

### Thermoregulation: Guideline for Transitioning Premature Infants from an Incubator to Crib in the NICU

- Maintaining a normal body temperature in premature infants promotes good growth and development.
- When infants are ready, transitioning to an open crib aligns with an infant's developmental needs and aids in improving parental interaction.
- Infants 34 weeks gestation or greater in incubators for reasons other than thermal management (e.g. phototherapy, observation, isolation) can transition to an open crib without following these guidelines.

### **Eligibility Criteria**

- A premature infant's crib readiness involves an evaluation of their environmental and physiological factors.
- Premature infants who meet the following criteria are eligible for the transition process from an incubator to a crib:
  - 1. Weight ≥ 1800 grams
    - In consultation with the care team, small for gestational age infants who meet criteria except weight may be considered eligible to transition to an open crib once weight is > 1500 grams.
  - 2. Consistent weight gain (average 15-20 grams/kg/day) over previous week
  - 3. Stabilized apneic and bradycardic events
  - 4. Medically stable condition
  - 5. Incubator air temperature 32°C or less over the previous 24 hour period
  - 6. No invasive mechanical ventilation
    - Infants who require invasive ventilation but otherwise meet eligibility criteria, consultation with the care team is required to
      determine if infant can be cared for in a crib (i.e. infant will benefit developmentally but is also stable from a respiratory perspective
      [versus transfer to overbed warmer for infants with a critical airway]).

# Transitioning Eligible Preterm Infants from an Incubator to Crib

- During the thermal challenge, the incubator should **NOT** be turned off and the portholes should **NOT** be left open.
- Rationale: 1) no incubator temperature control risking infant thermal stress, and 2) open port holes are a safety issue.
  - If at any time during the transition process, infant's temperature is < 36.5°C, the infant is not ready for a crib and the process is stopped.
  - A minimum of 5 days is required before re-attempting the crib transfer process if initial trial was unsuccessful (e.g. infant either did not tolerate incubator weaning or required return to incubator from crib).

# Step 1: Prepare infant for crib transition process

- 1. From electronic medical record, determine average incubator temperature in previous 24 hours.
- 2. Dress infant in a sleeper and hat and cover with a blanket (clothing's insulation effect will increase the infant's temperature).
- 3. Switch incubator from skin control to manual control.
- 4. Set the incubator temperature 0.5°C below the identified average.

# Ŧ

### Step 2: Incubator temperature weaning to determine infant readiness for crib transfer

- 1. Monitor the infant's temperature every two hours.
- 2. If infant's temperature is ≥ 36.5°C every two hours, reduce incubator temperature by 0.5°C until it reaches 28°C.
- 3. Once the incubator temperature reaches 28°C, the infant is to remain dressed in the incubator for 24 hours.
- 4. Infant can be moved to a crib if infant's temperature is maintained at ≥ 36.5°C during this 24 hour period.



# Step 3: Infant care post crib transfer

- 1. Check temperature every hour x 4 after crib transfer.
  - If temperature is between 36.2°C and 36.5°C, increase clothing layers if possible and add a pre-warmed blanket.
- 2. Continue to check temperature hourly until axillary temperature is ≥ 36.5°C for 4 consecutive hours.
- 3. If temperature is < 36.5°C for 3 consecutive hours (3 x hourly checks), return infant to a **pre-warmed incubator**.
- 4. Additional instructions
  - **BATHING** should be deferred until temperature is maintained ≥ 36.5°C for a minimum of 12 hours after transition to crib. Thereafter, normal unit bathing guidelines should be followed (e.g. CLABSI prevention strategies).
  - If infant has a central line (PICC), ensure site remains visible.
  - Infants with poor growth after transition may require return to an incubator due to increased energy expenditure maintaining thermal control.

#### References

- 1. Barone, G, Corsella, M, Papacci, P, Priolo, F, Romagnoli, C, Zecca, E (2104). Feasibility of transferring intensive cared preterm infants from incubator to open crib at 1600 grams. Italian Journal of Pediatrics 40: 41
- Government of Western Australia, North Metropolitan Health Service. (2018). Clinical Practice Guideline: Thermoregulation. URL: <a href="https://www.kemh.health.wa.gov.au/~/media/Files/Hospitals/WNHS/For%20health%20professionals/Clinical%20guidelines/NEO/WNHS.NEO.Thermoregulation.pdf">https://www.kemh.health.wa.gov.au/~/media/Files/Hospitals/WNHS/For%20health%20professionals/Clinical%20guidelines/NEO/WNHS.NEO.Thermoregulation.pdf</a>
- 3. Knobel-Dail, RB. (2014) Role of effective thermoregulation in premature infants. Research and Reports in Neonatology, (4), 147-156.
- 4. New, K, Flenady, V, Davies, MW (2008). Transfer of preterm infants from incubator to open cot at lower versus higher body weight ratio. The Cochrane Collabration (4).
- 5. Sinclair, L, Crisp,J, Sinn,J. (2009). Variability in incubator humidity practices in management of preterm infants. Journal of Paediatrics and Child Health (45), 535-540.
- 6. The Royal Children's Hospital Melborne. (2016). Clinical Practice Guideline: Thermoregulation. URL: https://www.rch.org.au/rchcpg/hospital clinical guideline index/Thermoregulation in the Preterm Infant/