

## NEUROPROTECTIVE PRACTICE GAP ASSESSMENT

Potentially Better Practice	Rarely Practiced	Practiced Inconsistently	Always Practiced	Comments / Notes
Specialized neuroprotective nursing TRAINING				
Specialized neuroprotective nursing GUIDELINES				
Preterm delivery room policies				
Small Baby Unit				
Neuro NICU				
Developmental committee				
Policy around touch times / cue-based handling / non-intervention				
Noxious-stimulation reduction				
OT / PT / Rehab / Developmental specialist				
Mother's own milk prioritized				
Donor milk use				
Unit-based Lactation consultants				
Early Skin to Skin care (within 72 hrs of birth)				
Ongoing skin to skin (daily when parent present)				
No limitation on family presence at bedside				
Families participate in rounds				
Use of preterm specific pain assessment scale				
Infant-driven (cue-based) feeding protocol				
Standardized Use of AEG or EEG to diagnose and manage seizures				

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delayed cord clamping				
Premedication for intubation (unless emergent)				
IVH reduction algorithm				
PDA treatment algorithm				
Medication protocols specifically for neuroprotection (indomethacin/ESA)				
Reading / library / language stimulation program				
Infant Containment / stress reduction				
Four handed care				
Gestational age-appropriate environmental control				
Protocol based approach to treatment of hypothermia				
Audits for compliance with environmental standards (light, sound, developmental rounds)				
Mechanism for receiving and reviewing follow up data				
Compliance with attendance at first follow up clinic visit tracked				
Families involved in the provision of four handed care				
Relationship-based care (not task-oriented)				
Standardized use of Delayed Cord Clamping in infants < 32 weeks				