

## Tele-NICU Pre-Brief Checklist – Before Baby is Born

**Pre-Brief Call: As appropriate, need for pre-brief with OHSU discussed with provider on-call at originating site**

Steps	Additional information
<b>1. Pre-brief discussion with Hospitalist or Pediatrician on call</b>	<p><b>1 – When Hospitalist is present</b> Pre-brief with hospitalist and discuss with them whether to call telemedicine</p> <p><b>2 – When Pediatrician is on call</b> Call Pediatrician with patient information, risk factors, and reason for telemedicine pre-brief. Discuss appropriateness of telemedicine pre-brief as a team.</p>
<b>2. Notify Transfer Center</b>	<p><b>1-800-648-6478</b></p> <p>2 - "This is [Hospital name]. We need Tele-NICU for a <b>PREBRIEF</b>"</p> <p>3 – Have mom’s last name and baby gender (or unknown gender) ready</p>
<b>3. OHSU Provider Logs in</b>	<p><input type="checkbox"/> Identify a point person to brief OHSU provider</p> <p><input type="checkbox"/> Troubleshoot audio/visual issues</p>
<b>4. Medical Transfer of Knowledge: “Gimme 5”</b>	<p><i>Pre-brief between OHSU physician and point person:</i></p> <p><input type="checkbox"/> Gestational age:</p> <p><input type="checkbox"/> Number of babies:</p> <p><input type="checkbox"/> Risk Factors:</p> <p><input type="checkbox"/> Estimated Fetal Weight:</p> <p><input type="checkbox"/> Amniotic Fluid (clear, meconium, bloody)</p>
<b>5. Staff Coordination</b>	<p><input type="checkbox"/> Team introduction and role identification</p> <p><input type="checkbox"/> Notify on-call nursery provider to come in, as appropriate</p>
<b>6. Prep Station</b>	<p><input type="checkbox"/> Equipment checklist</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Turn on Panda Warmer</li> <li><input type="checkbox"/> Hat</li> <li><input type="checkbox"/> Polyethylene wrap/chemical warming pack if &lt;32 weeks</li> <li><input type="checkbox"/> Bulb suction/wall suction (10Fr or 12Fr catheter, set @ 80-100)</li> <li><input type="checkbox"/> PPV: <input type="checkbox"/> T-Piece Resuscitator 20/5; <input type="checkbox"/> CO2 detector in-line; <input type="checkbox"/> Flow 10L/min <ul style="list-style-type: none"> <li><input type="checkbox"/> Starting FiO2: 21% for ≥32 weeks; 30% for &lt;32 weeks</li> </ul> </li> <li><input type="checkbox"/> OG tube available</li> <li><input type="checkbox"/> Code cart in room, intubation supplies available <ul style="list-style-type: none"> <li><input type="checkbox"/> Review laryngoscope blade size, ETT size and depth</li> </ul> </li> </ul>
<b>7. Log off</b>	<p><input type="checkbox"/> Discuss with OHSU provider your plan to call transfer center when birth is imminent</p> <p><input type="checkbox"/> OHSU provider will disconnect call</p>

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## POSSIBLE CALL BACKS:

Baby Born – Needs Resuscitation	
1. Notify Transfer Center	1-800-648-6478 “This is [Hospital Name]. We need Tele-NICU for a <b>CODE</b> ”
2. Provider Logs in	Troubleshoot audio/visual issues
3. Resuscitation	Follow the Resuscitation Checklist

**NOTE:** You are encouraged to perform a short “debrief” after all resuscitations/codes with OHSU staff via InTouch. This may be scheduled at a later time if not feasible on current call.

Baby OK at Birth	
1. Remove physician from standby	<input type="checkbox"/> Contact transfer center to report “all is well” to take OHSU physician off standby <input type="checkbox"/> Call on call Pediatrician to let them know there was not a transfer