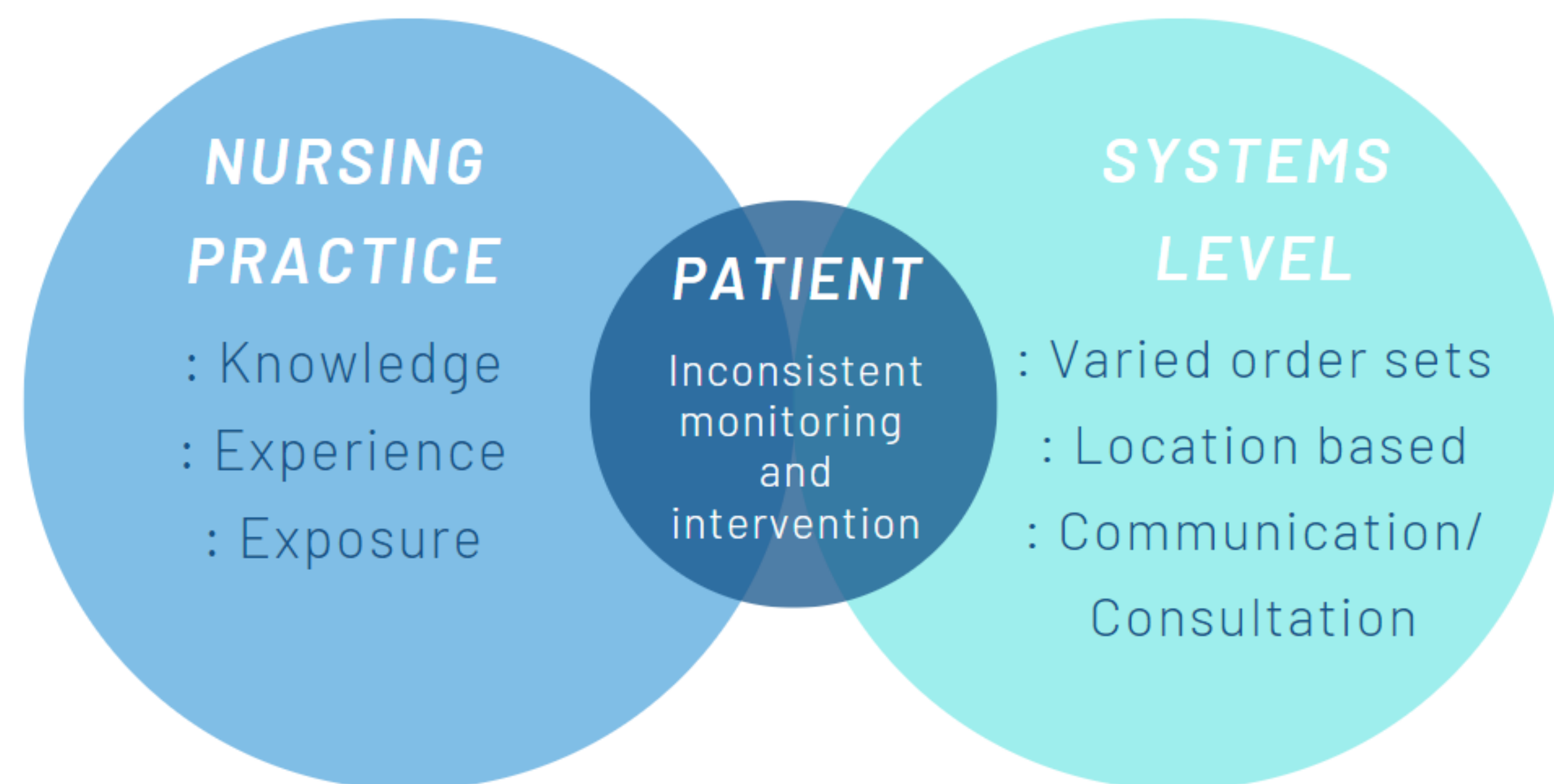


## Background

- Pediatric Cardiac ICU (PCICU) opened October 2020
- Approximately 400 admissions annually (~60 neonatal admissions)
- Prior to 2020, cardiac neonates were cared for in NICU
- No standard of care existed in the PCICU for various neonatal care needs



## Aim

- **Harmonize neonatal care between the PCICU and NICU**
- Specifically, management of glucose homeostasis for the first 24 hours of life through day of life (DOL) 7

## Intervention

- Formation of CNS led Neonatal Care Collaboration Workgroup
- Monthly patient case review
- Neonatal consultation service
- PCICU nursing education
- PCICU provider engagement related to dosing standardization
- Data collection (PCICU and NICU) of glucose bolus timing and dosing

## Next Steps

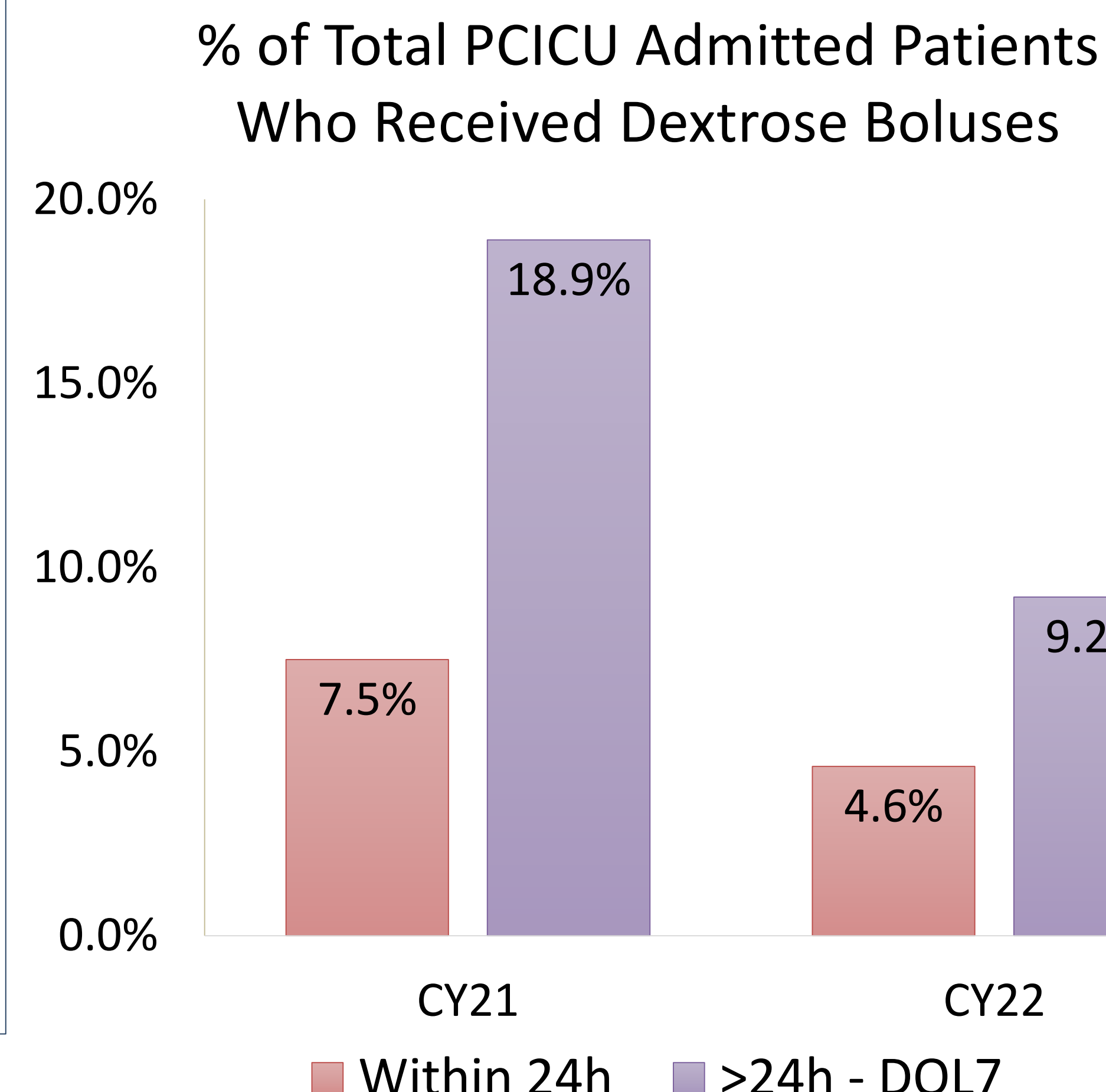
- Close gap of timing of achievement of glucose homeostasis
- Share glucose administration data Harmonize Epic glucose order sets and dosing, regardless of location
- Promote continued use of Neonatal consult service
- Real-time auditing and coaching

## Lessons Learned

- Population specific needs extend beyond the unit walls and requires multi-departmental collaboration
- More than just educational needs
- Systems level thinking
- CNS role uniquely suited for this work

## Results

- Decrease in dextrose boluses in the PCICU between 2021 and 2022
- Most significant reduction dextrose boluses >24h – DOL7
- Suggesting an improvement in timing to glucose homeostasis in PCICU



- Dextrose bolus data from NICU did not mirror PCICU trends
- NICU data reflects nearly all dextrose boluses administered within first 24 hours of life
- Suggesting achievement of glucose homeostasis sooner in NICU, compared to PCICU

