

## Infant Holding in the NICU - Holding Checklist

Refer to "Infant Holding in the NICU" for full guideline

<input type="checkbox"/> NO	<input type="checkbox"/> YES	Infant is unstable and critically ill? Meaning, infant's vital signs deteriorate with routine measures such as diapering, suctioning or repositioning and do not return to baseline within 15 minutes.
<input type="checkbox"/> NO	<input type="checkbox"/> YES	Is the mother 3 days or less post-delivery?
<input type="checkbox"/> NO	<input type="checkbox"/> YES	Are there concerns that the holder may not be able to maintain alertness during holding? (e.g. holder falling asleep at bedside; suspected drug or alcohol use)
<input type="checkbox"/> NO	<input type="checkbox"/> YES	Are there concerns that the holder has unstable ambulation? (e.g. unstable ambulation may be due to recent delivery)?
<input type="checkbox"/> NO	<input type="checkbox"/> YES	Infant is post tracheoesophageal fistula ± esophageal atresia repair?
<input type="checkbox"/> NO	<input type="checkbox"/> YES	Infant has an unrepaired gastroschisis?
<input type="checkbox"/> NO	<input type="checkbox"/> YES	Infant has an unrepaired omphalocele?
<input type="checkbox"/> NO	<input type="checkbox"/> YES	Infant has a new tracheostomy and has not had a first trach change?
<input type="checkbox"/> NO	<input type="checkbox"/> YES	Infant is receiving or remains under the effects of muscle relaxing agents (e.g. Rocuronium, anaesthesia)?
<input type="checkbox"/> NO	<input type="checkbox"/> YES	Infant has a compromised or known difficult airway?
<input type="checkbox"/> NO	<input type="checkbox"/> YES	Infant is receiving therapeutic hypothermia (cooling)?
<input type="checkbox"/> NO	<input type="checkbox"/> YES	Infant has an umbilical catheter or peripheral arterial catheter?
<input type="checkbox"/> NO	<input type="checkbox"/> YES	Infant has a chest tube?

