

## **ORGANIZATION “D” ACUTE CARE REHAB SERVICES PRACTICE GUIDELINES**

**PURPOSE:** To provide guidelines for the assessment and treatment of neonates, to improve medically based functional outcomes, and facilitate discharge. PT assesses infant positioning needs, neuromuscular status, lower extremity splinting, gross motor skills, pain management needs, and sensory modulation.

### **KEY POINTS:**

#### **I. General Information**

- 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 self-calming and state of arousal
  - ♦ Gastrointestinal (GI) motility issues
- C. Common medical diagnosis may include:
  - ♦ Premature (less than 30 weeks)
  - ♦ Gastrochesis
  - ♦ Myelomeningocele
  - ♦ Arthrogyrosis
  - ♦ 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
  - ♦ Torticollis
- D. Medical team enters order in (Electronic Record). Order will be acknowledged within 48 hours of referral. Clinician will coordinate evaluation time with bedside nurse and/or caregiver. Neonatal screenings may be completed on medically unstable infants. Medically unstable is 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

G. Documentation

- ♦ Initial assessment is documented in (Electronic Record) Multidisciplinary Tab titled PT NICU Assessment
- ♦ Progress notes are documented in (Electronic Record) Multidisciplinary Tab under PT 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.
- ♦ Upper extremity splinting needs
- ♦ Upper extremity splinting needs or upper extremity range of motion deficits

### **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

### **REFERENCES:**

[Neonatal PT Part 1: Clinical Competencies & Clinical Training Models](#)

[Neonatal PT Part 2: Practice Frameworks & Evidence- Based Practice Guidelines](#)

[Neonatal Therapy Guidelines](#)

[NICU Fact Sheet](#)

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Related Documents: NICU Competency Manual <a href="#">Acute Care PT Frequency Guidelines</a> <a href="#">Acute Care Rehab Discharge Planning</a>		
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