RE-ADMISSION OF INFANTS TO NCCU KEMH

In general infants are not re-admitted to the unit. The following exceptions apply:

- Any infant who is less than 40+8 weeks corrected gestational age that requires readmission within the first week after discharge and does not need to be in an isolation cubicle.
- Any infant with rhesus disease who requires a blood transfusion for a low haemoglobin can be readmitted up to 16 weeks post discharge.

All infants readmitted to the SCN from home, with a possible infection, may initially need to be nursed in an incubator to isolate them from the other infants until investigations are carried out. They can be allowed out of the incubator for feeds if applicable. The decision to nurse them in an open cot, prior to results of pending investigations, will be made at the discretion of the consultant.

CRITERIA FOR PAEDIATRIC REVIEW AND/ OR RE-ADMISSION TO POSTNATAL WARDS (KEMH)

Infants who are referred from home and who are suspected of being septic should not be re-admitted to the postnatal wards. They must be re-admitted to ward 6B or the infant ward at PMH and the decision should be made by the neonatal consultant on-call.

The following are the criteria for paediatric review / re-admission to a KEMH postnatal ward:

- Any well baby within the first week of discharge from KEMH postnatal ward with
  - Feeding difficulties
  - Weight loss of ≥10% of birth weight
  - Jaundice
- Any rhesus isoimmunised baby requiring transfusion for a low haemoglobin level up to 16 weeks of discharge from KEMH
- Any well baby within the first week of discharge that, in the opinion of the VMS midwife requires paediatric review.

RE-ADMISSION OF INFANTS TO WARD 6B PMH

See [Admission Guidelines for PMH/Ward 6B Neonatal Unit](#)