## How do rounds work?

During rounds, members of your baby's medical team take turns sharing updates about your baby's health. Together, the team will:

- Review your baby's medical history
- Talk about how your baby did overnight
- Discuss how your baby is doing now
- Make a plan for your baby's care

  *(Note: The plan may change if your baby's needs change)*

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## Common terms:

**Blood gas** – A test that measures oxygen, carbon dioxide, and acid levels in the blood to check breathing.

**BMP (basic metabolic panel)** – A blood test that checks important body chemicals like salt, sugar and kidney function.

**Brady** – Short for bradycardia, when the heart rate is slower than normal.

**CBC (complete blood count)** – A blood test that checks your baby's red and white blood cells and platelets.

**CPAP (Continuous Positive Airway Pressure)** – A machine that gently blows air to help your baby breathe and keeps their lungs open.

**PG/OG/NG tubes** – Soft tubes that go into your baby's stomach to give food or medicine. PG goes through the nose, OG through the mouth, and NG through the nose.

**NIV or NIPPV** - A soft mask or nose prongs used to gently push air into lungs to help your baby breathe.

**NJ/TP tubes** – Soft tubes that go past the stomach into the small intestine to give food or medicine. NJ goes through the nose and TP goes through the mouth.

**NPO** – Means "nothing by mouth". Your baby cannot eat or drink for a time, usually to rest or prepare for a test or procedure.

**Tachy** (pronounced "TAK-ee") – Short for tachycardia, when the heart rate is faster than normal.

**ROP (retinopathy of prematurity)** – An eye condition in some premature babies. Doctors check for this to protect your baby's vision.

**Spells** – Times when a baby's heart rate, breathing, or oxygen level drops for a short period.

**Vent** – Short for ventilator, a machine that helps your baby breathe.

# Family-Centered Rounds in the NICU: A Guide for Families

Children's Mercy

Families play an important role in a baby's health and well-being. They have valuable information that can help doctors, nurses, and other healthcare providers give better, safer care. Families and healthcare teams work together to solve problems and improve the NICU experience.

## KEY IDEAS OF PATIENT- AND FAMILY-CENTERED CARE

- **Respect and dignity:** We listen to families and consider their values and culture when planning care. If a request isn't safe or medically appropriate, we'll explain why and work with you on the best way to support your baby.
- **Information-Sharing:** We provide clear, honest updates about your baby's condition. Families share routines, comfort measures, and preferences to help us give the best care.
- **Participation:** Families choose how involved they want to be—like helping with care or joining rounds. Some families cannot be, or choose not to be, present during rounds—and that's okay. This should never cause shame or stress.
- **Collaboration**: Families are partners in care. If you cannot join rounds, the medical team will check in with you regularly—usually every day—so you can still share your thoughts and be part of your child's care.

By working together, families and NICU teams create the best care possible for babies.

Our shared goal is your baby's health and well-being. By working together, families and NICU teams create the best care possible for babies.

## What are rounds?

Rounds are when the medical team meets to talk about your baby's care. A team member will share updates about your baby's health, vital signs, and other important information.

The goal of rounds is to create a space where parents, caregivers, and hospital staff work together as partners to improve the quality and safety of care. **You are an important part of the health care team.**

During rounds, the team will talk with you about your baby's:

- Medical history
- Treatment plan
- Progress toward goals

## Who comes to rounds and why?

Parents and caregivers are encouraged to join rounds. Speak up, ask questions, and share what you notice to help us provide the best care for your baby. If you can't attend, the team will still make sure you get updates and have a chance to share your thoughts.

The team may include:

- Attending doctors and fellows who lead care
- Neonatal Nurse Practitioners (NNPs) who provide advanced care and support for your baby
- Nurses (RNs) who provide daily care
- Respiratory therapists (RTs) who help with breathing support
- Other team members such as dietitians, pharmacists, lactation consultants, and social workers

## When and where do rounds happen?

Rounds usually happen between 9 a.m. and noon. The care team meets with each family at the bedside and spends about 10 minutes with each patient and family. If your baby is in the Small Baby Unit (SBU), you can meet at the bedside or just outside the SBU.

Please know that sometimes rounds go past noon because of high patient numbers or when patients need extra care.