Infection Control in the Neonatal ICU

Purpose: The Neonatal intensive Care Unit (NICU) is a high-risk area for infants. Since neonates are highly susceptible to infection, personnel working in this area must keep the risk of contamination to a minimum. See NICU Infection Control Guidelines.

Description: Respiratory Therapy Equipment

1. Suction tubing and canister are changed per nursing policy.
2. Patient circuit s, wide bore tubing and Concha columns are changed every Monday.
3. Water bottles should be changed when needed.
4. Nasal cannula humidifiers are to be changed on Mondays and Fridays.
5. Hoods and nasal cannula should be changed when soiling has occurred.
6. Sterile water is to be used in nasal cannula humidifiers. Any residual water is to be discarded when refilling the reservoir.
7. Resuscitation bags are used on an individual basis and sent to Central Service for sterilization. Resuscitation bags are left at the bedside and reprocessed when grossly soiled or every 24 hours, if used.
8. Laryngoscope handles and blades are sent to Central Service for processing after each patient use.
9. Sterile water and normal saline are to be discarded after opening.
10. When intubating a patient, aseptic technique must be observed, sterile gloves worn and the tube’s sterility maintained until insertion. It is an unacceptable practice to lay an endotracheal tube on an unsterile field. Endotracheal tubes are single patient use items. If an intubation attempt is unsuccessful, a new tube is to be used for each subsequent attempt.
11. Suctioning technique is described in the NICU Nursing Policy and Procedure Manual and the Respiratory Care Manual. Emphasis is placed on using sterile gloves and suctioning the patient only once with each catheter, unless a closed suction catheter system is in use.

References: AARC Clinical Practice Guidelines
LSUHSC-S Infection Control Guidelines

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