypothermia, intrauterine growth failure, irritability, jitteriness, large for gestational age, lethargy, poor post-natal weight gain, prematurity
2 :Cardiorespiratory: apnea, bradycardia, cyanosis, dehydration, heart murmur, hypertension, hypotension, hypovolemia, poor pulses, respiratory distress (flaring, grunting, tachypnea), shock
3 :Dermatologic: birthmarks, common skin rashes/conditions, discharge and/or inflammation of the umbilicus, hyper- and hypopigmented lesions, proper skin care for extreme prematures
4 :GI/surgical: abdominal mass, bloody stools, diarrhea, distended abdomen, failure to pass stool, gastric retention or reflux, hepatosplenomegaly, vomiting
5 :Genetic/metabolic: apparent congenital defect or dysmorphic syndrome, metabolic derangements (glucose, calcium, acid-base, urea, amino acids, etc.)
6 :Hematologic: abnormal bleeding, anemia, jaundice in a premature or seriously ill neonate, neutropenia, petechiae, polycythemia,

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thrombocytopenia
7 :Musculoskeletal: birth defects and deformities, birth trauma and related fractures and soft tissue injuries, dislocations
8 :Neurologic: birth trauma related nerve damage, early signs of neurologic impairment, hypotonia, macrocephaly, microcephaly, seizures, spina bifida
9 :Parental stress and dysfunction: anxiety disorders, poor attachment, postpartum depression, substance abuse, teen parents
10 :Renal/urologic: abnormal genitalia, edema, hematuria, oliguria, proteinuria, renal mass, urinary retention

GOAL: Common Conditions. Recognize and manage, under the supervision of a neonatologist, the common conditions in patients encountered in the NICU.

- 1 : Under appropriate supervision, evaluate and manage patients with conditions that present commonly in the NICU:
1. General: congenital malformations
 2. Cardiovascular: cardiomyopathy, congenital heart disease (cyanotic and acyanotic), congestive heart failure, dysrhythmias (e.g. supraventricular tachyarrhythmia, complete heart block), pericarditis
 3. Genetic, endocrine disorders: abnormalities discovered from neonatal screening programs as they affect the premature infant, common chromosomal anomalies (Trisomy 13, 18, 21, Turner's), inborn errors of metabolism, infant of a diabetic mother, infant of a mother with thyroid disease, uncommon conditions such as congenital adrenal hyperplasia, hypothyroidism, hyperthyroidism
 4. GI/nutrition: biliary atresia, breast feeding support for mothers and infants with special needs (high risk premature, maternal illness, multiple birth, etc.), complications of umbilical catheterization, gastroesophageal reflux, growth retardation, hepatitis, hyperbilirubinemia, meconium plug, necrotizing enterocolitis, nutritional management of high risk neonates or those with special needs
 5. Hematologic conditions: coagulopathy of the newborn, erythroblastosis fetalis, hemophilia, hydrops fetalis, hyperbilirubinemia, splenomegaly
 6. Infectious disease: central line infections, Group B Streptococcal infections, hepatitis, herpes simplex, immunization of the premature neonate, infant of mother with HIV, intrauterine viral infections, neonatal sepsis and meningitis, nosocomial infections in the NICU, syphilis, varicella exposure
 7. Neurologic disorders: central apnea, CNS malformations, drug withdrawal, hearing loss in high risk newborns (prevention and screening), hydrocephalus, hypoxic-ischemic encephalopathy, intraventricular hemorrhage, retinopathy of prematurity, seizures,

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- spina bifida
8. Pulmonary disorders: atelectasis, bronchopulmonary dysplasia, meconium aspiration, persistent pulmonary hypertension of the newborn, pneumonia, pneumothorax, respiratory distress syndrome, transient tachypnea of the newborn
 9. Renal: acute and chronic renal failure, hematuria, hydronephrosis, oliguria, proteinuria
 10. Surgery (pre- and post-operative care), diaphragmatic hernia, esophageal or gut atresia, gastroschisis, omphalocele, intestinal obstruction, necrotizing enterocolitis, perforated viscus, volvulus

GOAL: Diagnostic Testing. Under the supervision of a neonatologist, order and understand the indications for, limitations of, and interpretation of laboratory and imaging studies unique to the NICU.

1 : Demonstrate understanding of common diagnostic tests and imaging studies used in the NICU by being able to:

1 :Explain the indications for and limitations of each study.

2 :Know or be able to locate readily gestational age-appropriate normal ranges.

3 :Interpret the results in the context of the specific patient.

4 :Discuss therapeutic options for correction of abnormalities.

2 : Use appropriately the following evaluations that may have specific application to neonatal care:

1. Serologic and other studies for transplacental infection
2. Direct and indirect Coomb's tests
3. Neonatal drug screening
4. Cranial ultrasound for intraventricular hemorrhage
5. Abdominal X-rays for placement of umbilical catheter
6. Chest X-rays for endotracheal tube placement, air leak, heart size, and vascularity

3 : Use appropriately the following laboratory tests when indicated for patients in the neonatal intensive care setting:

1. CBC with differential, platelet count, RBC indices
2. Blood chemistries: electrolytes, glucose, calcium, magnesium, phosphate
3. Renal function tests
4. Tests of hepatic function (PT, albumin) and damage (liver enzymes,

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- bilirubin)
5. Serologic tests for infection (e.g., hepatitis, HIV)
 6. CRP, ESR
 7. Therapeutic drug concentrations
 8. Coagulation studies: platelets, PT/PTT, fibrinogen, fibrin split products, D-dimers, DIC screen
 9. Arterial, capillary, venous and cord blood gases
 10. Detection of bacterial, viral, and fungal pathogens
 11. Urinalysis
 12. CSF analysis
 13. Gram stain
 14. Stool studies
 15. Toxicologic screens/drug levels
 16. Other fluid studies (e.g., pleural fluid, joint fluid)
 17. Newborn screening tests

4 : Appropriately use the following imaging or radiographic or other studies when indicated for patients in the NICU setting:

1. Chest X-ray
2. Abdominal series
3. Skeletal survey
4. CT scans
5. MRI
6. Nuclear medicine scans
7. Electrocardiogram and echocardiogram
8. Cranial ultrasonography

GOAL: Monitoring and Therapeutic Modalities. Understand how to use the physiologic monitoring, special technology and therapeutic modalities used commonly in the care of the fetus and newborn.

1 : Demonstrate understanding of the monitoring techniques and special treatments commonly used in the NICU by being able to:

1. Discuss the indications, contraindications and complications.
2. Describe the general technique for use in infants.
3. Interpret the results of monitoring.

2 : Use appropriately the following monitoring and therapeutic techniques in NICU.

1. Physiologic monitoring of temperature, pulse, respiration, blood pressure

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2. Pulse oximetry
3. Neonatal pain and drug withdrawal scales

3 : Use appropriately the following treatments and techniques in the neonatal intensive care unit under supervision by the attending neonatologist, monitoring effects and anticipating potential complications specific to each procedure.

1. CPAP or assisted ventilation
2. Endotracheal intubation
3. Administration of surfactant
4. Positive pressure ventilation and basic ventilator management
5. Nitric oxide therapy
6. Phototherapy
7. Umbilical arterial and venous catheterization
8. Central hyperalimentation and parenteral nutrition
9. Enteral nutrition
10. Analgesic, sedatives and paralytics
11. Blood and blood product transfusions, including exchange transfusion
12. Vasoactive drugs (pressors and inotropes)
13. Judicious use of antibiotics
14. Administration of medications specific to the needs of the newborn (e.g., Vitamin K)
15. Arterial puncture
16. Venous access by peripheral vein
17. Umbilical artery and vein catheterization

4 : Use appropriate resources to facilitate the transition to home of the technology-dependent neonate.

GOAL: Pediatric Competencies in Brief: Demonstrate high standards of professional competence while working with patients in the Neonatal Intensive Care Unit.

Competency 1: Patient Care. Provide family-centered patient care that is development- and age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.

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- 1 :Use a logical and appropriate approach to the assessment and daily management of seriously ill neonates and their families, under the guidance of a neonatologist, using evidence-based decision-making and problem-solving skills.
- 2 :Learn to prioritize patients' problems.
- 3 :Gather essential and accurate information via interviewing parents and performing a complete physical exam on the neonate.
- 4 :Monitor and follow up on patients appropriately.
- 5 :Provide emotional, social, and culturally sensitive support to families of NICU infants, including those at home.
- 6 :Work with other members of the health care team to provide family centered care.

Competency 2: Medical Knowledge. Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavioral knowledge needed by a pediatrician; demonstrate the ability to acquire, critically interpret and apply this knowledge in patient care.

- 1 :Demonstrate a commitment to acquiring the knowledge base expected of general pediatricians caring for seriously ill neonates under the guidance of a neonatologist.
- 2 :Know and/or access medical information efficiently, evaluate it critically, and apply it appropriately to the care of ill newborns

Competency 3: Interpersonal Skills and Communication. Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates.

- 1 :Provide effective and sensitive communication with families of infants in the NICU setting.
- 2 :Function effectively as part of an interdisciplinary team member in the NICU to create and sustain information exchange and teamwork for patient care.
- 3 :Maintain accurate, timely, organized and legally appropriate medical records in the critical care setting of the NICU.

Competency 4: Practice-based Learning and Improvement. Demonstrate knowledge, skills and attitudes needed for continuous self-assessment, using scientific methods and evidence to investigate, evaluate, and improve one's patient care practice.

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- 1 :Use scientific methods and evidence to investigate, evaluate, and improve one's patient care practice in NICU setting.
- 2 :Identify personal learning needs, systematically organize relevant information resources for future reference, and plan for continuing acquisition of knowledge and skills.
- 3 :Learn to identify limitations and ask for help when needed.
- 4 :Learn to accept feedback and develop plans for self-improvement.

Competency 5: Professionalism. Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diversity.

- 1 :Demonstrate a commitment to carrying out professional responsibilities while providing care in the NICU setting.
- 2 :Adhere to ethical and legal principles, and be sensitive to diversity in caring for critically ill newborns.
- 3 :Establish trusting relationships with parents and staff.
- 4 :Acknowledge errors and work to minimize them in the future.

Competency 6: Systems-Based Practice. Understand how to practice high-quality health care and advocate for patients within the context of the health care system.

- 1 :Identify key aspects of health care systems, cost control and mechanisms for payment in the NICU setting.
- 2 :Learn to function as a patient advocate.
- 3 :Recognize the limits of one's knowledge and expertise and take steps to avoid medical errors.

Procedures

GOAL: Technical and therapeutic procedures. Describe the following procedures, including how they work and when they should be used; competently perform those commonly used by the pediatrician in the NICU.

Arterial puncture

Endotracheal intubation

Direct laryngoscopy

Exchange transfusion: newborn

Gastric tube placement (OG/NG)

Lumbar puncture

Medication delivery: endotracheal

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Pulse oximeter: placement
Suctioning: nares, oral pharynx, trachea (newborn)
Umbilical artery and vein catheter placement
Ventilation: bag-valve-mask
Ventilation support: initiation
GOAL: Diagnostic and screening procedures. Describe the following tests or procedures, including how they work and when they should be used; competently perform those commonly used by the pediatrician in practice.
Monitoring interpretation: cardiac
Monitoring interpretation: pulse oximetry
Monitoring interpretation: respiratory
Monitoring interpretation: Capnometry/end-tidal CO2
Source Adapted from Kittredge, D., Baldwin, C. D., Bar-on, M. E., Beach, P. S., Trimm, R. F. (Eds.). (2004). APA Educational Guidelines for Pediatric Residency. Ambulatory Pediatric Association Website.