

HARBOR-UCLA MEDICAL CENTER

**SUBJECT: DIRECT ADMISSION TO THE NEONATAL SERVICE POLICY NO. 305**

**PURPOSE:**

To outline the procedure to safely transport high-risk infants into our Neonatal Intensive Care Unit (NICU).

**POLICY:**

Only Neonatal faculty physicians, Neonatal (fellow) Residents and/or Pediatric Residents assigned to the Neonatal Service are authorized to approve referrals from physicians, emergency rooms, community hospitals, and/or other County facilities for direct admission of patients to Harbor-UCLA Medical Center's Neonatal Intensive Care Unit (6E-NICU) or Nursery Level Two (7E-NL2).

If a physician makes the referral to the Pediatric Emergency Room (Peds ER), the Peds ER Resident must notify the Pediatric Resident assigned to Neonatal Services so that Neonatal staff can take responsibility for communicating directly with the referring physician and arranging direct admission to 6E-NICU or 7E-NL2. The Pediatric Resident assigned to Neonatal Services will notify the Neonatal Fellow/Attending of the referral.

**PROCEDURE:**

**A. Neonatal Resident Assigned to Neonatal Services**

After notification of the direct admission referral, the Pediatric Resident assigned to Neonatal Services will:

1. Consult with nursing staff to arrange bed and service availability.
2. Contact the referring physician and:
  - Accept transfer of the patient if the hospital can provide the services to meet the patient's needs and has capacity to care for the patient.
  - Request the mother's medical history, discharge summary notes, test results, and original x-rays or readable copies (X-ray reports alone are not acceptable).
  - Obtain the name and phone number of a referral contact person who can provide information required to pre-register the patient.

**EFFECTIVE DATE: 8/86**

**SUPERSEDES:**

**REVISED: 9/89, 10/92, 10/95, 2/99, 2/05, 6/14, 6/17, 8/17, 4/18, 8/20**

**REVIEWED: 8/89, 10/92, 10/95, 2/99, 2/11, 6/14, 6/17, 8/17, 4/18, 8/20**

**REVIEWED COMMITTEE: Pediatric Acute and Critical Care Committee**

**APPROVED BY:**   
Anish Mahajan, M.D.  
Acting Chief Executive Officer

  
Anish Mahajan, M.D.  
Chief Medical Officer

  
Nancy Blake, PhD, RN, NEA-BC, FAAN  
Chief Nursing Officer

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**B. 6E-NICU**

The 6E-NICU Nursing staff will:

1. Arrange ambulance transport.
2. Report the transfer arrangement to the DHS Central Dispatch Office at (323) 869-0746.
3. Contact Registration at extension 65084/85 and
  - Report direct admission to the 6E-NICU.
  - Provide the name and phone number of the referral contact person.
  - Obtain a medical record number for the patient if the patient doesn't already have one.
4. Report the direct admission to Bed Control at extension 64010/11.

**C. Registration**

Upon notification by Neonatal staff of direct admission, Registration staff will:

1. Call the referral contact person to obtain information required to pre-register the patient.
2. Pre-register the patient.
3. Prepare an admission packet.

**D. 6E-NICU or 7E-NL2 Nursing**

The 6E-NICU or 7E-NL2 Nursing staff will:

- Designate an individual to retrieve the patient's admission packet from Registration.
- Advise Bed Control of the patient's arrival at the 6E-NICU or 7E-NL2 and provide required patient information.
- Ensure parental consent is obtained.