Purpose
Provide guidelines for Transitioning of Preterm Infants to an unheated Open Crib/cot.

Policy Statement
A key criterion for discharging a preterm infant from the NICU is their ability to maintain their temperature while gaining weight once they are transferred from incubators to unheated open cots. The timing of this transfer is important due to the preterm infant's immature thermoregulatory mechanisms.

Insulating the Infant
Clothe infants as soon as they are considered medically stable. Clothing the infant (hat and sleeper) may occur several days or weeks before the infant is ready to be weaned to an open crib.

Eligibility to Begin Transition to an Open Crib
Medically Stable (i.e. No acute respiratory support required, no regular continuing episodes of apnea/bradycardia/desaturation)
Weight is at least 1600 grams
5 days of consistent weight gain
Post natal age of at least one week

Applicability
All Covenant Health Care Neonatal Staff and Physicians.

Procedure

<table>
<thead>
<tr>
<th>ACTION</th>
<th>RATIONALE</th>
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<tbody>
<tr>
<td>1. Nurse the infant in an incubator in “baby” mode.</td>
<td>Decrease risk of hyperthermia</td>
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<td>2. Add two layers of blankets.</td>
<td>Blankets insulate the infant and minimize heat loss.</td>
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<td>3. Once the incubator temperature is 28-29°C, the infant’s temperature is stable for 24 hours, and there has been a weight gain over the weaning process, transfer to an open crib. Dress the infant as before (sleeper and a hat), and add two blankets on top.</td>
<td>Weight loss may signal thermal stress as more energy is used to preserve body temperature.</td>
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<tr>
<td>4. Check infant’s axilla temperature in one hour. If temperature is &lt; 36.3°C, return to an incubator.</td>
<td>Monitoring allows time for successful intervention before a fall in core temperature indicating failure of body’s</td>
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</tbody>
</table>
5. Do not bathe infant on the first day of transitioning. Bathing increases heat loss through evaporation.

6. Transition to an open crib may be reconsidered in 48 hours if the infant is unable to maintain their temperature.

7. Consider “back to sleep” protocol once infant reaches criteria in preparation for discharge: Am I ready to go Back to Sleep for every sleep?
   □ 34 weeks post-conceptual age
   □ Tolerating bolus feeds
   □ No gastro-esophageal reflux
   □ Do not have regular continuing episodes of apnea /bradycardia / desaturation
   □ If needing oxygen therapy or having tachypnea, able to nipple feed without increased distress

8. Review “Safe Infant Sleep” policy

   Keep me Safe:
   □ Dressed and placed in cot so feet touching the end
   □ Avoid overheating
   □ Avoid wrapping. One blanket may be placed over the lower half of body and should be firmly tucked in under the mattress.
   □ Avoid use of heavy blankets
   □ Remove positioning aids, sleeping rolls, toys and extra linen
   □ Head of crib is not elevated
   □ Bed sharing is not endorsed

NICU Positioning Policy, Developmental Care group of policies

Related Documents
Adapted with permission from Stollery Children’s Policy and Procedure Manual:
http://www.intranet2.capitalhealth.ca/nicu/pages/policiesprocedures/policiesprocedures_new.htm

Transition to Open Cot - < 1500 g at birth November 2009

Assessment of Newborn
Warming Environments
Positioning Policy, Developmental Care
Alberta Perinatal Health Program’s APPEL Online Learning Module

Revisions

Transition to Open Bed  January 2003

References


Signing

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Original Signed

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March 13, 2014