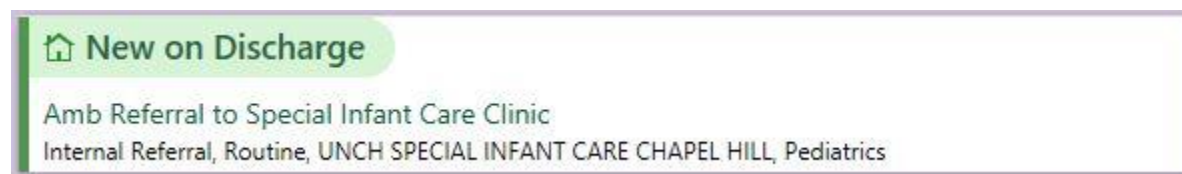


Newborn Critical Care Center (NCCC) Clinical Guidelines

Special Infant Care Clinic (SICC)

The UNC Special Infant Care Clinic provides a multidisciplinary approach to the developmental surveillance and medical care of high-risk infants from birth to 2 years. A team of physicians, nurse practitioners, speech therapists, occupational therapists and physical therapists provide comprehensive developmental evaluations. Clinic also links infants to community services, such as Early Childhood Intervention. Audiology, feeding and nutrition evaluations are also available. The SICC often aids in the case management of infants followed by multiple subspecialists. Additionally, the SICC provides follow-up for patients involved in clinical research protocols.

This SICC team is available to see infants in the first month after discharge for infants born ≤ 29 weeks and also if there are concerns about growth or social concerns in which a SICC follow up would facilitate a successful transition to home. The SICC referral can be placed at any point during the hospitalization. When an infant is 1-2 weeks from discharge, the order should be signed by the infant's inpatient provider. The referral order should specify when the infant should be scheduled (which month). The order should also specify UNCH Special Infant Care Clinic in the department search box.



Lori Carter and Lisa Vogel will receive those orders and schedule the infant accordingly. This should allow for appointments to be made before the infant discharges home, and the appointment information will print on the AVS. Timing of the first appointment is 1-3 months post-discharge, as outlined below.

All remaining discharge summaries from NCCC are screened for risk factors by Jenny Bowles, CPNP, NNP-BC (984-974-7864; jdbowles@email.unc.edu) or Amy Rigglesman, CPNP-PC (amy.rigglesman@unchealth.unc.edu) and scheduled for UNC SICC at Chapel Hill or Raleigh, or closer to home if possible.

Infants to be considered for SICC include:

- Infants with birth weight < 1250 grams or gestational age $\leq 32w0d$ weeks
- Grade III or IV IVH, PVL, hydrocephalus, meningitis
- Perinatal Asphyxia (umbilical pH < 7.0, abnormal EEG, HIE and/or whole body cooling)
- Severe CLD or airway anomalies: discharged home on oxygen or with a tracheostomy
- Infant with IUDE who require pharmacological intervention for NAS, complex social situations, and/or home hospice will be considered on individual basis

- Infant with major congenital heart disease or utilization of cardiac bypass during surgical repair
- Infant who required ECMO
- Hyperbilirubinemia requiring exchange transfusion
- Neurologic disorders, hyper or hypotonia, or seizures
- Genetic disorders associated with neurodevelopmental delays
- Congenital infections
- Hypothyroidism
- Other feeding difficulties requiring gastrostomy tube
- Other conditions that the team feels will place infant at high-risk for neurodevelopmental impairment
 - Patients can be co-managed with Complex Care Clinic (medical home)

Timeline for first appointment with SICC

- Infants born ≤ 29 weeks gestational age, infants who are technology dependent, or infants deemed complex should have their first appointment 1 month after discharge
- Other children can be scheduled 3 months after discharge