Weight

Changes in infant weight provide some indication of growth and fluid balance. Acute changes in fluid balance may be reflected in changes in daily weights, while growth is better reflected in changes in body weight over time.

- All infants are to be weighed on admission to, and discharge from the NICU.
- Weight checks are to be conducted during the day in consultation with parents, in order to facilitate parent involvement.
- Infants requiring intensive care are to be weighed daily for the first week of life. Then alternate day weight unless otherwise ordered.
- Infants on respiratory support must be weighed by two nursing staff members. A neonatal trained nurse should be involved in the weighing of ventilated infants. (Built-in incubator scales are preferable for unstable infants nursed in incubators).
- Before commencement the shift coordinator should be consulted in order to assess patient safety related to unit workload. If deemed unsafe then weighing should be deferred to a more suitable time.
- Level 2 care infants are weighed daily for the first week of life then are to be weighed twice per week e.g. Wednesdays and Sundays. The timing of these weighs should be discussed with their parents in order to facilitate parent involvement.
- Surgical infants are weighed daily until otherwise directed by medical staff.
- Daily weighing of stable infants may cause concern over clinically insignificant weight losses/gains, and can be particularly unhelpful as infants near discharge.
- If washing / bathing is required at the same care time as weighing, infants should be weighed first, to minimise thermal stress.
- All weights are to be plotted on MR415.01/.02 and documented on MR489/491.n

Length and Head Circumference

- The timing of these measurements should be discussed with their parents in order to facilitate parent involvement.
- Changes in infant length and head circumference provide important information regarding growth as opposed to fat deposition.
• All infants should have their head circumference and length measured at admission.
• Head circumference is then measured weekly on Sundays and at time of discharge.
• Inform Medical staff of unexpected changes in head circumference.
• If there is an indication for more frequent head circumference measurements (e.g. hydrocephalus) the HC should be measured by the same person (where possible) to promote consistency in measurement.
• Length is then measured weekly (dependent on infant’s condition) and at time of discharge.
• All weekly head circumferences, lengths and weights are to be plotted on MR415.01/.02 and documented on MR489/491.

Related WNHS policies, procedures and guidelines

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