

Scope

Occupational Therapy (OT) at the Acute Care location

Purpose

To provide guidelines for the assessment and treatment of neonates, to improve medically based functional outcomes, and facilitate discharge. OT assesses infant positioning needs, neuromuscular status, upper extremity splinting, fine motor skills, pain management needs, visual motor skills, and sensory modulation.

Procedure

- A. Clinician must complete NICU competency training prior to covering NICU infants.
- B. Medical team identifies the need for therapy services. Signs and symptoms may include:
 - ♦ Increased tone
 - ♦ Reduced tolerance for position changes
 - ♦ Increased work of breathing with handling
 - ♦ Decreased antigravity movement
 - ♦ Range of motion deficits
 - ♦ Poor visual attention skills
 - ♦ Poor self-calming and state of arousal
- C. Common medical diagnosis may include:
 - ♦ Premature (less than 30 weeks)
 - ♦ Gastrochesis
 - ♦ Myelomeningocele
 - ♦ Arthrogryposis
 - ♦ Congenital anomalies
 - ♦ Genetic disorders
 - ♦ Infants of Substance Abuse Mothers (ISAM)
 - ♦ Pierre Robin syndrome
 - ♦ Ventilator dependent babies
 - ♦ Fetal alcohol syndrome
 - ♦ Static encephalopathy
 - ♦ Neonatal seizures
 - ♦ Perinatal depression
 - ♦ Germinal matrix hemorrhage
 - ♦ Intrauterine growth retardation
 - ♦ Intraventricular hemorrhage
- D. Medical team enters order in (electronic record). Orders will be acknowledged within 48 hours of referral. Clinician will coordinate evaluation time with bedside nurse and/or caregiver. Neonatal screenings should be performed on medically unstable infants. Medically unstable status: patient on high ventilator settings and/or infants less than 24 weeks EGA who cannot tolerate handling due to physiological stress signs.
- E. Assessment will be completed to include:
 - ♦ Medical history
 - ♦ Collaboration with caregiver/medical team regarding concerns
 - ♦ Observations
 - ♦ Treatment diagnosis

- ♦ Caregiver education
- ♦ Plan of care/frequency
- ♦ Discharge recommendations

F. Treatment for problems related to muscle weakness, positioning, and motor skills may include:

- ♦ Range of motion
- ♦ Splinting
- ♦ Positioning
- ♦ Parent education
- ♦ Non-pharmacological pain management
- ♦ Sensory modulation
- ♦ Tone inhibition/facilitation techniques
- ♦ Age appropriate play skills
- ♦ Visual motor/perceptual activities

G. Documentation

- ♦ Initial assessment is documented in (Electronic Record) Multidisciplinary Tab titled Occupational Therapy (OT) NICU Assessment
- ♦ Progress notes are documented in (Electronic Record) Multidisciplinary Tab under OT tab
- ♦ If a clinician completes Neonatal Rehab screening, it will be located under Acute Care Rehab folder in Multidisciplinary Tab

H. Criteria for additional discipline involvement

- ♦ Infants older than 2 months adjusted age may have both disciplines involved as medically needed to address gross and fine motor deficits.
- ♦ Lower extremity splinting needs

Precautions and Special Considerations

May include:

- Chest tubes and multiple line management during handling and Kangaroo Mother Care (KMC) activities
- Educating caregivers on infant stress signals during hands on care
- Closely monitor vital signs during intervention and notify bedside nurse when appropriate

Tips

- Use Patient Roster icon on desktop to contact bedside RN to coordinate appropriate treatment time
- Refer to patient board for specific hand off information/recommendations

Related Documents

NICU Competency Manual

[Acute Care OT Frequency Guidelines](#)

[Acute Care Rehab-DC planning options](#)