Introduction

- Basic Paediatric Protocols for ages up to 5yrs aimed at treating sick children in hospitals

- “Basic neonatal”
  - Resuscitation
  - Sepsis
  - Jaundice
  - Feeding
  - Continuous positive pressure (2016 ed.)

- Other MOH guidelines too long & often not read
Why go beyond the ‘Basic Protocols’

- Even countries with resources have national/regional guidelines/protocols
- The need to standardise care
- Majority of neonates are not looked after by paediatricians & neonatal nurses
- Basic protocols lack details & many common other problems not covered
Looking beyond “Basic protocols”

- What do we have?
- What can be added/modified?
- What new areas are needed?
- Format?
  - Simple, practical, & easy to use
  - Not a textbook or short notes
For each topic

- Check what is in the Basic Protocols if any
- List possible causes as necessary (without going into too much detailed clinical findings)
- Minimum investigations (to identify cause as well as help treatment)
- Give specific treatment & nursing care
What have we added?

- Thermoregulation beyond KMC - incubator care
- Resuscitation & Post-resuscitation care
- HIE & neonatal convulsions
- Respiratory disorders – all the way to ventilation support
- Neonatal infections beyond sepsis
What have we added?

- Metabolic disorders – glucose, Ca & PO₄
- Hyperbilirubinaemia – including prolonged neonatal jaundice
- Guidelines for transfusion – RBC, FFP, platelets
- GIT conditions - reflux, NEC
What have we added?

- Cardiovascular – esp PDA & early diagnosis of duct dependent lesions
- Acute kidney injury in neonate
- Levels of neonatal care & referral system
- Vaccinating the preterm baby
What have we added?

- Care of mother/parents with babies in newborn units
- Care of health care workers in newborn units
HOW TO USE THESE PROTOCOLS

DECISION ACTION PATHWAY

- **Question 1:** What is the problem?
- **Question 2:** Given my knowledge, skills and the facilities available in my service delivery point, am I able to manage according to specific problem guidelines?
- **Question 3:** Is my management leading to success?
- *Establish a referral system:* Referral must be timely.
Proposed levels of neonatal care

- **LEVEL 1-Neonatal Care**: MATERNITY WARDS
- **LEVEL 2-Neonatal Care**: SPECIAL CARE NEWBORN UNIT (SCNBU)
- **LEVEL 3-Neonatal Care**: NEONATAL INTENSIVE CARE UNIT (NICU)
- **All hospitals should have rooms for kangaroo care**
Referral system

- Referral to a more specialised unit
  - County &/or national referral hospitals
- Referral back to original health facility
- What to do if referral is not possible or denied
At the end we shall include

- Essential drug list & Drug dosages
- Essential equipment list & consumables needed to run a newborn unit
- Any useful charts eg feeding & observations, NICU monitoring
- Neonatal admission & discharge forms
- Intrauterine growth charts & Gestational assessment chart
Who has been on the team?

- **PMH**: Drs Maina, Mutinda & Muriithi
- **AKU**: Dr Ochieng
- **UoN**: Prof Wasunna, Dr Murila, Prof Musoke, (Co-opted Prof Irimu, Drs Laving, Bashir, Aluvaala)
- **KNH –NBU Nurses**: Ms Ogongo, Agedo, Keiza
Who has been on the team?

- **MOH:** Dr Warfa, Allan Govada

- **Partners:**