Postpartum Women Admitted to MBU as Person Under Investigation (PUI) or COVID-19 positive

CHARGE RN TASKS:

- Effective immediately, COVID positive patients can be coupled with non-COVID positive patients. For now, we are going to do a Mg++ like assignment (3-4 patients total). The other patient(s) should be very independent. At times when the nursery is very slow, the RN caring for a COVID positive patient can also be the second RN in the nursery. As always, it is very important to consider the acuity and needs of the patients, including COVID positive patients when making assignments.

- As soon as patient PUI or COVID-19 positive patient delivers, the Mother-Baby charge RN calls the L&D charge RN to request a PAPR motor and hood.
  - The PAPR motor must be kept at nurse station 6 with the PAPR airflow tester. Once the patient leaves Mother-Baby, it must be returned to the L&D charge RN by the Mother-Baby Charge RN. (if you have been successfully fit tested for a N-95, you will not need to use the PAPR)

- We are keeping rooms 2034 through 2040 as last to fill to allow the flexibility to cohort multiple PUI/COVID-19 + patients
  - 2035 (negative airflow room) is the preferred room location for patients with confirmed COVID-19 (if we have multiple patients that are COVID-19 positive, a symptomatic patient should be put in 2035 if possible)

- For PUI newborn on MBU: Newborn will be placed in an open crib or Giraffe isolette (from NICU) in the Mother-Baby Room (preferably room 2036 as this room allows for the most distance between mom and baby).
  - Decision re: open crib or isolette should be discussed between care providers and mother.
  - Newborns born to mothers with mild to moderate symptoms (fever, malaise, congestion) should be considered for placement in an isolette
  - Newborns born to mothers with severe symptoms, particularly oxygen need or respiratory secretions, should be considered for placement in the Neonatal Intensive Care Unit (NICU).

  - If isolette used, consider discontinuing isolette after 24 hours to ensure newborn is able to maintain temperature without the use of an isolette before discharge. If mother symptomatic, consider placement of a vinyl screen placed near baby.

RN TASKS:

- Isolation orders: Upon admit, verify the patient has isolation orders (contact and droplet for COVID 19 Risk or Confirmed) entered.
  - Ensure isolation orders are entered for the newborn as well.

- Safety Tray: Upon admit, verify the patient has a “safety tray” entered as part of their dietary order: 1) right click on the active diet order and choose “cancel/reorder.” 2) choose attending provider and choose “order per hospital policy/protocol.” 3) under patient preferences, choose “safety tray” and click on orders for signature, click on sign. See laminated resource sheets for screen shots.

- Meals: remember to modify your dietary order as a “safety tray” on admission. Your patient’s food will then arrive on a disposable plate under a green dome. It will still arrive on the wooden tray. You will only take disposable items into the patient room. Please do not take the wooden tray/green dome
into the patient’s room. We have placed some disposable containers at nurse station 6 to use if needed.
  o If the support person is staying with the patient, he/she will receive meals during the hospital stay as well and should not leave the room. *See the **Food and Nutrition Plan for MBU** for process of ordering

- **Cassettes:** when setting up the patient room, please pull the cassette and place it on top of the clean cart outside the room. Keep the hair covering over the clean supplies. Please do your best to take the supplies you need into the room with you. If you need additional supplies/assistance at any time, please call a buddy for help. Don’t doff PPE to get it yourself.
- **Vocera:** when you are in the patient room, you can use your vocera to leave yourself a message! You might do this to remember vitals or the meal options the patient wishes to order! Just say “Leave a message for **your name**”
- **Daily Cleaning:** RN to complete daily cleaning of surfaces in the room. Place a laminated copy on the outside of the door next to the Special Precautions sign and initial when complete. Wipe it clean with a sani-wipe each day at 0700 to start a new day.
  o Reusable equipment (pulse ox, hovermatt, etc.) can be sani-wiped. The Primary RN should sani-wipe the equipment in the patient room and then open the door, pass it to a co-worker in PPE for a thorough cleaning with sani-wipe. Allow 2 minute dwell time before returning to the clean hold/equipment room.
    ▪ If using an item like the bladder scanner, remove all reusable items from the bladder scanner before taking it into the room (disposable washcloths, ultrasound gel packs, etc).
  o Garbage can be emptied throughout the patient’s stay. The primary RN would open the door and hand the trash bag to a peer in full PPE (face mask, face shield, gown and gloves). The peer should hold the garbage with one gloved hand and open the soiled hold door with the other (clean) gloved hand. Use care not to touch the soiled hold door with the hand that held the garbage. Return to the “dirty” area outside the patient’s room and doff PPE/perform hand hygiene per guidelines. Don clean gloves and clean the soiled hold door with a sani-wipe.

- **Oxygen** – we cannot deliver more than 6L of oxygen to a COVID positive patient. If the patient needs 6L of oxygen, notify Rapid Response right away.
- **Oxygen tanks** – should be used for transport only, including ambulating the patient to the bathroom. Please check the oxygen tank level each time you use it and replace when it is getting low.
- **Remdesivir Administration** - Remdesivir is an investigational antiviral agent under evaluation for COVID-19 and may be ordered by the physician. This product is stable for 4 hours once mixed in pharmacy and **must be walked to the floor**. Nursing **must CALL** for each dose for this reason. **Pharmacy will bring up to floor and hand to the RN.**
  o Administration: Parenteral (IV): Administer as an IV infusion over 60 minutes. **It is recommended to flush line with at least 30 mL NS after remdesivir infusion is complete** (FDA 2020a); <30 mL may be used as long as the flush volume exceeds the priming volume of the tubing (Gilead written communication 2020b). Do not administer simultaneously with any other medication or IV solutions other than NS (FDA 2020a). **The MAR includes these directions as well!!**
**Other Items:**

- Effective 5-6-2020, all laboring patients are being tested for COVID-19 (dependent on testing supplies). If a mother refuses testing, the second stage of labor and c-section deliveries are considered high risk for aerosolization and airborne isolation PPE will be worn (N-95 or PAPR). Once the newborn is delivered (either vaginally or c-section), moms and babies with an unknown status will be treated as negative.
- If an asymptomatic mother delivers and/or transfers to postpartum prior to tests resulting and the tests returns positive, the baby can remain with the mother as outlined below.

**Nursery Restrictions for all newborns (not PUI or COVID-19 positive)**

- Parents are not allowed to enter the newborn nursery (includes: 24 hour testing, newborn exams, circumcisions, phototherapy – the baby can go to the room).
- If a newborn is under oxygen, the banded support person may enter the nursery. He/she must don a mask, perform a 2-minute hand wash to the elbows with a scrub brush and remain with the baby at all times. We will not allow exiting and re-entering the nursery.
- **Attending C-Section Deliveries:** Newborn nursery staff will continue to attend all c-section deliveries at this time. MBU staff do not need to enter the OR until the incision is made, at which point the need for intubation (an aerosol generating procedure) is over. You will notice other staff in the OR wearing N-95 masks/PAPR hoods when a patient refused testing or results are not available because they needed to be in there at the point when intubation could have occurred.

**Newborns admitted to MBU as PUI or COVID-19 positive**

  - Mother should maintain a reasonable distance from her infant when possible. When mother provides hands-on care to her newborn, she should wear a mask and perform hand hygiene. Use of an isolette may facilitate distancing and provide the infant an added measure of protection from respiratory droplets [This statement can be used for discussion with the mother re: the use of an open crib versus an isolette.]
Healthcare workers should use gowns, gloves, standard procedural masks and eye protection when providing care for well infants.

Mom’s support person should wear a mask and use hand hygiene when providing hands-on care to the infant.

A mother who is acutely ill with COVID-19 may not be able to care for her infant in a safe way. In this situation, it may be appropriate to transfer baby to NICU.

- The same PPE can be worn to care for the newborn first and mother second, but never the mother first and the newborn second.
- **Bathe** the infant as soon as able. Infant should be bathed in the Giraffe isolette with heat on. The room divider must be separating mom and baby during the bath.
- If isolette used, the newborn will have continuous pulse oximetry while in the Giraffe isolette. The isolette should remain closed. Newborn can be held by the support person who has performed hand hygiene and is wearing a mask.
- Change pulse ox location and monitor skin integrity with every newborn assessment.
- Bulb syringe suctioning is not considered at high risk for aerosolization. Droplet and contact precautions are adequate (face mask, shield/goggles, gown and gloves). Airborne precautions (ex: N-95 mask or PAPR hood are not needed).
- Physician exams, 24 hour testing, circumcisions and all cares must be completed in the mother’s rooms. **The baby is not allowed to enter the newborn nursery.**
- Ensure newborn has isolation orders (contact and droplet for COVID 19 Risk or Confirmed) entered.
- Newborns will typically have a Rapid COVID test at 24 hours of life. Refer to In-house testing status for type of test to order (rapid versus Corteva). If negative and the newborn is still here, the test may be repeated at 48 hours of life. This is up to the physician to order. Below is a screenshot of the correct order in Cerner. To order, click Add > type SARS > and choose the order referenced below.

<table>
<thead>
<tr>
<th>Order Name</th>
<th>Status</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coronavirus 2019 Novel (SARS-CoV-2)</td>
<td>Ordered</td>
<td>Nasopharynx, collect Stat, 05/29/20 10:50:00 CDT, 1-Time, Stop date</td>
</tr>
<tr>
<td>PCR</td>
<td>(n-Lab)</td>
<td>05/29/20 10:50:00 CDT, Nurse Collect, PUI Clinically Indicated</td>
</tr>
</tbody>
</table>

- To complete the nasopharyngeal swab, insert the swab into one nostril until resistance is met. Once you meet resistance, rotate the swab approximately three times. Then, place the swab into the viral transport media and break the stick at the scored area. **Tighten the cap on the tube. Label the tube.**
- Follow PKU and Covid Handling specified below under breastfeeding to place in biohazard bag and HAND DELIVER to microbiology. **All COVID samples must be hand delivered to microbiology.**

**Baby chart & baby clipboard:** the maroon baby chart should be placed in the nursery once transition in the room is complete (the nursery staff counts charts and verifies chart documents). The baby clipboard can remain in the room, with the exception of the yellow hyperbilirubinemia assessment form. Keep the bili form outside the room (or in the maroon chart) so it does not have to go into the manila envelope.

**Transition:** the newborn must be transitioned in the room. This can be done by the RN who will assume care of mom as well or a nursery nurse. Acuity, assignments (primary RN and nursery) must be considered when making that decision. If the newborn experiences any abnormal signs and symptoms, notify the physician. At this time, the discussion with providers is that these babies will transfer to NICU more readily. Remember, these newborns cannot go to the nursery for any reason. If supplemental oxygen is needed, bring a portable oxygen tank, to the room and administer oxygen as needed until transfer.

**C-Section of COVID positive mom:** If the mother plans to room-in with her baby, MBU staff will assume care of the newborn in the resuscitation room after NICU completes their cares. When ready,
transport the newborn to the room the mother will recover in to complete the rest of the transition (this will likely be room 3012, which is the negative air flow room, but could be another labor and delivery room. It most likely will not be a recovery room). To transport the baby, you will need a clean transport crib. Place the wrapped baby in the transport crib and cover crib with a clean blanket. Doff the PPE you were wearing in the resuscitation room and don clean PPE for the transport and subsequent care in the delivery room. Once in the delivery room, the baby should be placed on the warmer bed as it is greater than 6 feet away from the mother and a vinyl room divider must be used. Consider the use of a vinyl room divider if the mother has mild to moderate symptoms of COVID-19 and place the room divider close to the baby.

- **If newborn needs to be transferred to NICU**, have a helper RN in full PPE bring a clean transport crib (can borrow from L&D or NICU) to the room. The RN in the room will place the wrapped baby in the transport crib and close the door. The helper RN will place a clean cover blanket over the crib and transport the baby to NICU.

- **If the baby is on oxygen**, the RN in the room will hand the helper RN, in full PPE, the oxygen tubing. The helper RN will connect the oxygen to the transport crib to be used to transfer to NICU. Remove gloves. Perform hand hygiene and don clean gloves.

- **Footprint sheet**: the footprint sheet is the only paper document that needs to be brought into the patient’s room on admission. This is vital to confirm the newborn identification during handoff. Once the identification is verified, the RN in the room will notify a co-worker to don PPE and be prepared with a manila envelope outside the door. The footprint/newborn identification sheet will be placed in a labeled manila envelope until discharge. Label the manila envelope by applying a patient sticker and writing “Newborn identification sheet” on the outside and writing the date/time the paper was placed in the manila envelope.
  - At discharge, the footprint sheet will be taken into the room to complete the final newborn identification process. Once complete, the RN in the room will notify a co-worker to don PPE and be prepared with a clean manila envelope outside the door. The footprint/newborn identification sheet will be placed in a labeled manila envelope (Label the manila envelope by applying a patient sticker and writing “Newborn identification sheet” on the outside and writing the date/time the paper was placed in the manila envelope). Take to the DSA desk at discharge with the rest of the paper documentation.

- **Breastfeeding**: the AAP strongly supports breastfeeding as the best choice for infant feeding. Effective 7-22-2020, COVID positive mothers can be educated to breastfeed using the following guidance:
  - Mothers should perform hand hygiene before breastfeeding and wear a mask during breastfeeding.
  - If a COVID positive mother chooses not to nurse her newborn, she may express breast milk after appropriate hand hygiene and this may be fed to the infant by other uninfected caregivers.

- **Breastpump**: Expressed breastmilk will be placed in a clean, plastic baggie for transport to the NICU or storage in the patient room refrigerator. Label the breastmilk container with patient label, date/time. Following the process outlined for COVID-19 specimen collection:
  - RN in room with all PPE on: wipe expressed breastmilk (EBM) container/syringe with saniwipe, apply patient label with date/time EBM expressed.
  - Carry container to the door with the saniwipe in hand
  - Open the door slightly and drop the labelled container(s) into a clear, plastic bag held by the Specimen handler (specimen handler wears the following PPE – mask, gown, gloves). Close the door.
  - Specimen handler, seal the top and then places the 1st bag into a 2nd bag and seals the bag (double bagging). Doff PPE and hand deliver container(s) to NICU.
• **PKU and COVID specimen handling** will also follow this process. The RN in the room will label the PKU specimen and/or the COVID testing specimen and will open the door slightly to place the specimen into a biohazard bag held by the specimen handler (who is wearing PPE – mask, gown, gloves). The specimen handler will seal the biohazard bag and place the first bag into a 2nd bag and seal the bag. Doff PPE, perform hand hygiene and deliver the specimens. The PKU can be sent in the tube system. Write on the biohazard bag that it is from a COVID positive room. The COVID specimen cannot be tubed. It must be hand delivered to micro (2 West – see directions at charge desk).

• **Circumcisions** – must be done in the mom’s room. Bring a warmer, circumstraint and supplies to the room. Ensure emergency equipment is available (bulb syringe, oxygen, suction).
  - Supplies needed outside the room: 1.1 & 1.3 gomco (or multiple sizes of plastibel), ultrafoam (return to nursery if not used), humipak, 10 mL of water, plastic container with biohazard sticker (extras can be found under the handwashing sink by the circ area).
  - Take inside the room: shelf liner, circ tray, lidocaine, alcohol wipes, needles, sweet ease, pacifier

  **Circumcision set up in COVID positive room:**
  - Saniwipe the sink area, counter and the pull out shelf. Allow to dry for 2 minutes. Cut shelf liner to the appropriate size (can use a non-COVID room to measure). Place shelf liner on the shelf to prevent the circ board from slipping. Place instruments on clean counter space near sink. Proceed with circumcision timeout and procedure.
  - Discard shelf liner when procedure is complete.
  - Ensure a helper is present outside the room during the procedure. The helper will pass needed items into the room (example: gomco, ultrafoam) and will get needed items for you (example: silver nitrate)
  - Use the specimen handler process outlined above for placing a used Gomco in a Humipak. IMPORTANT: used instruments cannot be transported in the hallway in a Humipak. You must use the plastic container to transport the Humipak to the soiled hold.
  - All items from the circ tray can be placed in the sharps container in the patient room. The scissors can be opened at the hinge so they fit in the sharps container.

• **Car Seat Test** – must be done in the mom’s room. The support person is allowed to retrieve the carseat and base from the vehicle and must be educated to return directly to the mother’s room.
  - Bring the carseat testing monitor to the mother’s room (remove all disposable and reference items from the basket before entering the room).
  - Complete the car seat test. The RN does not have to remain in the patient room for the duration of the test. The monitor will track vitals for you. Educate the mother and/or support person to push the call light if the monitor alarms.
  - Once the carseat test is complete, clean the carseat test monitor and return to the nursery. Discard any disposable items in the patient room.

• **Early discharge** is not recommended by the American Academy of Pediatrics for COVID or non-COVID positive patients.
Outpatient visits

- Outpatient lactation consults and outpatient hearing screens have resumed. Mom and support person may accompany newborn to the visit (in accordance with hospital visitation policies). Mom will be directed to proceed directly to the 3rd floor registration desk after completing COVID screening at the entrance. After registration, she will proceed to the 2nd floor to notify the MBU secretary she has arrived for the appointment. MBU secretary will notify lactation staff or Michelle, as needed.
- If a newborn refers the AABR hearing screen x 2, please write COVID positive on the newborn referral paperwork so Michelle knows when to schedule the outpatient hearing screen.