

Consent for common neonatal investigations, interventions and treatments

These lists have been agreed by a working group convened by BAPM, with representation from the Neonatal Nurses Association, ANNPs and from BLISS and in consultation with the BAPM membership. The objective has been to include all procedures that might be performed on neonatal units. The lists have been produced in conjunction with a leaflet summarising the principles of gaining valid consent and good practice in neonatal care. It must be emphasised that the gaining of consent is not an option and all procedures should be explained to parents whether or not the working group recommends that explicit consent is obtained.

These lists do not include items that the group regards as part of normal care including issues around the choice of breast and formula milk, the use of the latter while awaiting colostrum or aspects of care such as bathing and the use of dummies. This is not because these are considered any less important but rather in the trust that these are routinely discussed with parents and supported by written information.

Procedure	Explicit consent not USUALLY required	Explicit consent recommended
	These procedures should be described in written information available to parents at admission, this can be expanded by clinical staff as the opportunities arise. It should not USUALLY be necessary to record consent in the notes.	Whenever explicit consent is obtained, whether verbal or signed, this should be recorded in the notes. For those procedures marked with an asterisk it is recommended that explicit consent is supported by a signature (written consent).
Examination and Investigations		
Examining and assessing the patient	√	
Clinical photographs and video-recordings		√*
Routine blood sampling	√	
Septic screens	√	
Diagnostic lumbar puncture (to investigate possible infectious or metabolic illness)	√	
SPA	√	
Screening of babies and/or their mothers in high risk situations with no prior knowledge of maternal status eg. suspected HIV or substance abuse		√
Screening for infection in response to positive results of maternal screening eg. Known maternal HIV or substance abuse	√	
CMV, toxoplasma, rubella and herpes screening	√	
Genetic testing (incl karyotype)		√
Portable X-rays and ultrasounds	√	
Gastrointestinal imaging involving contrast		√
Procedures involving the baby leaving the unit	√	
X-rays	√	
Ultrasound	√	
Videoflourosopy	√	
MRI / CT with or without contrast		√
EEG / CFAM	√	
EEG with video recording		√
ECG	√	
ROP screening	√	

Practical Procedures				
All surgical procedures			√*	
UAC / UVC		√		
Percutaneous arterial lines		Radial, ulnar or pedal	Brachial or femoral	
Percutaneous long lines (incl. use of contrast medium to visualise tip)		√		
Peripheral venous lines		√		
Naso-gastric and naso-jejunal tubes		√		
Tracheal intubation		√		
Ventilation / CPAP		√		
Chest drain insertion and replacement			These procedures usually need to be done as an emergency. However, they carry risk and parents need to be fully informed about them and the likelihood of repeat procedure at the first suitable opportunity.	
Abdominal drainage for perforation or ascites				√
Irrigation following extravasation injury				√
Urethral catheterisation		√		
Therapeutic lumbar or ventricular tap in the absence of a reservoir (to relieve raised intracranial pressure, deliver IT antibiotics etc)			√	
Peritoneal dialysis			√*	
Bone marrow aspiration			√*	
Any biopsy			√*	
Treatments				
Blood transfusion		√		
Use of pooled blood products		√		
Exchange transfusion			√*	
Partial exchange transfusion		√		
Antibiotics		√		
Vitamins / minerals		√		
IV fluids		√		
TPN		√		
Surfactant		√		
Anti-convulsants		√		
Sedation for intubation and ventilation		√		
Inotropes		√		
Indomethacin or ibuprofen for PDA		√		
Prophylactic indomethacin		√		
Parenteral and oral vitamin K for babies admitted to the NNU		√		
Vitamin K for normal term babies			√	
Nitric Oxide to term babies for PPHN		√		
Nitric oxide for preterm babies			√	
Postnatal dexamethasone for BPD			√	
Postnatal dexamethasone for laryngeal oedema		√		
Immunisation			√*	
Treatment for ROP			√*	
Nutrition				
Breast milk fortification		√		
Use of donor breast milk			√	