**POSITION DESCRIPTION / PERFORMANCE EVALUATION**

**Job Title:** NICU Nurse Manager  
**Supervised by:** Chief Nursing Officer  
**Prepared by:** ____________________________  
**Approved by:** ____________________________  
**Date:** _________________________________  
**Date:** _________________________________

**Job Summary:** Responsible for direction of patient care in the Neonatal Intensive Care Unit (NICU). Consults with staff, physicians and the Chief of Nursing on nursing problems and interpretation of hospital policies to ensure patient needs are met. Maintains performance improvement activities within the department and participates in CQI activities. Assists in formulating the budget.

**DUTIES AND RESPONSIBILITIES:**

<table>
<thead>
<tr>
<th>3 = Exceeds Performance</th>
<th>2 = Expected Performance</th>
<th>1 = Needs Improvement</th>
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**Demonstrates Competency in the Following Areas:**

- Responsible for recruitment, interviewing and selection of staff for the NICU.
  - Score: 3 2 1

- Provides leadership and direction in accordance with organizational and departmental goals and objectives.
  - Score: 3 2 1

- Provides for professional growth and development of patient care staff through identification of needs, developing inservices and encouraging continuing education.
  - Score: 3 2 1

- Plans and maintains staffing pattern for NICU, meeting the patient's need for continuity of care and level of care.
  - Score: 3 2 1

- Responsible for the safety and comfort of the patients, families, visitors and staff.
  - Score: 3 2 1

- Develops, justifies and maintains a fiscal plan for the NICU. Monitors patient revenues, expenses and operating expenses and provides appropriate reports administration.
  - Score: 3 2 1

- Serves as a clinical resource person to staff and other hospital departments.
  - Score: 3 2 1

- Fosters good public relations for the NICU and hospital.
  - Score: 3 2 1

- Knowledge of medications and their correct administration for the neonate based on his/her clinical condition, age and weight.
  - Score: 3 2 1

- Follows the seven (7) medication rights and reduces the potential for medication errors.
  - Score: 3 2 1

- Ability to assess neonate at delivery and perform neonatal resuscitation.
  - Score: 3 2 1

- Ability to perform head-to-toe assessment on infants and adults and reassessments as per policy.
  - Score: 3 2 1

- Ability to adequately assess and reassess pain. Utilizes appropriate pain management techniques. Educates the patient and family regarding pain management.
  - Score: 3 2 1

- Performs all aspects of patient care in an environment that optimizes patient safety and reduces the likelihood of medical/health care errors.
  - Score: 3 2 1

- Supports and maintains a culture of safety and quality.
  - Score: 3 2 1

- Ability to monitor hemodynamic status of neonate and correctly interpret the results.
  - Score: 3 2 1

- Ability to formulate an individualized plan of care, revise plan as indicated by neonate's response to treatment and evaluate overall plan daily for effectiveness.
  - Score: 3 2 1
PURPOSE:
To prevent and control the spread of infection in the NICU.

POLICY:

- Isolation criteria:
  - Separate rooms with separate staff is preferred to care for newborns suspected/confirmed with infection. If separate rooms are not available, the newborns shall be placed in a large nursery if the following criteria is met:
    - Sufficient staff to adequately care for newborns.
    - Adequate sinks to perform hand hygiene and adequate alcohol-based hand sanitizers at all entry points into the room.
    - There is at least four (4) to six (6) feet separating patients in a room.
  - Isolettes shall be used for isolation purposes although they do not filter the air that comes out of the isolette.

- Exceptions:
  - Newborns with neonatal varicella virus or a suspected bacterial outbreak shall be physically separated.

- Signs/Symptoms of suspected infection include, but may not limited to:
  - Abnormal newborn vital signs (i.e., temperature instability, respiratory distress, tachycardia or bradycardia, hypoglycemic or hyperglycemic, mottled, cyanosis, lethargy, irritability)
  - Pustules, purpura, petechiae, or other skin lesions.
  - Known/suspected pneumonia
  - Vomiting, diarrhea, poor feeding, abdominal distension and/or feeding residuals
DEFINITION:

Independent Double Check is a procedure in which two (2) licensed registered nurses separately check each component of the work process. An example of an independent double check would be one RN calculating a medication dose for a specific patient, and a second RN independently performing the same calculation, not just verifying the calculation, and matching the results.

POLICY:

• The RN shall always compare the indication for heparin with the patient’s diagnosis/condition to ensure they match before administering heparin.

• Prior to the administration of heparin, an independent double check shall be completed by two (2) licensed registered nurses. The following information shall be verified:
  • Patient identification
  • The correct medication, concentration, route, dose, dose calculations, time interval, mathematical calculations, rate of infusion
  • Correct settings on the infusion pump
  • Proper IV access; line attachment

PROCEDURE:

• The nurse who is to administer heparin, shall bring the physician’s order, the MAR, the medication and the pump to be used for infusion to the verifying nurse.

• The nurse verifying the heparin to be administered, shall read the complete order on the physician’s order sheet and MAR.

• The nurse verifying the order sheet, shall read the label on the medication bottle/bag and/or, look at the medication being drawn up in the syringe and verify that both are correct, to the nurse who is to give the medication.
NOTES:

- A minimal amount of solution shall be used to clear/flush IV lines especially in the extremely premature, growth restricted or fluid restricted newborns.

- A new syringe of flush shall be used each time an IV or central line is flushed for infection prevention purposes.

POLICY:

Arterial blood gases shall be obtained from an arterial line per physician’s order to assess the adequacy of oxygenation, ventilation and acid-base balance in the newborn.

EQUIPMENT:

- Alcohol swabs or other hospital approved disinfectant prep pads.
- Two (2) to three (3) flush filled syringes
- One (1) empty three (3) mL syringe
- Pre-packaged heparinized blood gas syringe (neonatal/pediatric specific)
- Sterile gauze to use as a sterile field
- Gloves
- Point of Care blood gas machine and supplies, if applicable

PROCEDURE:

- Verify physician order using two (2) patient identifiers.
- Fill Biohazard lab bag with ice if specimen cannot be processed in a timely manner or needs to be sent to lab for processing.