

Survey by:

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**Questions:**

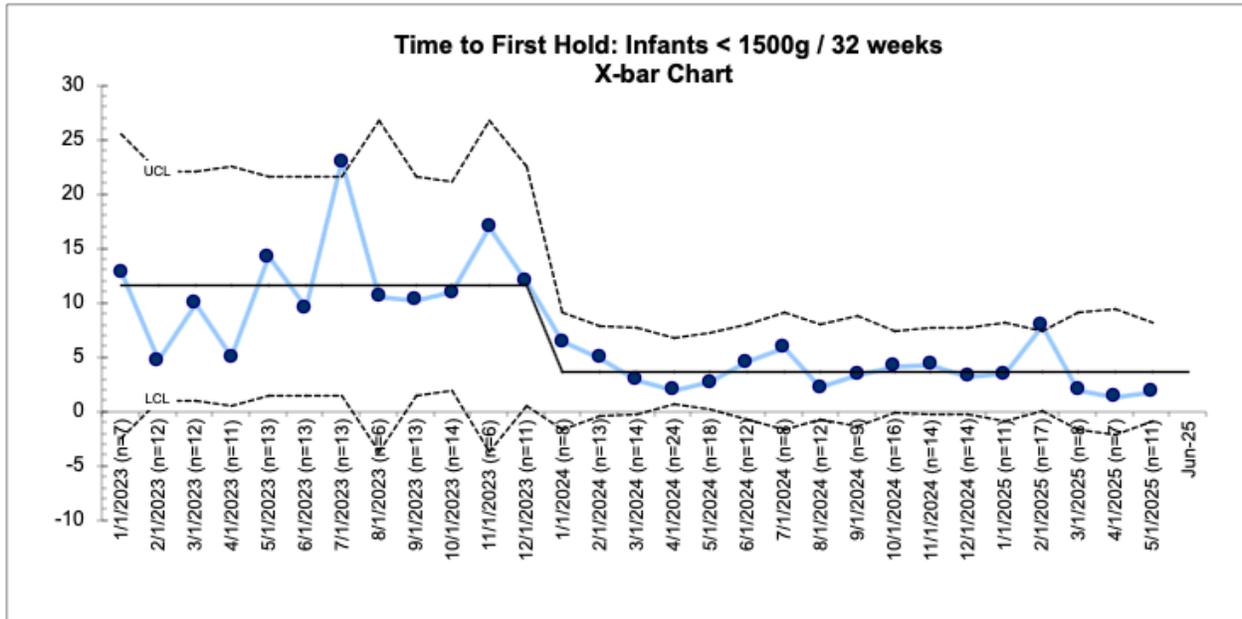
1. Do you allow caregivers to hold infants with a UVC in place?
2. Do you allow caregivers to hold with a UAC in place?
3. Any caveats/restrictions if you said "yes" above?

**Results:**

**Of 36 respondents, nearly all hold with UVCs (94%) and the vast majority hold with UACs (72%)** Many have caveats with low-lying lines and with clinical stability (didn't note clinical stability as that will always be the case).

Location	Hold UVC?	Hold UAC?	Caveats
UIC	Yes	No	Holding only allowed by more experienced/developmentally aware nurses
Miller Children's	Yes	Yes	
St Lukes, ID	Yes	No	Not with low UVC
Norton Children's	Yes	Yes	See attached run chart
El Paso	Yes	No*	*UACs with exception
HPHMG, HI	No	No	*Hold with extreme exception
St. George, UT	Yes	Yes	Typically a team-based discussion
Oschner	Yes	Yes	
Penn St	Yes	Yes	Deferred if lines are not sutured
St. Vincent, MT	Yes	Yes	
Arkansas Children's	Yes	Yes	
Baylor	Yes	Yes	
Peyton Manning	Yes	Yes	
St. Louis Children's	Yes	Yes	RN must assist
Vanderbilt	Yes	Yes	Not with low-lying
Salem Health	Yes	Yes	Hold side-lying so RNs have easy access and visualization
Stanford	Yes	Yes	
Holy Cross, MD	Yes	No	
Sharp Mary Birch	Yes	Yes	Not with low-lying
Pittsburgh	Yes	Yes*	Not with low-lying; *Team discussion; See Attached Criteria
Brigham & Womens	Yes	Yes	
Tucson	Yes	No	
Wake Forest	Yes	No	
Endeavor Health, IL	No	No	
OHSU	Yes	Yes	
MercyOne, IA	Yes	No	
CH King's Daughters	Yes	Yes	
Michigan	Yes	Yes	
USF/Tampa	Yes	Yes	
Bronson Children's	Yes	Yes	
Driscoll Children's	Yes	No	
John Muir	Yes	Yes	
Coxhealth	Yes	Yes	See attached criteria
Mississippi	Yes	Yes	
Alabama	Yes	Yes	Nurse to remain in the room
Nebraska	Yes	Yes	

Louisville Run Chart:



Pittsburgh Criteria:

Category	Respiratory Parameters	Cardiac Parameters	Other Parameters
Less Critical	<ul style="list-style-type: none"> <li>RA/LFNC</li> <li>NPV/bCPAP</li> <li>Weaning on support</li> </ul>	<ul style="list-style-type: none"> <li>No active cardiovascular problems</li> </ul>	<ul style="list-style-type: none"> <li>PICC, UVC</li> </ul>
Critical-Stable	<ul style="list-style-type: none"> <li>PIP ≤ 35</li> <li>PEEP ≤ 10</li> <li>FiO<sub>2</sub> &lt; 0.9</li> <li>Oscillation</li> <li>New intubation &lt;24 hrs</li> <li>Use of Nitric Oxide &gt;24 hrs</li> <li>No significant escalation of support</li> </ul>	<ul style="list-style-type: none"> <li>No significant escalation of cardiovascular support</li> </ul>	<ul style="list-style-type: none"> <li>Tenuous IV access</li> <li>Lines: low lying UVC, UAC</li> <li>Chest tubes</li> <li>Cooling</li> <li>Sepsis/NEC in past 48 hrs</li> <li>&gt; 27 0/7 wk GA</li> <li>22-27 0/7 after 72 HOL</li> <li>Humidified bed</li> </ul>
Critical-Unstable	<ul style="list-style-type: none"> <li>PIP &gt; 35</li> <li>PEEP &gt; 10</li> <li>New initiation of nitric oxide</li> <li>FiO<sub>2</sub> &gt; 0.9</li> <li>O<sub>2</sub> saturation &lt; 88% or &gt; 10% outside of acceptable range for patient</li> <li>Intubated with a <u>CRITICAL AIRWAY</u></li> </ul>	<ul style="list-style-type: none"> <li>Escalating cardiovascular support</li> </ul>	<ul style="list-style-type: none"> <li>Medications: pressors, versed drip</li> <li>Continuous EEG</li> <li>Communicable skin lesions on chest/breast</li> <li>Rapidly rising TsB requiring 2-3 banks of phototherapy or near exchange level</li> <li>GA 22-27 0/7 weeks under 72 hrs old</li> </ul>
<b>GREEN: OK to Kangaroo</b>	<b>YELLOW: Discuss with medical team</b>		<b>RED: HOLD on Kangaroo</b>