

## Course Description

The S.T.A.B.L.E. Program is designed for the period following resuscitation of the newborn until care is transferred to the neonatal transport team or members of the neonatal ICU team. This mnemonic-based tool focuses on the post-resuscitation care of sick neonates, including physical assessment, problem recognition and patient management. The S.T.A.B.L.E. Program is a concise, directive tool to help maternal/child healthcare providers to organize the myriad of details and interventions necessary to provide care to a sick and/or premature infant. The program has also evolved to serve as an orientation tool for the neonatal ICU. The following material is covered in this program:

- S**ugar – initial IV therapy, neonates at risk to develop hypoglycemia, safe use of central lines, treatment of hypoglycemia;
- T**emperature – the detrimental effects and consequences of hypothermia and prevention of hypothermia;
- A**irway – assessment of respiratory distress, challenging patients, initial ventilator therapy and blood gas assessment;
- B**lood pressure – the causes and presentation of hypovolemic, cardiogenic and septic shock;
- L**ab work – neonatal sepsis and CBC interpretation;
- E**motional support – the crisis that parents experience with birth of a sick baby and how to support parents during this crisis.

This program is presented by experts in neonatal nursing or medicine (a strict requirement of the national office and program director), in a didactic/interactive format. An animated CD-ROM (or program slides if preferred) are utilized to guide the course presentation. A validated pre- and post-test are utilized to assess changes in knowledge.

## Program Goals

This program is designed to provide important information about neonatal stabilization for maternal/infant healthcare providers in all settings—from community hospitals and birth centers, to emergency rooms and more complex hospital environments.

Goal 1: Organize this information using a mnemonic to assist with retention and recall of stabilization activities that are important for the post-resuscitation/pre-transport stabilization care of sick infants.

- Goal 2: Improve patient care and safety for vulnerable neonates by
- a. standardizing processes and approach to care
  - b. encouraging teamwork
  - c. identifying areas where medical errors can and do occur, and
  - d. reducing and eliminating preventable adverse events.

## Participant Learning Objectives

*At the completion of this course, the participant will have learned:*

### SUGAR and SAFE CARE

1. Issues of patient safety and error reduction in the delivery of nursing and medical infant care.
2. Infants at increased risk for becoming hypoglycemic and hyperglycemic.
3. Signs and symptoms of hypoglycemia.
4. The initial, appropriate IV fluid therapy to provide for sick infants.
5. The IV glucose treatment of hypoglycemia and when to re-evaluate the blood glucose following treatment.
6. Candidates for placement of an umbilical catheter.
7. Principles for safe use of umbilical venous and arterial catheters.

### TEMPERATURE

1. Infants at increased risk for becoming hypothermic.
2. Ways infants lose body heat and protection from cooling.
3. Physiologic responses to hypothermia for premature and term infants.
4. Necessary precautions to observe when rewarming and severely hypothermic infants.

## AIRWAY

1. How to evaluate the degree of respiratory distress an infant is experiencing.
2. Indications for continuous positive airway pressure (CPAP), positive pressure ventilation (PPV) with bag and mask or endotracheal intubation.
3. How to provide assistance during endotracheal intubation.
4. How to secure an oral endotracheal tube.
5. How to evaluate endotracheal tube location.
6. How to evaluate a blood gas as normal, respiratory, metabolic or mixed acidosis and if compensated.
7. The initial ventilatory support for very low-birth-weight, low-birth-weight and term infants.
8. The signs and symptoms of a pneumothorax, use of transillumination and chest X-ray to evaluate for pneumothoraces and principles of emergent evacuation of a pneumothorax.

## BLOOD PRESSURE

1. The causes, presentation and initial treatment of hypovolemic, cardiogenic and septic shock.
2. Physical exam for shock and laboratory tests that assist with recognition and evaluation of shock.
3. Indications for and safe administration of dopamine.

## LAB WORK

1. Risk factors that predispose infants to infection.
2. Clinical signs of infection in infants.
3. Laboratory tests indicated for evaluation of infection including the complete blood count and blood culture.
4. Basic white blood cell development and calculation and interpretation of the absolute neutrophil count and immature to total ratio.
5. The relationship of thrombocytopenia to possible sepsis.

## EMOTIONAL SUPPORT of the Family

1. The crisis families experience when an infant requires care in a neonatal intensive care unit.
2. Ways healthcare providers can support parents of sick infants.
3. Ways neonatal ICU caregivers can facilitate parenting in the NICU and how to support parents of sick and/or premature infants.
4. Cultural and gender differences in coping and the grief experience.

## QUALITY IMPROVEMENT MODULE

1. Concerns regarding patient safety and methods to reduce medical errors and preventable adverse events in this vulnerable population.
2. The importance of self-assessment to evaluate care provided in the post-resuscitation/pre-transport stabilization period.

## Agenda

*Sign-in begins at 7:00 am.* Each day includes a 45-minute lunch (on your own), as well as a morning and afternoon break of 15 minutes each. The order of lectures presented and break times may vary according to speaker preference.

### 8:00 am to 5:15 pm

0700	<b>Registration</b> Collect and Grade Pre-Tests that were Taken Before the Class Date	<b><u>Teaching Time</u></b>
0800	<b>Overview of the S.T.A.B.L.E. Program and Neonatal Stabilization Responsibilities</b> <b>Section One: Sugar Module</b>	<b>120 min.</b>
1000	<b>Break</b>	
1015	<b>Section Two: Temperature Module</b>	<b>60 min.</b>
1115	<b>Section Three: Airway Module</b>	<b>45 min.</b>
1200	<b>Lunch</b>	
1245	<b>Section Three: Airway Module (cont.)</b>	<b>45 min.</b>

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	<u>Teaching Time</u>
1330 Section Four: Blood Pressure Module	60 min.
1430 Break	
1445 Section Five: Lab Work Module	75 min.
1600 Section Six: Emotional Support Module	30 min.
1630 Quality Improvement/Case Study	30 min.
1700 Complete Course Evaluation	
1715 Adjourn	
<b>Total Teaching Time:</b>	<b>465 min.</b>

**Note:** The post-test is administered at the end of each module.

## Accreditation

### RN/LPN/LVN/Other: 7.5 Contact Hours

MED-ED, Inc is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

MED-ED, Inc. is an approved provider by the following State Boards of Nursing: **Florida/FBN 50-1286, Iowa/296, California #CEP10453.**

If your profession is not listed, we suggest contacting your board to determine your continuing education requirements and ask about reciprocal approval. Many boards will approve this seminar based on the accreditation of the boards listed here.

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