Department Responsible for Guideline	Neonatal Intensive Care Unit
Document Facilitator Name	Richard Pagdanganan
Document Facilitator Title	ACNM
Document Owner Name	Chantelle Hill
Document Owner Title	CNM
Target Audience	Nurses

# **Guideline Responsibilities and Authorisation**

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# **Guideline Review History**

Version	Updated by	Date Updated	Summary of Changes
01	Joan O'Sullivan	Oct 2014	First version
02	Joan O'Sullivan	Nov 2018	Due for review
02	Leanne Baker	Mar 2019	Due for review
03	Richard Pagdanganan	Sept 2020	Added use of CosyTherm™

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# Guideline

# Giraffe™ Omnibed Incubators and Cosytherm<sup>™</sup> Use in NICU

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# 1 Overview

# 1.1 Purpose

To assist stabilisation of an infant's temperature and prevention of hypothermia by providing a neutral thermal environment for healthy preterm/vulnerable infants who may be prone to temperature maintenance problems due to immature thermoregularity mechanisms.

#### Includes:

- Admission of a baby onto an Omnibed
- Humidification
- Operation of the In-Bed scale
- Servo temperature control
- Cosytherm

# 1.2 Scope

Waikato District Health Board staff working in NICU

# 1.3 Patient group

Babies and infants in NICU

# **1.4 Definitions**

CosyTherm™ Systems	The use of the CosyTherm <sup>™</sup> Systems is to provide safe and controlled warming to assist infants to maintain normal body temperature. It can aid transition from an incubator to open cot for those infants who are more at risk of developing hypothermia.
CosyTherm™ Mattress	The heated mattress is an external conductive device that provides an even temperature over the whole surface. It is water and solvent resistant, and has been tested for bio-compatibility to allow skin contact during care. It has a thermal protector that will not allow the mattress to overheat. A pressure relief pad is integrated into the mattress, underneath the flexible warming surface, that prevents pressure sores without any attenuation of the warming performance

# 2 Clinical Management

# 2.1 Competency required

- · Registered Nurses who have completed orientation in NICU
- Enrolled Nurses who have completed orientation and is working under the direction and delegation of a registered nurse

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# 2.2 Guideline

# 2.2.1 Admission of a preterm baby into a Giraffe™ Omnibed

# Equipment

Incubator pre-warmed to 33-34°C

### Admission procedure in Level 3

- Set incubator temperature at the recommended range for infant's gestational age to ensure appropriate temperature settings for each individual baby.
- Admit infants ≤ 30 weeks gestation onto Omnibed with canopy raised to facilitate invasive procedures, e.g. insertion of umbilical lines.
- Attach temperature probe securely to baby's upper abdomen, and cover the temperature probe with a reflective cover to ensure the incubator functions correctly.
- If the skin is fragile, cover the probe with a silicon tape and then a reflective cover.
- If silicon tape is unavailable, use a base tape of thin duoderm with a slot cut for the probe to fit into and the cover with a reflective cover.
- Switch incubator mode to "Baby" to ensure control of radiant heater during procedure.
- Check and record the baby's axilla temperature.
- Set skin temperature 36.5-37°C.
- When the admission procedures are complete, check and record the axilla temperature again. If it is outside normal range, leave canopy up and baby undisturbed for 1 hour on servo control to allow baby to recover from handling and to allow temperature to stabilise.
- If baby is in a Neowrap<sup>™</sup>/Neohelp<sup>™</sup>, leave this wrapped around the baby to conserve skin moisture and reduce water loss.
- Ensure that there is no liquid inside the wrap to prevent cooling of baby by the cold liquid.
- After an hour has elapsed, lower the incubator canopy, remove the Neowrap<sup>™</sup>/ Neohelp<sup>™</sup> and ensure that the temperature probe is still securely attached to cause as little temperature disruption as possible.

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# 2.2.2 Incubator Humidification

# Equipment

- Giraffe<sup>™</sup> Omnibed or Incubator
- 1 Litre bottle of sterile water

# Procedure:

#### 1. Providing humidification

- After lines have been inserted and baby's temperature is stable, lower incubator canopy and add 1 litre of sterile water to the water reservoir.
- Maintain humidity levels as high as the incubator will manage for at least the first week to reduce evaporative water and heat loss through the skin and to maintain fluid and electrolyte balance and stability of body temperature.
- Set the humidity at 85 to 95% as the manufacturer recommends.
- Check the level of the water in the humidity chamber at least once a shift to ensure water does not run out as this would rapidly decrease the humidity and adversely affect the baby's temperature.
- Ensure linen does not impede air circulation to prevent overheating of the incubator because air cannot circulate freely.
- Ensure linen is not wet and change if necessary to avoid maceration and breakdown of the skin due to prolonged contact with wet linen.
- Commence humidification at 85-95% and maintain this level for 7 days to allow for maturation of the stratum corneum, while maintaining an environment that limits transepidermal water loss.
- After 7 days, if baby's temperature is stable, begin weaning humidity gradually to 50%. A gradual weaning process ensures that the baby is not exposed to large changes in incubator temperature which may cause hypothermia.
- Discontinue humidification after 21 days or 32 weeks gestation (whichever is reached first).

# 2. Temperature monitoring

- Monitor infant's axilla temperature as per NICU Nursing procedures: *Temperature Control (1476)* and *Admission to Intensive Care Level 3 nursery in Newborn Intensive Care Unit (4571)* to ensure baby's temperature remains within the neutral thermal range.
- Note that on servo control, it is no longer necessary to maintain the set temperature at 36.5° C, due to the advanced algorithm used by the incubators. (Refer to *Appendix A Incubator Temperature Control*).

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# 2.2.3 Operation of In-Bed Scale

### Procedure:

#### 1. Preparation

- If baby ventilated ensure endotracheal tube (ETT) is securely taped prior to weighing.
- Ensure bed tilt level is moved to completely flat if scale is tilted it will affect the weighing accuracy.
- Two people procedure: one person to lift the baby, and another to manage lines and tubes and operate the scales.
- Weigh the baby, if possible, without any clothing or attachments to ensure that the weight is as accurate as possible
- Disconnect saturation probes and cardio-respiratory (ECG) leads if it is safe to do so, also disconnect continuous feed and servo temperature probe - leave the cables/feed tubing only lying on the mattress - it is not necessary to lift the cables because the scale will zero when the baby is lifted from the mattress.
- Respiratory tubing may be disconnected and left on the bed only **if baby is stable enough to tolerate short periods off respiratory support**. CPAP hats, trunks, chinstraps etc. can all stay on the baby and must be then be subtracted off final weight.
- Refer to Appendix B Using In-Bed Scale for extract of manufacturer's user manual.

# 2. Weighing infant

- Press the scales button on the incubator and when prompted by the "Lift baby" display and the sound tone, lift the baby and all infusion lines and respiratory support tubing **attached to the baby** completely clear of the mattress.
- Ensure arms, legs, tubing and leads are clear of the mattress because anything that lies on the mattress can cause the weight to be inaccurate.
- Hold baby and attachments up and clear of mattress until second tone and "Replace baby" display appears, then gently place baby back onto mattress. Document displayed weight.
- Reattach the respiratory support, saturation probe, ECG leads and any other tubing. Dress baby in a clean nappy and position baby comfortably.
- Scroll down the incubator display to "Trend" and push the function knob to save and graph the weigh.

# 3. After weighing

- Calculate the weight, subtracting central venous line (CVL), arterial line, feeding tubes, tapes and any leads or lines that were attached to the baby during the weigh.
- Document the weight on the baby's individualised weight chart.

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# 2.2.4 Use of CosyTherm

- Treatment on the CosyTherm<sup>™</sup> mattress can promote calm and comfort, prolong rest periods and reduce thermal stress.
- To provide greater accessibility to their infant for parents. This can promote emotional attachment and confidence in handling their infant.
- Maternal perception of the wellbeing of their infant improves when nursed on a warming mattress compared to an incubator.

NOTE: It is not used as a rewarming device for infants who are hypothermic. These infants should be returned or placed under an overhead warmer until they have rewarmed

#### Equipment

- Cot
- CosyTherm<sup>™</sup> integrated control unit with connection cable
- CosyTherm<sup>™</sup> mattress
- One cot sheet for the mattress
- Clothes for infant: vest or stretch suit, hat, bootees
- No more than 2 blankets

#### 1. Assess infant criteria for use

- For use within NICU Levels I,II, and III
- Well preterm: weight of 1400g or greater, or small for gestation age (SGA) infants gaining average 15-25g /kg/day
- Well premature infants or low birth weight (LBW) babies who maintain their axillary temp between 36.6 37.2°C.
- Incubator air temperature has been consistently set at  $\leq 30^{\circ}$ C over 24hours
- Tolerating full enteral feeds (intermittent or continuous)
- Infants not requiring respiratory support
- Infants who are hypothermic on admission
- No apnoea or bradycardias requiring stimulation
- Term infants who are hypothermic on admission, but only for initial warming as the term infant may become too warm in a heated cot
- Infants ready to be moved from incubator to cot (refer to: Lippincott procedures: Thermoregulation during transition to open crib, neonatal)

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# 2. Checking warming mattress before use

- Ensure the surface of the mattress has no folds or creases, is clean and undamaged, and the equipment is in working condition.
- Check cables and connectors are clear and undamaged.
- Ensure the mattress is connected by a connection cable to provide power and control signals between the mattress and the control unit.
- NB: Do not use if there is any sign of damage or wear.

# 3. Placement of mattress and control unit

- Place the mattress with the printed side underneath, away from the patient, and the plain surface uppermost.
- Ensure that the mattress is in a draft free area of the nursery.
- Clamp the warming control unit on the cot to prevent the control unit from toppling over.

#### 4. Power supply

- Connect the unit to the electricity supply, and position the mains lead so it does not cause a hazard.
- Wrap any excess length of the mains lead around the cable stowage channel on the control unit.

#### 5. Self-test start-up cycle

- Turn on the power switch (green button) on the side of the unit and ensure the switch illuminates to indicate power on.
- Bleep will be heard when switched on.
- The system will conduct a self-test cycle to ensure the system is functioning.

#### 6. Preparing warming mattress

NB: The mattress contains a special conductive heating material and the heat will only be felt by the user/infant when applying pressure/weight to the mattress.

- Cover the mattress with a single layer cot sheet. Excessive layers of linen will cool down the mattress and decrease the infant's temperature.
- The mattress will be warm within 5 minutes when infant is lying on it.
- Alternatively, pre-warm the mattress by putting a 1 litre bag of IV fluid on top of the mattress and check it feels warm before using.
- It is normal that the mattress does not feel particularly warm to touch when left uncovered.
- The control unit will show the temperature of the mattress once it is warm.
- Start the CosyTherm<sup>™</sup> at 37<sup>°</sup>C.

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# 7. Temperature range

- Temperature range is from 33<sup>°</sup>C to 37<sup>°</sup>C in steps of 0.5<sup>°</sup>C. The selected range is appropriate for infants in NICU.
- If the maximum temperature is exceeded the over temperature alarm will sound.
- The control unit monitors the temperature performance, and when the mattress reaches the desired temperature, the control unit will stop heating the mattress.
- An internal safety cut-out temperature system will operate if any fault condition causes the mattress to exceed temperature of 44°C.
- Any concerns, stop using the system and send an online referral for checking by technician.

# 8. Temperature selection and adjustment

- Press and hold down the Enable button and then press and release the Scroll button to set the required temperature.
- The unit will cycle sequentially through the temperatures each time the scroll button is pressed and released.





# 9. Clothing for infant

- Do not swaddle because swaddling will prevent the mattress from warming the infant by conductive heat and could also lead to overheating of the infant.
- Only one layer of clothing
- Clothes for the infant: vest or stretch suit, hat, bootees.
- Cover the infant up to the shoulder with 2 blankets tucked into the sides to prevent heat loss. Overheating is often caused by covering the infant too much.

# 10. Temperature monitoring of infant

- Monitor the temperature of the infant one hour after being placed onto the mattress and again one hour later.
- Check 3-hourly once temperature is stable within normal range (36.6 37.2°C)
- Monitor infant's temperature regularly, i.e. 3-4 hourly to determine his/her reaction to the mattress temperature.

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# 11. Weaning mattress temperature

- When the infant's temperature has risen to 37<sup>n</sup>C, reduce the mattress temperature 3-4 hourly because a mattress that is too warm can overheat the infant.
- Reduce the temperature in stages e.g. reducing by 0.5<sup>o</sup>C at a time no faster than 3-hourly until the mattress temperature is set at 35<sup>o</sup>C.
- If the infant's temperature begins to drop during weaning of the mattress temperature, the mattress temperature should be adjusted to a level at which the infant is able to maintain his/her temperature to prevent the infant from getting cold.
- Once the infant is able to maintain his/her temperature for 24 hours, the mattress temperature may be reduced again gradually by 0.5°C until the infant is assessed as ready to maintain temperature in an ordinary cot in the nursery.

# 12. Transferring to a cot

- When the infant, who is lightly dressed and covered, and is able to maintain the body temperature with a mattress temperature set at about 35oC, then the infant is usually ready for an ordinary cot.
- Check the infant's temperature one hour after the infant has been placed into an ordinary cot and at least 3-hourly for 24 hours to ensure the infant is managing to maintain his/her temperature.

# 13. Transferring to an incubator

- If the infant cannot maintain temperature in the CosyTherm<sup>™</sup> set at maximum 37°C, then infant must go into an incubator.
- If the infant's temperature does not respond to warming on the CosyTherm<sup>™</sup> mattress and the axilla temperature remains <36.5° C but >36°C for 4 consecutive temperatures over 4 hour period, or if the temperature <36°C, the infant must go into an incubator.

# 14. Cleaning

# Must be cleaned by nurses between babies or when equipment has been soiled.

# **Control Unit**

- Unplug the mains cable from the electrical socket to ensure electrical safety.
- Wipe the unit with care using disinfectant wipes.
- Dry thoroughly.

# Mattress

- Clean mattress with care using disinfectant wipes.
- Dry thoroughly.
- Check for damage after cleaning.

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# 15. Storage and care of CosyTherm™

- Must be stored flat.
- Do not fold the mattress.
- Do no put other objects on top of the mattress.
- Avoid direct sunlight.
- Do not allow sharp objects to penetrate the mattress.
- Check the mattress for signs of damage before each use.
- Store in equipment room in designated area after cleaning.

# 2.3 Potential complications

- Extubation of ventilated infant for babies in an incubator
- Cold stress
- Inaccurate weight impacting on prescribing when using the incubator scales
- CVL/IV dislodgement/disconnection

# 3 Audit

# 3.1 Indicators

- All Datix reports, in relation to the thermal control of infants in Giraffe or Omnibeds are fully investigated and measures taken to prevent a similar occurrence.
- Random audits demonstrate the incubators are maintained at the correct temperature humidity for gestational age.
- Axillary temperatures are taken at recommended intervals and documented for all infants in incubators.

# 4 Evidence base

# 4.1 Bibliography

- Allwood, M. (2011). Skin care guidelines for infants aged 23-30 weeks gestation: a review of the literature. *Neonatal, Pediatric and Child Health Nursing.* 14(1),20-27
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- Wolters Kluwer Health (2018). Thermoregulation in the neonatal intensive care unit. *Lippincott Procedures.*

# 4.2 Associated Waikato DHB Documents

- Waikato DHB NICU Nursing <u>Admission to Level III Intensive Care Nursery</u> procedure (Ref. 4571)
- Waikato DHB NICU Nursing <u>Temperature Control of Infants in the Newborn Intensive</u> <u>Care Unit</u> procedure (Ref. 1476)

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# Appendix A – Incubator Temperature Control

#### **Proportional Control**

Proportional control – the traditional method of servo temperature control used the proportional method of temperature control. The required skin temperature was set and the probe attached to the baby's abdomen. The heater then turned on and off based on the difference between the baby's skin temperature and the set temperature.

Baby's temp at set temp or above – heater turns off.

The Giraffe<sup>™</sup> Incubator and the Giraffe<sup>™</sup> Omnibed are equipped with a microprocessor, which makes it possible to monitor and control the baby's skin temperature more closely.

Initially, if the baby's skin temp is less than the set temperature, the heater will turn on at maximum output for the next 10 minutes. After 10 minutes, the microprocessor will assess the baby's skin temperature and calculate whether to continue in proportional mode (on/off) or to switch to cascade mode.

Is temp > 0.5°C less than set temperature? – incubator will remain in proportional mode

#### Cascade mode

In Cascade mode, if the infant temperature is within 0.5°C of the set temperature, the incubator will maintain its current temperature for 10 minutes. During that time the microprocessor assesses the baby set temperature, the baby skin temperature, the air temperature, and the desired environmental temp and calculates any change.

At the end of the initial 10 minutes, if the infant is within 0.5°C of the set temperature, the incubator will make small adjustments in the desired environmental temperature based on the calculations it has made. The maximum temperature change is 0.3°<sup>C</sup>.

This process is now repeated every 10 minutes while the incubator is in Baby mode, so to change the incubator air temperature by  $0.9^{\circ C}$  will take 4 cycles of 10 minutes, or 40 minutes in total. The initial 10 minutes is the first cycle, and the subsequent 3 cycles will change the air temperature by  $0.3^{\circ C}$  each time.

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Difference between Baby Skin	Change to Desired			
temperature and	Environmental Temperature (DET)			
Baby Mode set temperature				
+/- 0.5°C	+/- 0.3° C			
+/- 0.4°C	+/- 0.3° C			
+/- 0.3° C	+/- 0.2° C			
+/- 0.3° C	+/- 0.1° C			
+/- 0.1° C	+/- 0.0° C			
+/- 0.0° C	+/- 0.0° C			

The main advantage of Cascade control is that it minimises infant temperature overshoots and undershoots.

Improved infant outcomes are decreased metabolic rate, and decreased oxygen consumption.

#### Remember:

Proportional control is all or nothing, i.e. the heater is either on or off.

Cascade control makes a calculation based on available information and lowers or raises the heat as required. It is therefore no longer necessary to maintain the servo temperature at  $\geq$ 36.5°C as long as the temperature probe is securely attached the incubator will adjust the air temperature to maintain the baby's skin temperature at the set level.

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# Appendix B – Using the In-Bed Scale

(Source: GE Healthcare - Giraffe Omnibed/Incubator user manual)

#### Operating the Incubator Using the In-Bed Scale L The Incubator can be equipped with its own in-bed scale that is operated from the graphics screen. See accessory options in chapter 1 for information about how the scale menu screens work. Scale installation 1. Remove the clear plate and mattress from the bed. 2. Fit the scale weighing platform into the recesses in the bed. 3. Route the scale cable though a tubing access cover or the ventilator slot and plug the connector into the jack panel. 4. Place the clear plate and mattress on the weighing platform. Make sure they are properly seated on the platform. Note: You may connect or disconnect the scale cable whether the Giraffe unit is on or off. Weighing procedure The baby should be in approximately the center of the bed. Stuffed animals and other objects should not lean against side walls. All leads, I.V. tubes and ventilator tubes should be Mattress pad secured. Blankets may be tucked under the mattress, but Clear plate 2 must not be tucked under the weighing platform. З. Scale 4 Red 1. Make sure the bed tilt platform is completely level; if the scale is tilted it will effect weighing accuracy 2. Select the scale icon options display to bring up the scale menu. If the scale is not connected, no icon will appear. 3. Select weigh from the menu to initiate weighing 4. In order to "zero" the scale, the display will prompt you to Disconnect cont. feed . servo probe lift the baby by showing the "Lift Baby" icon while a tone + Unplug Sats probe + ECG leads + leave cables on mattress - lift leads 1/2 bak sounds. Lift the baby and any tubing or leads attached to standard the baby. Make sure that arms, legs, blankets, and ා clothing are clear of the mattress. Lift CPAP/Vient tubing and CNL/I tubing Hold the baby until the second tone sounds and the "Replace Baby" icon appears on the screen. Place the baby back down on the mattress while holding up any leads or tubes attached to the baby. The scale will now calculate the baby's weight which will appear in the display. Note: The scale weighs any object on the platform, so if you replace the baby without holding up lead and tubes, the weight of the leads and tubes will be included with the baby's weight. N.B. Remember - you will still need to subtract equipment attached to baby which includes: \* Nappy ECG leads/Sats probe + posey wrap NGT/OGT. \* Phototherapy shades 3-9 6600-0354-011 01/25/05

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