

PARENT EDUCATION IN THE NICU

ERIN HAVRILLA, MSN, RN, NE-BC • LYNDSEY TAULBEE, BSN, RN • NICOLE WILLIAMS, BSN, RN, CCRN

INTRODUCTION

- A need was identified to standardize the 'orientation' process of parents when they are admitted to the NICU. Medical Receptionists and bedside RNs carried the brunt of this orientation but the lack of standardization of which material to cover and when led to some families missing out on information that could have helped them during their NICU stay.
- Parents were asked if they thought a Parent Education Class would help ease their anxiety and better prepare them for the journey ahead. The overwhelming response indicated a current lack of communication about what to expect during their stay and that they would like to have a class offered to help them navigate their stay.
- Bedside RNs were asked if a Parent Education Class would help facilitate positive interactions between them and the parents at the bedside. The overwhelming response indicated that such a class would allow for better consistency at the bedside and take some stress off the bedside RNs.
- A workgroup was initiated using the expertise of Leaders, bedside RNs, Attendings, Educators, Quality Improvement rep, Social Workers, Respiratory Therapists, and Care Partners to assist in identifying what information should be covered and at what point in the patient's stay.

AIM

- Specific Aim: To decrease parent and staff anxiety when navigating a NICU stay.
- Purpose: To start parent education upon admission to the NICU
 - Standardize information given to parents
 - Create clear boundaries and expectations
 - Facilitate a positive NICU experience
 - Initiate discharge teaching upon admission
 - Ease the transition to home



SETTING

- Neonatal Intensive Care Unit (NICU)
 - 98 bed Level IV NICU
 - Freestanding children's hospital
 - 78 Private rooms (22 with rooming-in accommodations)
 - Unit within adult hospital
 - Open bay (20 bed spaces)
 - Inborn / Outborn
- 1,600 admissions annually (50% surgical)
- Average Daily Census = 87



METHODS



- Rolling out in three phases:
 - 5"x7" front and back card with initial/most important information about the NICU. To be given upon admission.
 - Tri-fold with more information and resources available during the length of their child's stay. To be given within the first week of stay.
 - Parent Class covering expectations, boundaries, and discharge information. Parents to be enrolled in class during first week of stay.
- Parent Class will be a 1 hour, interactive class to facilitate knowledge, expectations, and friendship building to help each family be successful during their NICU stay.

EXAMPLES OF RESOURCES GIVEN TO FAMILIES

3"x5" Card:

- Main Phone Number** – 615-322-0963 - Phone calls are restricted between 6:30 – 7:30 AM/PM. You will be provided with a unique code to get information.
- Communication** – Providers are in house and available 24/7. Rounds begin at 8:30 daily and are the best way to receive an update from the team caring for your child.
- Healthy Visitors** – Parents and grandparents have 24/7 visitation. (Exception: Grandparents are unable to visit in Sahlman during rounds and change of shift). All other visitors including siblings may visit between 9:00 am – 9:00 pm and must be accompanied by a parent. There is a limited amount of people who can be in the baby's room at one time.
- Clean Hands Save Lives** – It is the expectation that all visitors remove jewelry and scrub with soap and water from the elbow down upon entering the baby's room.
- Not Allowed** – Weapons, tobacco products, live flowers and latex balloons.
- Support Staff** – Relevant support staff such as Child Life, Social Work, Spiritual Care and Lactation are available to meet with you.
- Accommodations** – There are limited accommodations available and Social Work can help you navigate your unique needs. **Siblings are not permitted to stay overnight.**

Sibling Video QR code:



CONCLUSIONS

- These resources are set to roll out to families this Fall. The hope is to standardize how the information is given to families and when they receive it. Empowering families by giving them the information and tools they will need to be successful will hopefully decrease levels of anxiety for both bedside nurses and parents of each patient.
- Data and feedback will continue to be collected after initiation of interventions to evaluate their success or lack thereof in increasing knowledge and decreasing undue stress.

