

## 1. NICU Education

- a. What training in manual therapy techniques does your NICU prioritize in your standard of care for treating neonatal infants with severe respiratory compromise?

Response #1: Neonatal Touch and Massage

Response #2: We have one therapist trained in neonatal touch and massage, otherwise no formal training in manual therapy

- b. What NICU Outcome measures do you use in your NICU to measure success of your therapy interventions?

Response #1: Bayley, BSRI, OSST

Response #2: Not formally measuring outcomes at this time

- c. Are there individuals on your team who would be experts in manual therapy and willing to connect with members of our team surrounding training strategies? If so, please provide contact info.

Response #1: N/A

Response #2: N/A

## 2. Cardiac Unit Questions

- a. At your facility, are patients who are on IV Milrinone allowed off the unit for therapies without a nurse present?

Response #1: No

Response #2: Yes

- b. If yes, what safety parameters are in place?

Response #1: N/A

-What is the communication pathway with RNs?

Response #2: Staff communicate via Voalte phone call or text if needed.

-What are the parameters for vitals monitoring?

Patient is typically on telemetry which is monitored by RNs on the unit

-What are reasons why a therapist would not leave the unit with a patient on IV

Milrinone?

If the patient has had any vital sign instability or other medical changes that

day

## 3. Free Water Protocol

- a. Are your teams using the Frazier free water protocol or a modified version in your space?

Response #1: Frazier free water

Response #2: no

- b. If modified, what modifications are you using?

Response #1: N/A

Response #2: N/A