



NICU GLOSSARY

Having your baby in the NICU is overwhelming and scary. Not only was this something you did not expect, but now everyday you will hear new words that you have probably never heard before!

Don't worry, we'll have you talking like a NICU expert in no time.

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THE CARE TEAM

A group of specially trained NICU professionals here to care for you and the needs of your premature baby.

Neonatologist

a doctor who specializes in taking care of babies. Usually works specifically in the newborn intensive care units in hospitals.



Neonatal Nurse Practitioner (NNP)

an advanced practice nurse specializing in taking care of babies. NNPs have a masters degree specializing in neonatology.



Respiratory Therapist

licensed medical professionals trained to control the breathing machines that your baby may need.



Registered Nurse

the nurse at the bedside who will be the eyes and ears for your baby. They do all the care for the baby. They report any normal or abnormal findings to either the NNP or Neonatologist.



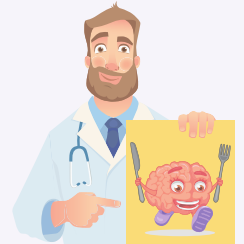
Physical Therapist

works with your baby to make sure they are developing appropriately.



Nutritionist

in charge of making sure your baby is getting enough fluid and calories so they can grow.



Social Worker

helps the baby's family with the transition to the NICU. Can help with getting the families meals, vouchers for parking, or help with any other support they may need.



Pharmacist

in charge of managing the medications for the baby.



Speech Therapist

helps make sure your baby is eating will, especially when they start feeding orally.



Occupational Therapist

help baby bond with you, receive their care (such as diaper changes), and explore their environment. They help lay the groundwork for your baby to meet future developmental milestones.



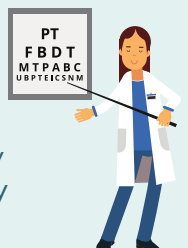
Child Life

can include music and art therapy too. Helps with providing developmentally appropriate activities for your baby.



Ophthalmologist

a doctor that takes care of your baby's eye development. Since your preemie's eyes may be underdeveloped when they are born, this doctor is trained to identify any issues caused by prematurity.



THE NEUROLOGICAL SYSTEM

The Brain

Apnea "A's"

a breathing problem where a baby stops breathing for more than 15 seconds

Bradycardia "B's"

where a baby's heart rate drops below a certain number, usually 80bpm.

BPM=Beats Per Minute.

Desaturation "D's"

where the baby's oxygen level drops below a certain number. This number is determined by your baby's age and the situation going on with your baby.

A's, B's, and D's

happen when your baby is mixing oxygenated and deoxygenated blood which typically happens when baby is stressed. Stress comes in many forms for a premature baby and can start during birth when they transition to "normal" breathing. A's, B's and D's can happen from stress due to any sort of touch- this includes hands-on care times (changing of diaper, or medical equipment), being repositioned by a nurse, suctioning, baby's natural movements, time out of the incubator/crib, and feeding. Heart flow issues such as PDA, PFO, and ASD can also be a cause of A's, B's, and D's.

Caffeine

Your baby may be on a medication called Caffeine (yes, just like what is in our coffee!) to help prevent or decrease the times when your baby's brain and lungs forget to breathe, which lead to short repetitive drops in blood oxygen levels. Caffeine helps to improve oxygen supply throughout your baby's body due to the growth of dendrites, the small branches of a neuron. The dendrite helps these neurons communicate with with brain cells.

Head Ultrasound

a non-invasive ultrasound of your baby's brain and surroundings. Your baby may or may not need a head ultrasound depending on your baby's age when they were born. Head ultrasounds look for bleeding in the brain, enlarged ventricles, infection, or congenital abnormalities.

ROP (Retinopathy of Prematurity)

a premature baby's eyes are underdeveloped when they are born. Normal eye vessel growth may be disrupted and abnormal vessels can develop. ROP occurs when abnormal blood vessels grow and spread throughout the retina, which is the tissue that lines the back of the eye.



THE RESPIRATORY SYSTEM

The Lungs

Respiratory Rate:

how many times your baby breathes in a minute. A normal respiratory rate for a baby is 40-60 in a minute.

Nasal Canula

a small tube placed in the baby's nose to deliver air and oxygen. There is low flow nasal cannula and high flow nasal cannula.

Ventilator

a machine that provides a certain pressure and rate to the baby's lungs. Babies that are unable to breathe on their own are intubated, where an Endotracheal Tube, (breathing tube) is placed in the baby's trachea.

Nasal Canula

a small tube placed in the baby's nose to deliver air and oxygen. There is low flow nasal cannula and high flow nasal cannula.

Pulse Oximetry

a probe placed on your baby's hand or foot that continuously measures the amount of oxygen in your baby's blood

High Frequency Oscillatory Ventilation (HFOV)

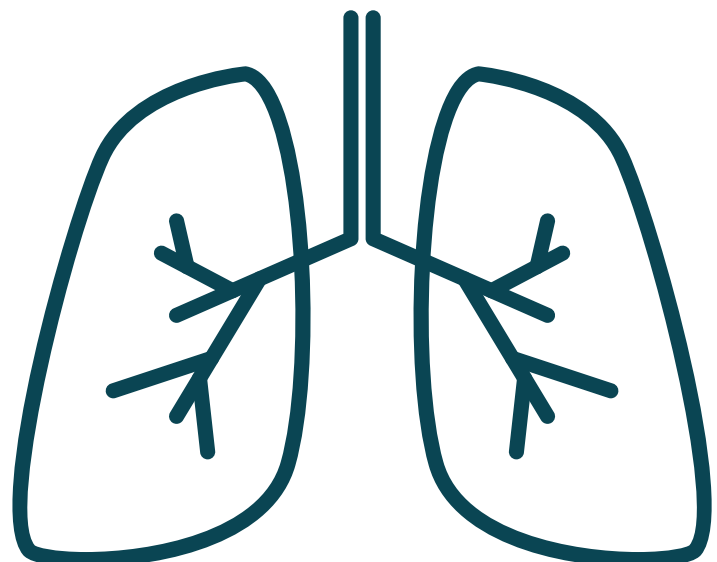
a type of ventilator that provides a really fast respiratory rate and a constant pressure to the baby's lungs. This type of ventilation helps keep the baby's lungs open at all times.

CPAP (Continuous Positive Airway Pressure)

a tube or small mask placed over the baby's nose that delivers continuous pressure and oxygen to help keep the baby's lungs open. This is a non-invasive mode of ventilation.

Chest X-ray

an xray of your baby's chest—including lungs, ribs.



THE CARDIOVASCULAR SYSTEM

The Heart



Echocardiogram(ECHO)

a test to determine what "type" of murmur or structural abnormality there is. This test is performed just like an ultrasound, but just looks at the baby's heart.

Patent Ductus Arteriosus(PDA)

an opening between two blood vessels in the heart. This duct usually closes after the baby is born, but sometimes it does not (especially when the baby is born premature). Your baby may or may not have a murmur if the PDA is open.

Heart Rate

How many times your baby's heart beats in a minute(BPM). A normal heart rate for a baby can range from 120-160bpm.

Ventricular Septal Defect(VSD):

a hole between the two ventricles in the heart.

Cardiac Monitor

leads on your baby's chest that monitor the heart rate and respiratory rate continuously.

Atrial Septal Defect (ASD):

a hole between the two atrium in the heart.

Murmur

an abnormal blood flow through the heart. Heart murmurs are classified as either "innocent" or abnormal.



GASTROINTESTINAL SYSTEM

The Digestive Tract

Total Parenteral Nutrition (TPN)

nutrition in IV fluid form that contains electrolytes, protein, sugar, and amino acids that is administered to your baby by either a peripheral IV (PIV) or central line (Peripheral Inserted Central catheter (PICC) or Broviac).

PICC Line

PICC lines are placed in the baby by either a Neonatologist or Neonatal Nurse Practitioner (NNP). Broviacs are placed in the baby by a Pediatric Surgeon. A parent's consent is given before a PICC line or Broviac are placed.

Abdominal Distention

when your baby's abdomen is bigger than normal. Sometimes they will do a KUB or Babygram (x rays of the baby's belly) if there are any concerns about the distention.

Lipids

a white liquid given through the PIV or central line. This provides the baby with enough fats to help them grow

Full Feeds

when your baby is on enough feeds (either breast milk or formula) where they no longer need supplemental IV fluids.

Urine output

how much your baby has urinated per hour.

NPO

(Nothing by mouth). When your baby is not eating by mouth or nasogastric tube (tube that is inserted in the nose and goes into the stomach)

Necrotizing Enterocolitis (NEC)

a serious disease that affects the intestine of a premature baby. NEC causes inflammation of the intestinal wall which, in return, could create a hole that allows bacteria and air that is normally in the intestinal tract to leak out into the abdomen and cause infection. The treatment of NEC depends on the extent of the disease. In severe cases of NEC, surgery may be required to remove the diseased portion of the intestine. The cause of NEC is unclear, but 60-80% of the cases occur in premature babies.

Reflux

when the food in the baby's stomach comes back up into the baby's esophagus.

Donor Breast Milk

breast milk will always be offered to your baby first when they start eating, but offering breast milk is not always an option. You may opt to use donated breast milk instead. It is pasteurized and provided by the Human Milk Bank and can be used if the baby's mother is not able to provide enough milk to support the baby's needs. Consent is obtained before donor breast milk is given.

Stool

your baby's bowel movements

BLOOD DRAWS

Your baby will get a lot of blood drawn in their first couple weeks of life, especially if they are born premature.

Hemoglobin or Hematocrit

amount of red blood cells in your baby's blood. If this level drops too low, your baby may need a blood transfusion or will be given a medication to help increase the red blood cell number.

Bilirubin

is found in our blood. Elevated levels cause **Jaundice** (the yellowing of your skin). If levels are high enough, your baby may need **phototherapy**

Phototherapy

a special light your baby is put under to help breakdown the bilirubin so it can be excreted in your baby's urine or stool.

Electrolytes

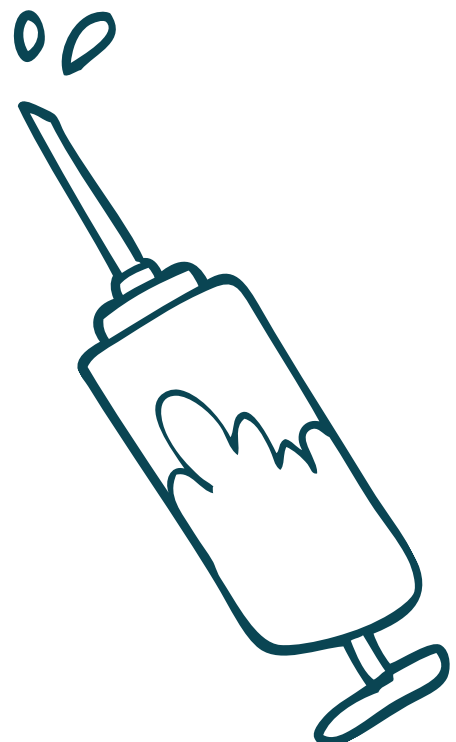
the amount of Sodium, Potassium, Chloride, Phosphorous, Calcium, and glucose in your baby's blood.

Complete blood count (CBC)

checks your baby's white blood and red cell level, platelets, and can show if there is an infection.

Blood Gas

used to monitor respiratory status (pH, CO₂ and Oxygen levels) in the blood. The results help the medical team make adjustments to the respiratory support.



EVEN MORE NICU TERMS!

Isolette

an incubator for your baby. Provides constant temperature and humidity to your baby. Also decreases the amount of outside noise your baby can hear.

Adjusted Age

the age of your baby based on the due date. So if your baby was born at 32 weeks, and is now 10 weeks old (42 weeks), your baby is 10 weeks old, but 2 weeks adjusted age. This is used to determine what developmentally your baby should be doing. So even though your baby is 10 weeks old, developmentally they should be doing what a 2 week old baby should be doing. Your baby may be followed by a Developmental Follow-Up Program after discharge. They usually follow your baby for the first two years where they will track your baby's developmental milestones. This does not replace your regular Pediatrician follow ups.

Skin to Skin, or "Kangaroo Care"

putting your baby directly on your bare chest(chest to chest). This releases hormones that help to stabilize the baby's temperature, heart rate, and blood sugar. This also helps decrease stress in the mom and promotes healing and bonding.

Gestational Age

age at which your baby is born.