Our Neonatal Journey

Supporting your families throughout their baby's neonatal journey

AFFIX BABY DETAILS HERE

STAFF RESPONSIBILITIES

This booklet is for staff use which accompanies Our Neonatal Journey which is parent held.

Please ensure that these competencies are signed by a staff member before a parent/carer carries out these caregiving activities independently.

Please refer to ODN/ individual trust policies, guidelines, manufacturer's instructions to support these caregiving activities and document this on the back page.

If the baby requires repatriation or uplift, please ensure that the original copy is placed in the baby's notes and a copy is transferred to the receiving hospital.

Competence	Indicates a task where the nurse must observe a parent performing the caregiving activity in order for them to be assured that the parent is able to carry out a specific task, safely. This must be signed by a staff member before a parent/carer can do these tasks independently.
Confidence	Indicates that a parent feels comfortable in performing the care giving activity and it will be up to the parent to decide when this is achieved.
Demonstrated/Discussed	Indicates that the caregiving activity has been discussed or demonstrate with the parent/carer by a member of staff.

COMPETENCY SECTION

COMPETENCY- indicates a task where the nurse must observe a parent performing the caregiving activity in order for them to be assured that the parent is able to carry out a specific task, safely. This must be signed by a staff member before a parent/carer can do these tasks independently. (use Network Crib sheets)	**Name of parent/carer**	**Discussed/ Demonstrated (Staff signature & date)**	**Competent (against crib sheet) (Staff signature and date)**	**Competent (against crib sheet) (Parent/carer signature and date)**	**Comments**
Administration of medicines	1				
	2				
Nasogastric Tube Feeding	1				
	2				
Preparation and storage of feeds	1				
	2				

CONFIDENCE SECTION

CONFIDENCE—implies that a parent feels comfortable in performing the care giving activity and it will be up to the parent to decide when this is achieved.	**Name of parent/carer**	**Discussed/ Demonstrated/ Information given (Staff signature & date)**	Confident (Staff signature and date)	Confident* (Parent/Carer signature and date) *Optional	**Comments**
Positive touch & comforting techniques	1				
	2				
Monitoring your baby	1				
	2				
Wrapping techniques (e.g. bathing and weighing)	1				
	2				
Safe Sleeping and ICON	1				
	2				
Basic Life Support	1				
	2				

MAPPING SECTION

Please refer to ODN/ individual trust policies , guidelines, manufacturers instructions to support these caregiving activities and document this on this page.	**Document mapping to policy/ guideline (please specify if this is local or regional)**	**Comments**
Administration of medicines	Local Regional	
Nasogastric Tube Feeding	Local Regional	
Preparation and storage of feeds	Local Regional	
Positive touch & comforting techniques	Local Regional	
Monitoring your baby	Local Regional	
Wrapping techniques (e.g. bathing and weighing)	Local Regional	
Safe Sleeping and ICON	Local Regional	
Basic Life Support	Local Regional	