

APPENDIX 2

NIPE REFERRAL PATHWAYS

Referral Pathways for possible anomalies noted at the NIPE Check

If the healthcare professional performing the newborn examination identifies any deviation from the norm, a referral should be made to a member of the neonatal team who will be able to provide advice for further referral/review. The person performing the newborn examination who identifies any deviation from normal (screen positive result) should consult the referral pathway, and contact the Registrar/SHO/ANNP on Neonatal Bleep/ via switchboard for advice.

- Contact with the neonatal team should be made as soon as possible and **within usual clinic working hours where possible, 9-4pm**
- Community referrals, check referral pathway guidance and Bleep Neonatal SpR via switchboard within above working hours as appropriate
- Community midwives may, after discussion as indicated, complete the referral to the appropriate specialist independently

Any baby who appears unwell or raises concern must be immediately discussed with a senior neonatal team member, SpR or above, and assessed for potential admission/ immediate review

If a deviation from the normal is identified the parents will be informed immediately and any plan for investigation, treatment or care will be discussed and developed with them.

Documentation and Communication The baby's NIPE Smart record should be marked that senior review has been indicated. The **reviewer** then has responsibility to amend the record once further examination/plan of care is made. Any referrals should be clearly documented in the baby's notes, NIPE Smart system and PCHR Red Book.

The Personal Child Health Record (PCHR or "Red Book") is initiated at birth and remains with the parents on transfer home in order to maintain effective communication and documentation between the multi-professional team and the parents in addition to any hospital medical notes.

NIPE PATHWAYS FOR HOSPITAL AND COMMUNITY REFERRALS

Abnormal examination finding	Timeframe for referral (maximum)	Initial referral pathway	Further action	Hospital referral method	Community referral method
		DYSMORPHISM			
Abnormal/dysmorphic appearance	2 hours	Midwife to SpR or Consultant	No baby to be discharged home without review by SpR/ Consultant	SpR Bleep	Neonatal SpR bleep via switchboard
		HEAD SHAPE			

Abnormal head shape	Within 24 hours	Midwife to SHO/ANNP/SpR	Plot head circumference Consider review after 2-3 days	SHO/ANNP bleep	In hours Neonatal SpR bleep via switchboard
Severe or large haematoma	2 hours	Midwife to SHO/ANNP/SpR	Plot head circumference Monitor jaundice	SpR Bleep	Neonatal SpR bleep via switchboard
Boggy swelling crossing cranial suture line, not considered caput	2 hours	Midwife to SHO/ANNP/SpR	Plot head circumference	SpR Bleep	Neonatal SpR bleep via switchboard
FACE					
Facial asymmetry	Before discharge or next working day if no eye/feeding concern	Midwife to ANNP/SHO	Ensure baby able to close eyes and suck/latch to feed	ANNP/SHO Bleep	ANNP/SHO bleep to NNU clinic
Abnormality of the ear, pits or tags (if dysmorphic – same day)	24 hours	Midwife to ANNP/SHO	Refer to hearing screening guideline detail Refer as appropriate to audiology NO renal scan	ANNP/SHO Bleep	ANNP/SHO bleep for advice then refer as needed Minor tags GP refer at 6-8 week check
Abnormal examination finding	Timeframe for referral (maximum)	Initial referral pathway	Further action	Hospital referral method	Community referral method
MOUTH					
Natal teeth	Before discharge or within 24hrs	Midwife to SHO/ANNP/SpR	Refer to maxillofacial team *Check tooth stability	SHO/ANNP bleep Letter to maxfacial team	SpR via switchboard (may advise midwife to refer direct)
Cleft lip +/- palate	Same day	Midwife to SHO/ANNP/SpR	Admit postnatal ward Same day referral to Bristol and Orthodontic team RCH Monitor feeding	SHO/ANNP bleep Contact RCH orthodontist by phone/sec and Bristol team	SpR via switchboard, admit

			ability Refer to hearing screening		
EYES					
Small or absent eye	Within 24hrs	Midwife to SHO/ANNP/SpR	Refer to Ophthalmologist 1 week review	SHO/ANNP bleep Phone/email + Maxims/NIPESmart letter	SpR via switchboard
Absent red reflex	Within 24 hours	Midwife to SHO/ANNP/SpR	Refer to SpR Ophthalmologist 1 week review m	Phone/email + Maxims/ NIPESmart letter	Neonatal SpR via switchboard
Abnormal examination finding	Timeframe for referral (maximum)	Initial referral pathway	Further action	Hospital referral method	Community referral method
Abnormality of iris	Within 24 hrs	Midwife to SHO/ANNP/SpR	Refer to Ophthalmologist within 1 week	Phone/email + Maxims letter	SpR via switchboard
RESPIRATION					
Signs of respiratory distress	immediate	Midwife to SHO/ANNP	Review for NNU admission	NNU SHO Bleep	Bleep NNU SHO/ANNP for admission
Stridor	immediate	Midwife to SHO/ANNP	Review for NNU admission	NNU SHO Bleep	Bleep NNU SHO/ANNP for admission
CARDIOVASCULAR					
Cyanosis	immediate	Midwife to SHO/ANNP	NNU admit	NNU SHO Bleep	999 ambulance transfer Bleep NNU SHO/ANNP for admission
Murmur, otherwise well	Same day	Midwife to SHO/ANNP	SpR discuss As per heart murmur guideline	NNU SHO Bleep	Neonatal SpR via switchboard
Murmur + concern	immediate review	Midwife to SHO/ANNP	Consultant review As per heart murmur guideline	NNU SpR Bleep	999/ Neonatal SpR via switchboard
Absent or weak femoral pulses	Immediate	Midwife to SHO/ANNP	SpR review/Consultant As per guideline	NNU SpR Bleep	Neonatal SpR via switchboard
ABDOMEN					
Abdominal mass	2 hours	Midwife to SHO/ANNP	SpR review/Consultant	NNU SpR Bleep	Neonatal SpR via switchboard
Abdominal wall defect	immediate	Midwife to SHO/ANNP	Consultant review	NNU SpR Bleep	999/ Neonatal SpR via

					switchboard
Large liver or spleen	Within 24 hours	Midwife to SHO/ANNP SpR	to Consultant	Discuss with Consultant	NNU SpR Bleep Neonatal SpR via switchboard
Imperforate anus or abnormally positioned anus	2 hours	Midwife to SHO/ANNP SpR	to Consultant	Paediatric Surgical referral	NNU SpR Bleep Neonatal SpR via switchboard to admit
Abnormal examination finding	Timeframe for referral (maximum)	Initial referral pathway	Further referral or action	Hospital referral method	Community referral method
		GENITALIA			
Hypospadias with palpable testes and good urine stream	72 hours	Midwife to SHO/ANNP	to Plastic surgeon, Mr McKenzie	Refer to Plastic surgeon, Mr McKenzie As guideline	Maxims letter Discuss with SpR/+/- review then referral letter
Ambiguous genitalia/ bilateral unpalpable testes	2 hours	Midwife to SpR/Consultant	to Consultant	blood, urine, USS investigations	Phone discussion Paediatric endocrinologist Neonatal SpR via switchboard to admit
Unilateral undescended testes	8 weeks	Midwife to SHO/ANNP	to RCH surgeons	Referral to RCH surgeons See RCH guideline	Maxims /NIPESmart letter NIPE Smart letter and notify GP for 6-8 week review
Bilateral undescended but palpable testes	8 weeks	Midwife to SHO/ANNP	to RCH surgeons	Referral to RCH surgeons As guideline	Maxims /NIPESmart letter NIPE Smart letter and GP notify for 6-8 week review
		LIMBS			
DDH Hips dislocated/ dislocatable	72 hours	Midwife to SHO/ANNP SpR)	(to Paediatric physio	Referral to Paediatric physio 1 week Hip scan 2 weeks NIPE smart letter	Ward clerk to book hip scan via NIPE Smart referral letter Ward clerk to book hip scan
Clicky hip/s, ligamentous	72 hours	Midwife to SHO/ANNP	to Hip scan	Hip scan 6 weeks	Ward clerk to book hip scan via NIPE Smart referral letter Ward clerk to book hip scan
Positional talipes	72 hours	Midwife to SHO/ANNP	to Paediatric physio	Referral to Paediatric physio Hip scan 6 weeks	Ward clerk to book hip scan via NIPE Smart referral letter Referral letter to Paed physio Ward clerk to book hip scan
Fixed talipes	Same day	Midwife to SHO/ANNP	to Paediatric physio	Referral to Paediatric physio	Ward clerk to book hip scan via NIPE Discuss with SpR/+/-

			1 week Hip scan 2 weeks	Smart referral letter	review then referral letter
Additional digits	72 hours	Midwife to SHO/ANNP	Plastic surgeon OPA 3-6 months	Maxims letter to GP for referral to surgeon	Letter to GP to refer after 6-8 week check
Brachial/ Arm palsy, suspected ± clavicle fracture	24 hrs	Midwife to SHO/ANNP	Review, +/- XRay parent info leaflet pain relief. Paed physio referral	Letter to Physio and GP	Discuss with SpR/+/- review then referral letter
Abnormal examination finding	Timeframe for referral (maximum)	Initial referral pathway	Further referral or action	Hospital referral method	Community referral method
		SKIN			
Skin tags	6-8 weeks	Midwife to SHO/ANNP	GP referral to plastic surgeon	Letter to GP	Letter to GP to review at 6-8 week check
Birth marks	24hrs	Midwife to SHO/ANNP	Dependent on size, nature and position of lesion Record on NIPE check	SpR/Consultant review	Discuss with SpR/+/- review Letter to GP Record on NIPE check
Vesicular rash	2 hours	Midwife to SHO/ANNP	Urgent review and antiviral therapy as guideline	SpR review	Neonatal SpR via switchboard to admit
Rash of concern	2 hours	Midwife to SHO/ANNP	Hospital review	Senior NNU review	Bleep NNU SHO/ANNP
		SPINE			
Hairy tuft/dense patch of hair	24 hours	Midwife to SHO/ANNP	Senior review Spinal USS if significant	Senior NNU review	Bleep NNU SHO/ANNP
Simple sacral dimple defined as: <2.5cm from anus, <0.5cm wide + no other anomalies	24hrs	Midwife to SHO/ANNP	As guideline If simple – no review Non-simple – review + spinal USS	Senior NNU review if outside natal cleft, deep sinus	Bleep NNU SHO/ANNP
Curvature of the spine	24 hrs	Midwife to SHO/ANNP	Consultant review X Ray	Senior NNU review	Neonatal SpR via switchboard

