

**Royal Hospital for Women (RHW)
BUSINESS RULE
COVER SHEET**



Health
South Eastern Sydney
Local Health District

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EXECUTIVE SPONSOR	S Bolisetty (Medical Co-Director Newborn Care Centre); S Wise (Nursing Co-Director Newborn Care Centre)
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SUMMARY	To guide clinicians in the set up and administration of crib humidification for the preterm infant using the Dräger isolette.

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This Clinical Business Rule is developed to guide safe clinical practice in Newborn Care Centre (NCC) at The Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this Clinical Business Rule. Using this document outside the Royal Hospital for Women or its reproduction in whole or part, is subject to acknowledgement that it is the property of NCC and is valid and applicable for use at the time of publication. NCC is not responsible for consequences that may develop from the use of this document outside NCC.

1. BACKGROUND

Skin immaturity and the large surface area to weight ratio of extreme premature infants put them at risk of dehydration and hypothermia. It is essential that neonates are nursed within their neutral thermal environment. This is defined as “the environmental air temperature at which an infant with a normal body temperature has a minimal metabolic rate and therefore minimal oxygen consumption”.

2. RESPONSIBILITIES

Medical and Nursing Staff

3. PROCEDURE

3.1 Equipment

- Dräger isolette
- Bottle of sterile water
- Central skin temperature probe (specific for Dräger isolette)
- Temperature probe covers

3.2 Clinical Practice

1. Ensure Dräger isolette is plugged into power and turn on. The on/ off switch is located underneath the information panel (Picture 1).



Picture 1

2. Fill the water reservoir with sterile water to the maximum fill watermark (Picture 2).

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Picture 2



Picture 3

3. To activate the humidification, unlock the keypad by pressing the key icon. (Picture 3)
4. Select humidity button and using the up or down arrows on right side of the panel, confirm required humidity. (Picture 3)

Gestation at birth	Day 1-7 humidity	Day 8-14 humidity	Day 15-21 humidity
≤28 + 6 days	85%	Wean by 5% daily to 50% by day 14	Cease humidity if the air temp is <34°C
29 – 30+6 days	70% from Day 1-3, then wean by 5% daily	Cease humidity	
≥31+0 & <1000g	Humidity is commenced at 50% if the air temperature is >34°C		

5. Attach skin temperature probe (central) (Picture 4) into central port in the temperature monitoring block (Picture 5).



Picture 5

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6. Unlock keypad and select skin mode. Confirm set temperature (36.5°C).
7. Ensure the skin is clean and dry prior to application of skin sensor.
8. Place sensor in appropriate position on either the abdomen or back ensuring it is not over a bony prominence (Picture 6) and secure sensor with a temperature probe cover (Picture 7)



Picture 6



Picture 7

9. Regular axilla temperatures as required. Change skin temperature probe location with cares and assess the skin integrity.
10. Document in eRIC the hourly set and actual humidity, set and actual servo temperature. Document axilla temperature when performed.
11. Wean humidity as per table in point 4.

Note:

Cribs should be changed every 7 days when a neonate is nursed in humidity.
When humidification is ceased, crib should be changed as soon as possible.

3.3 Educational Notes

- Ensure water reservoir is filled on commencement of shift. Crib will alarm if water levels are low.
- Skin mode servo is to be used whilst neonate nursed in humidity.
- The infant should be nursed without clothing to ensure optimal skin exposure to humidity.
- Medically stable infants (as per medical officer discretion) may come out for kangaroo care whilst being in humidity. Refer to the Kangaroo Care CBR for further clarification.
- For further information on using the Dräger isolette refer to the user manual.

3.4 Abbreviations

eRIC	electronic Record of Intensive Care		
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3.5 References

1. A refreshing advancement in high-performance thermoregulation. [isolette-8000-br-9050584-en-master.pdf \(draeger.com\)](#). Accessed 18/4/2024
2. Instruction for use Isolette 8000plus. [MU25944_3_en.book \(draeger.com\)](#). Accessed 18/4/2024

4. RELATED BUSINESS RULES AND POLICY DOCUMENTS

- RHW NCC Nursing CBR - Ventilated Infant for Kangaroo Parent Care
- RHW NCC Nursing CBR - Kangaroo Care – guide to providing Kangaroo Care

5. CULTURAL SUPPORT

- When clinical risks are identified for an Aboriginal family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services.
- For a Culturally and Linguistically Diverse CALD family, notify the nominated cross-cultural health worker during Monday to Friday business hours.
- If the family is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017_044-Interpreters Standard Procedures for Working with Health Care Interpreters.

6. IMPLEMENTATION PLAN

This revised CBR will be distributed to all medical, nursing and midwifery staff via @health email. The CBR will be discussed at ward meetings, education and patient quality and safety meetings. Education will occur through in-services, open forum and local ward implementation strategies to address changes to practice. The staff are asked to respond to an email or sign an audit sheet in their clinical area to acknowledge they have read and understood the revised CBR. The CBR will be uploaded to the CBR tab on the intranet and staff are informed how to access.

7. RISK RATING

- Low (5 years)

8. NATIONAL STANDARDS

- Standard 1 Clinical Governance
- Standard 2 Partnering with Consumers
- Standard 3 Preventing and Controlling Infections
- Standard 5 Comprehensive Care

9. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
1.2.03	1	K.B. Lindrea (CNC) & A. Wright (NE); RHW NCC LOP Committee
4.11.14	2	S. Binoy (RN) & K.B. Lindrea (CNC); RHW NCC LOP Committee
22.3.24 20.5.24	3	E.Deibe (CNS/ACNE); RHW NCC CBR Committee BRGC