

Using SERVO control as a part of normothermia bundle in a tertiary neonatal unit

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Introduction

Hypothermia has high correlation with neonatal mortality and maintenance of normothermia is a key quality indicator of neonatal care.

Recent NNAP data has shown that only 67.9% of preterm neonates (<32 weeks GA) born in LWNC were normothermic (36.5-37.5) on admission to the neonatal unit. Comparing this to the national average of 70.3% highlighted the importance of a need for practice change.

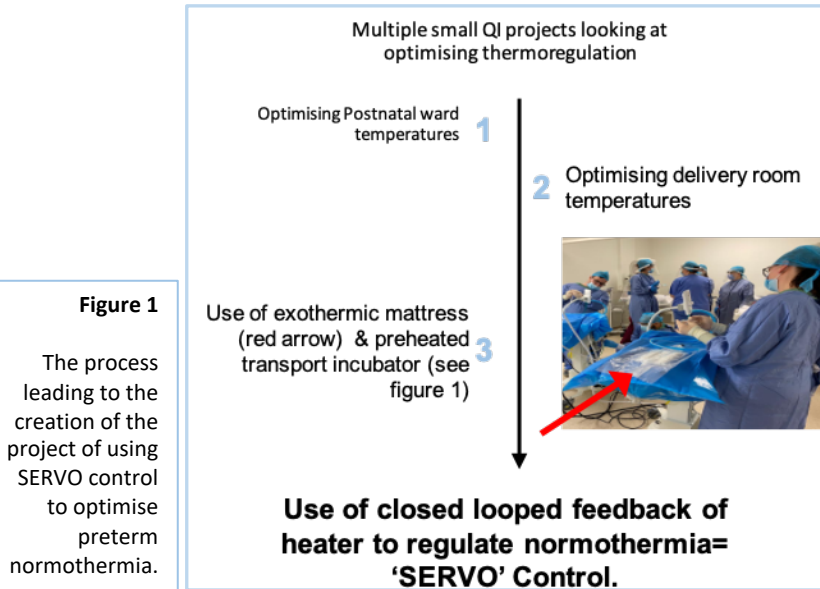


Figure 1

The process leading to the creation of using SERVO control to optimise preterm normothermia.

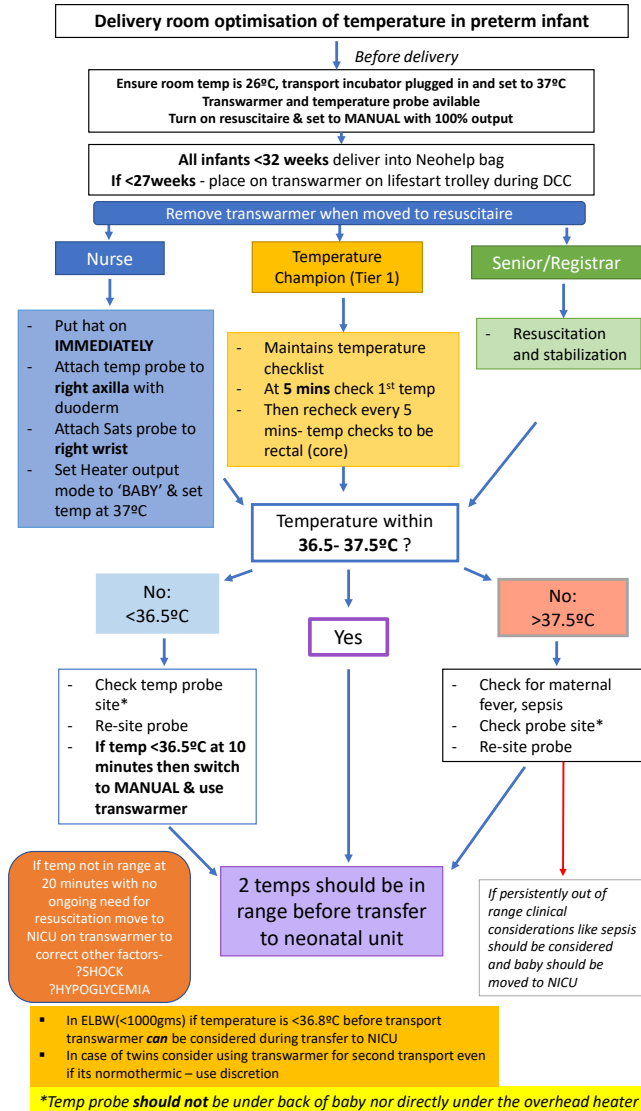


Figure 2

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Methods

Following highlighting the proposed benefit of SERVO control to prevent hypo- and hyperthermia, a flowchart of it's use was produced (figure 2). This flowchart highlighted the importance of the roles of the members of the team to achieve normothermia as well as the technical aspects of setting up. This flowchart was disseminated to all health professionals involved in the delivery of premature neonates and multiple interactive simulation and seminar-based teaching facilitated wider teams understanding and application of the flowchart. Data from badger and resuscitation notes were collected over a 3 month period following the introduction of the flowchart.

Results

Infants <32weeks	Pre- normothermia bundle	Post
% Normothermia in delivery room	Not measured	100 %
% normothermia on admission to NICU	67.9 %	81.2 %

Conclusion

- Significant **improvement** following initiation of the normothermia bundle.
- Initially some hesitancy to adopt the new approach
- Lack of appropriate probes at some deliveries.

Recommendations:

- Further simulation sessions needed to build confidence
- Spare temperature probes incorporated in the neonatal emergency bag
- Further work needed to optimize normothermia on transport from delivery room to NICU.
- Continual training and developing of protocol to support preterm normothermia.