Reasons to call NCCC (and bypass the NBN Attending)

- Apnea (unresolved after stimulation)
- Central cyanosis
- Heart rate < 90 after persistent stimulation > 1 minute
- ANYTIME heart rate ≤ 60 and need to give CPR
- Persistent pulse ox in low 80’s or less
- ANYTIME pulse ox remains ≤ 90-95 when giving BBO2 or if giving PPV
- ANY RAPID decline in condition
- Initial glucose of ≤ 30
- Seizures
- Increased respirations with poor compensation

** If delayed response from NCCC then call the Pediatric Rapid Response Team @ 6-4111 **

Examples of when you should call the NBN Attending (PHS, CHCC, other private) or Nocturnist (for UNC babies).

- Infant who remains floppy or lethargic after stimulation with a stable glucose
- Lab Values that are concerning:
  - 1. Elevated WBC counts
  - 2. Elevated Neonatal Bili / transcutaneous bili
- Persistent unstable glucose levels
- Jaundice at 12 hours of life
- SLOWLY deteriorating condition (persistent increased respirations with good O2 sats and good color)

The 843-2808 phone, which is carried by a Newborn Critical Care Center attending or fellow, is designed to be an urgent access line. It should not be used for routine information or personal phone calls. Please direct all non-emergent telecommunications to the NCCC at 966-3481 or the appropriate provider pagers. Charge nurse phone 3-4227.