

OPTIMIZING CARE FOR NEONATAL ENCEPHALOPATHY PRACTICE GAP ASSESSMENT

Potentially Better Practice	Rarely Practiced	Practiced Inconsistently	Always Practiced	Priority for our Team
Brain monitoring protocol to evaluate neonates at risk for seizure using amplitude integrated EEG or conventional video EEG				
Standardized Use of AEG or EEG to diagnose and manage seizures				
Early identification of treatment candidates for therapeutic hypothermia				
Timely transfer and/or initiation of therapeutic hypothermia				
Active therapeutic hypothermia on transport				
Protocol based approach to treatment of hypothermia				
Optimal communication with families				
Follow up of infants receiving therapeutic hypothermia and/or seizure management				
Ensure specialized peer support for NICU parents				
Provide language & communication support				
Minimize separation from family				
Relationship-based care (not task-oriented)				
Families involved in the provision of care				
Practice Family-Centered Care				
Establish effective interprofessional communication				
No limitation on family presence at bedside				
Neuro NICU				

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OT / PT / Rehab / Developmental specialist				
Infant Containment / stress reduction				
Maintain support for families through infancy				
Prepare families for life beyond the NICU – transfer &/or discharge home				
Reading / library / language stimulation program				
Mother’s own milk prioritized				
Unit-based Lactation consultants				
Promote a culture of equity				
Specialized neuroprotective nursing TRAINING				
Specialized neuroprotective nursing GUIDELINES				
Mechanism for receiving and reviewing follow up data				
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Nightingale Data Items

Find your center’s report on relevant data items at: <https://public.vtoxford.org/quality-education/inicq/all-care-is-brain-care-nightingale-reports>

- Epinephrine during initial resuscitation
- Cranial imaging