REFERRAL CRITERIA FOR SICK NEONATES

It is National Health Policy that ALL babies should have EQUAL and APPROPRIATE access to ALL levels of care. When decisions need to be made about where sick babies should best be cared for, it is necessary to be guided by region-specific admission and exclusion criteria, so that, for each baby, APPROPRIATE care plans can be devised. These criteria, and the final decisions that are made for individual babies, are based both on resources available and on the individual baby’s prognosis.

Admission Criteria
If any of the following conditions exist or are suspected contact your referral centre to discuss possible transfer of your patient for further care:

Gestation and Weight
- Preterm infants > 28 weeks or birth weight > 1 kg

Respiratory System
- Respiratory distress from any cause which requires > 60% head box oxygen to maintain oxygen saturation above 85%
- Congenital abnormalities

Cardiovascular System
- Congenital cyanotic heart disease
- Cardiac failure unresponsive to treatment

Central Nervous System
- Status epilepticus
- Convulsions with inadequate facilities to investigate

Gastrointestinal Tract
- Congenital abnormalities including abdominal wall defects, intestinal obstructions and anorectal malformations
- Necrotising enterocolitis
- Persistent GIT bleeding

Genitourinary System
- Severe congenital abnormalities of kidney, bladder or genitalia
- Renal failure

Haematological
- Severe or persistent bleeding

Metabolic
a. Neonatal Jaundice:
   - onset within first 24 hours of life
   - if associated with positive Coomb’s test
   - if approaching exchange levels
b. Persistent or recurrent hypoglycaemia
c. Inborn errors of metabolism (acidosis / hypoglycaemia / neurological signs)

Not meeting these designated inclusion criteria does not imply the meeting of exclusion criteria.
Exclusion Criteria

Babies with the following conditions are **not** suitable for ventilation or more sophisticated care and are unlikely to be admitted to a referral centre.

If you are uncertain please discuss individual babies with your referral unit (See guideline: “Transferring Neonates to a Higher Level of Care”).

**Gestation and Weight**
- Babies < 1000 grams or 28 weeks gestation
- Between 900 and 1000 grams, IPPV may be considered in special circumstances, following discussion with a Paediatrician

**Perinatal Hypoxia / Birth Asphyxia**
Babies exposed to perinatal hypoxia, which have the following problems:
- no heartbeat at 15 minutes
- time to spontaneous respiration > 20 minutes
- 10 minute apgar < 6 AND cord arterial blood base excess < -10 AND / OR pH < 7.1
- Grade III / severe Hypoxic Ischaemic Encephalopathy

**Major Congenital Abnormalities**
- Babies with major congenital abnormalities where involvement of one or more organ systems is deemed incompatible with life

**Intra / Periventricular Haemorrhage**
- Grade IV
- Grade III, with other complications / other organ involvement
- Severe periventricular leukomalacia

**HIV / AIDS / MTCT**
- Babies known to be HIV-exposed who are severely ill at birth, with multi-organ involvement
- Babies who are sick at birth, and whose mothers have advanced, symptomatic AIDS

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Not meeting these designated exclusion criteria does not imply the meeting of inclusion criteria.

Appropriate management must be provided for babies not eligible for admission to an ICU. This must focus on providing warmth, oxygen, fluids and nutrition.