

## BACKGROUND

After weeks of recovering from potentially life-threatening medical issues, preterm neonates' last hurdle before discharge home is often learning how to effectively feed by mouth. While focusing on various medical issues, neonatal healthcare providers may overlook the importance of feeding infants by mouth (PO), a process that could possibly promote faster development and earlier discharge. This interdisciplinary quality improvement (QI) project aimed to master timeliness and efficiency in achieving full PO feeds in a Level II / IV NICU.

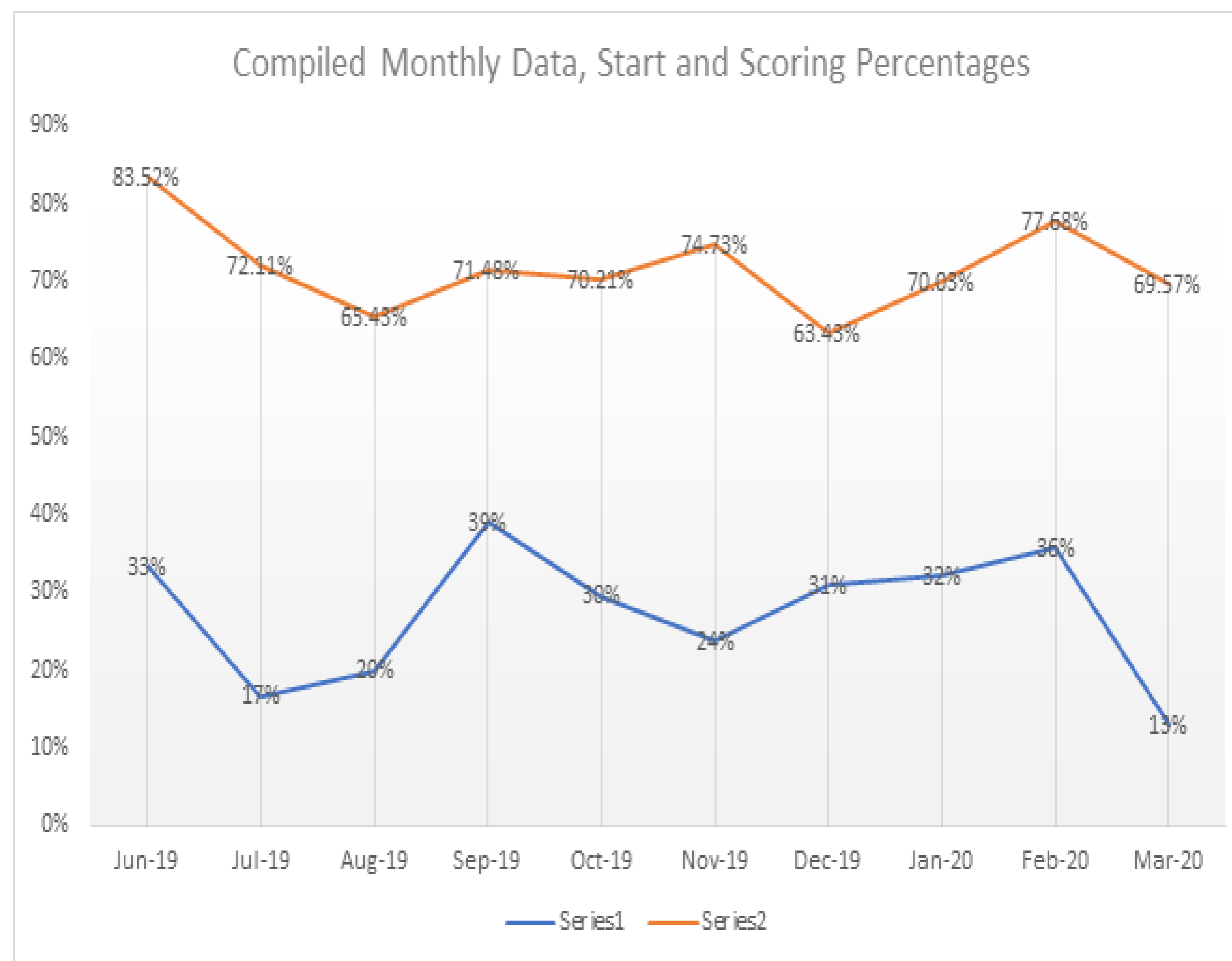
## PROJECT AIM

Achieve 90% compliance of oral feeding roadmap initiation of scoring and completion of scoring in both special car nursery and NICU by January 1st, 2020.

## PROJECT PARAMETERS

5	Awake at or before scheduled care Alert or fussy during care Rooting and/or hands to mouth Takes pacifier
4	Drowsy or alert once handled Able to elicit rooting or takes pacifier
3	Briefly alert with care No hunger cues (crying, rooting, sucking)
2	Sleeps throughout care No hunger cues
1	Needs increased oxygen (from baseline) for care Apnea, bradycardia, or desaturations with care Increase tachypnea or tachycardia over baseline

## RESULTS



## MEASURES

### OUTCOME MEASURES:

- Gestational age of first PO feed
- Gestational age of reaching full PO feeds or gastrostomy tube when necessary

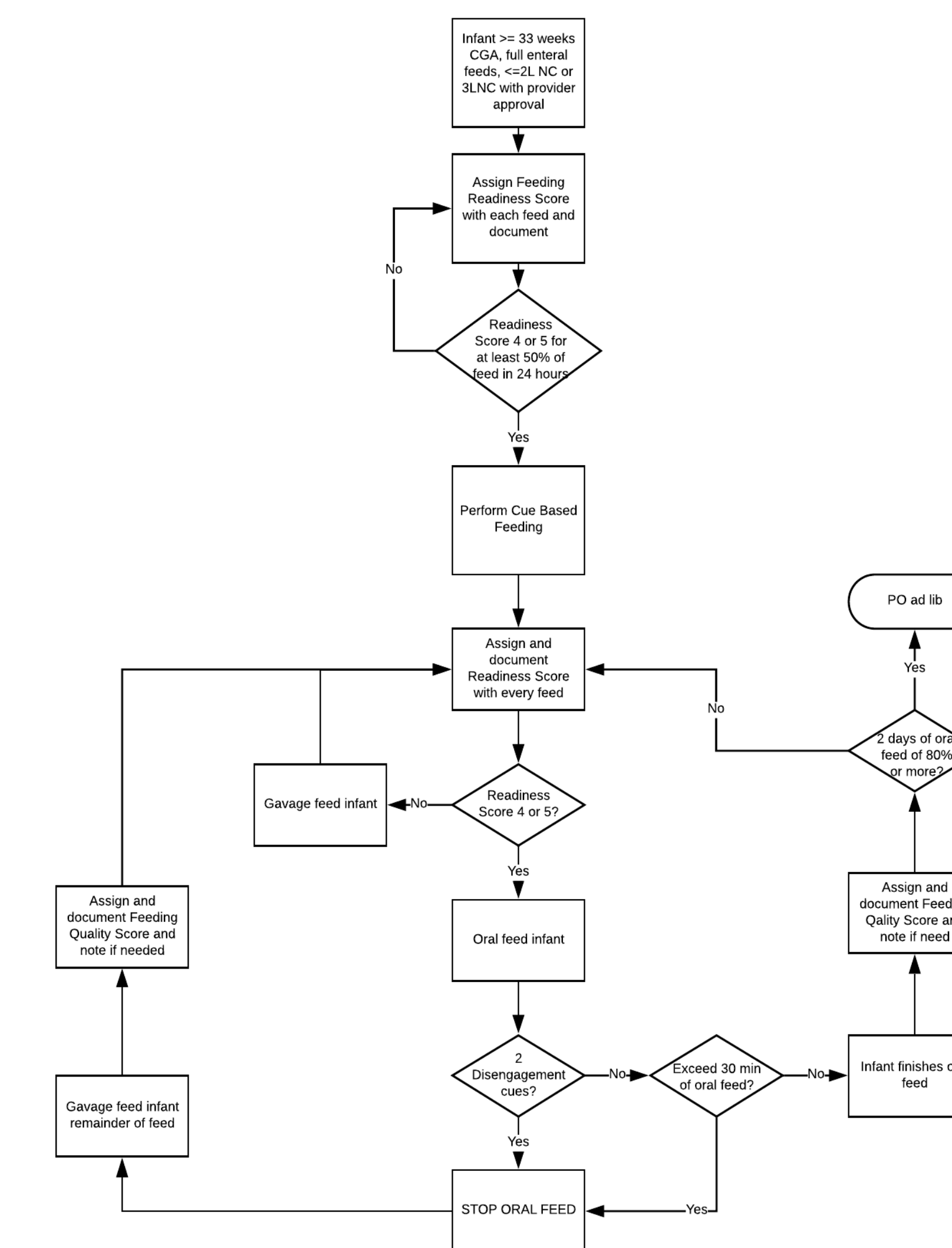
### PROCESS MEASURES:

- Percentage of bedside cards placed by neonates 33 weeks GA and above
- Percentage of implementation of PO protocol **orders** by 33 weeks GA
- Percentage of implementation of PO **attempts** by 34 weeks GA if respiratory status allows

### BALANCING MEASURES:

- Once implemented, is there an increase in respiratory support?
- Is there an increase in feeding aspirations?

## PROJECT TOOLS



## NEXT STEPS

Once initiation and implementation of PO feeds has been completed and data collected, the next step will be to further investigate outcome data. Further studying needs to be collected on outcome measures to determine protocol's effects on neonatal health outcomes, length of hospital stay, and health system expenditure.

## ACKNOWLEDGEMENTS

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