

## St Mary's Hospital Information

### Demographics

**Location & Trust:** NICU, St. Mary's Hospital, Manchester University NHS Foundation Trust

**College Tutor Name:** Dr Kristin Tanney

**Wellbeing Lead Name:** N/A

### Description of Hospital/Department:

The Newborn Intensive Care Unit has a total of 69 cots comprised of Intensive Care, High Dependency and Special Care cots delivering clinical care to both medical and surgical neonates. We look after babies from 22 weeks' gestation upwards, using all common modes of mechanical ventilation, less invasive surfactant administration, therapeutic hypothermia and iNO to name just a few examples. As the tertiary referral centre, we receive babies from around the NW for specialist or tertiary neonatal input, and as such see a huge variety of pathology.

As this post involves caring for neonatal surgical and medical patients, close working is required with the Paediatric Surgeons and the specialties allied to Neonates and Paediatrics. Along with Obstetrics and Foetal Medicine, services of special relevance in NICU are:

- Paediatric Surgery of all subspecialties
- Paediatric Anaesthesia
- Neonatal Imaging
- Neonatal Cardiology
- Ophthalmology, Medical Genetics, Dysmorphology and Laboratory Genetics
- Perinatal Pathology
- General Paediatrics
- Full tertiary level support is available for all paediatric subspecialties (including Cardiology, Nephrology, Neurology, Neurosurgery, Haematology, Gastroenterology, and Endocrinology) in the co-located Royal Manchester Children's Hospital

The Royal Manchester Children's Hospital also has a secondary paediatric service for the local community, and the paediatricians support the further admissions of infants who have been discharged from the Newborn Intensive Care Unit, allowing for continuation of care.

In NICU we work as a multi-disciplinary team of consultants, nurses, nurse practitioners (Enhanced and Advanced), trainee doctors, junior and senior clinical fellows, physician associates, allied health professionals, professional secretaries, and ward clerks.

We have a thriving research department, a feeding team, a bereavement team and psychologists, an education team, and an excellent risk management team who help us to identify and learn from incidents and near-misses.

With so many experts in their field, there are lots of learning opportunities available and many options for trainees keen to enhance their experience in the Newborn Intensive Care Unit

### **Day to day Duties of Trainees:**

#### **ITU duties:**

Each of the two ITU rooms is covered by a separate named consultant for the week, and the registrar assigned to the room will be expected to support the Tier 1 practitioner in all areas of practice below

#### **Duties will include:**

1. Handover at 08:30 and 20:30. Keep the chameleon handovers updated.
2. Conduct ward rounds with the consultant, document notes on ICCA, and daily patient examination.
3. Complete TPN / fluid prescription for all babies in the room soon after the morning round.
4. Complete jobs from the ward round and keep documentation of all referrals and consultations.
5. Conducting procedures.
6. Clinical assessment, management, and documentation for new admissions, transfers, and discharges.

#### **HDU and SCBU duties**

#### **Duties will include:**

1. Handover is at 0800 and 2000
2. Conduct ward rounds daily and discuss the plan with the consultant assigned.
3. Complete IV fluid and TPN prescriptions soon after the ward round.
4. Complete jobs and any required referrals or procedures.
5. Badger letters and documentation
6. Nutrition, weight tracking, vaccinations and family education, in order to ensure babies are ready for transfer or discharge
7. The registrar for the day should take an overview of the babies and challenges in HDU/SCBU, support all junior staff, and work closely with the consultant in problem-solving

#### **Duties of neonatal staff (Tier 1) in PNW includes but is not restricted to the following:**

8. Attending high-risk deliveries and providing high-quality neonatal resuscitation.
9. Ensure safe transfer to NICU if needed, and document resuscitation note.
10. Assess neonates with risk factors and conduct sepsis screening if indicated as per guidelines.
11. Attending to review babies where there are concerns from the midwifery team.
12. Conducting any required investigations or arranging subspeciality consultations.
13. Performing NIPE examination for preterm infants.
14. Identify and vaccinate babies who need specific vaccinations.
15. Perform blood gases / phlebotomy for neonates where needed.
16. Daily follow-up of babies on antibiotics until they complete course and are discharged.
17. Registrars covering PNW and Delivery Suite will review complex babies and those who require senior assessment regarding need for admission or further investigations

#### **Neonatal clinic**

Attending clinic is not mandatory, but if interested you can do so on your standard day if the rota allows.

Areas of Specialism/Research/Specialty Links:

See first section

Trainee Opportunities:

We encourage all trainees and fellows to take on a management role, eg. risk management, research NNAP, rota coordination, or education lead.

Educational Opportunities/Meetings including audit:

We have a very active education timetable, with teaching sessions, simulation or MDTs happening every day Monday-Friday. Our junior medical teams are very involved in the education programme, and there are also lots of opportunities for teaching medical students, Physician Associates and trainee ANNPs. We support our Grid and SPIN trainees to attend neonatal and subspecialty clinics, and every Tier 1 and Tier 2 doctor has protected portfolio time in order to achieve non-clinical competencies and get involved with audit / QI guideline writing etc.

Additional Hospital Amenities:

As for RMCH