

NICU Care Path

Infant Care Path for Physical Therapy in the Neonatal Intensive Care Unit

Instructions for use:

Please initial the appropriate box(es) at the age-range when the intervention occurs.
 Greyed out boxes indicate when an activity is typically not the focus of your intervention.

Patient Label

Observation & Assessment

| | POSTMENSTRUAL AGE (WEEKS) | | | | | | |
|---|---------------------------|-------|-------|-------|-------|-------|-----|
| | 24-27 | 28-29 | 30-31 | 32-34 | 35-37 | 38-40 | >40 |
| Observation | | | | | | | |
| Behavior (e.g., state transition, NIDCAP, tolerance to routine care) | | | | | | | |
| Vital signs (e.g., HR, temp., O ₂ , pain: NIPPS, PIPP, FLACC) | | | | | | | |
| Screen the musculoskeletal system (observe spontaneous movements) | | | | | | | |
| General movement (GM) assessment | | | | | | | |
| Limited Hands-on Assessment | | | | | | | |
| Diaper change | | | | | | | |
| Re-positioning | | | | | | | |
| Gentle facilitated movement | | | | | | | |
| Recoils and scarf sign | | | | | | | |
| Palmar and plantar grasp | | | | | | | |
| Non-nutritive sucking | | | | | | | |
| Full Hands-on Assessment | | | | | | | |
| Standardized testing (e.g., TIMPSI, TIMP, NAPI, NANI, NBAS, NBO, NNNST [™]) | | | | | | | |
| Oral-motor control and feeding assessment (e.g., NOMAS, PIBBS, NCAFS) | | | | | | | |
| Sensory Assessment: Vision/Hearing | | | | | | | |
| Visual focus | | | | | | | |
| Visual tracking | | | | | | | |
| Auditory localization and orientation | | | | | | | |

Patient Name

Therapist Name

Intervention

| | POSTMENSTRUAL AGE (WEEKS) | | | | | | |
|---|---------------------------|-------|-------|-------|-------|-------|-----|
| | 24-27 | 28-29 | 30-31 | 32-34 | 35-37 | 38-40 | >40 |
| Facilitate Calm State and Motor Organization | | | | | | | |
| Assist with non-nutritive suck, containment, skin-to-skin care, and positioning, (may include hydrotherapy) | | | | | | | |
| Positioning and Handling (may include hydrotherapy for medically stable infants typically at least 32 weeks postmenstrual age) | | | | | | | |
| Address head shaping and musculoskeletal integrity | | | | | | | |
| Promote comfort and respiratory function, including skin-to-skin care | | | | | | | |
| Promote skin integrity (assist with scar management) | | | | | | | |
| Promote contained movement | | | | | | | |
| Provide gentle range of motion as indicated | | | | | | | |
| – Splinting as needed | | | | | | | |
| Facilitate periods of exploratory movement | | | | | | | |
| Promote alerting and interaction (e.g., ATTV) | | | | | | | |

Therapist Initials

Date

Movement Therapy

Facilitate development and strength through:

POSTMENSTRUAL AGE (WEEKS)

| | 24-27 | 28-29 | 30-31 | 32-34 | 35-37 | 38-40 | >40 |
|---|-------|-------|-------|-------|-------|-------|-----|
| Guided extremity movements (allow infant to push against you) | | | | | | | |
| Increased time in upright position | | | | | | | |
| Varied developmental positions | | | | | | | |
| Enhancement of trunk mobility and diaphragmatic breathing | | | | | | | |
| Promotion of antigravity movements | | | | | | | |
| Neurodevelopmental techniques (e.g., NDT) | | | | | | | |

Oral Motor

Facilitate oral-motor organization and functional oral feeding through:

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| Oral stimulation and non-nutritive sucking during gavage feedings | | | | | | | |
| Initiate nutritive sucking with small amounts of breast milk or formula | | | | | | | |
| Nutritive sucking and small volume nipple feeding 1-2 x/day | | | | | | | |
| Gradual increase in frequency, volume and duration of nipple feedings | | | | | | | |
| Progression to autonomous nipple feeding | | | | | | | |

Family Support and Education

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| Provide <i>Preparing for Your Baby to Come Home</i> ® handout | | | | | | | |
| Infant behavior and cues (parent facilitates transition between states and recognizes infant's readiness for feeding and play) | | | | | | | |
| Promote skin-to-skin holding and parent-infant touch | | | | | | | |
| Promote social interaction and graded stimulation | | | | | | | |
| Facilitate participation in care and graded handling | | | | | | | |
| Provide guidance regarding oral stimulation and non-nutritive sucking during gavage feedings | | | | | | | |
| Provide guidance regarding neonatal sucking of small volumes (<10 cc or <10 min) from bottle or syringe in nipple 1-2 x/day | | | | | | | |
| Provide guidance and support to gradually increase volume and frequency of nipple feeding | | | | | | | |
| Provide developmental progress updates, explain need for age correction | | | | | | | |
| Provide guidance in movement exercises | | | | | | | |
| Provide guidance in active developmental activities | | | | | | | |
| – Prone, supine, sidelying, supported sit, equipment instruction (e.g., supportive seats) | | | | | | | |
| Provide information on community resources for transition to home | | | | | | | |
| Provide instruction regarding a developmental home program | | | | | | | |

Team Collaboration

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| Suggest positioning aides and developmental supports | | | | | | | |
| Progress of developmental program and update plan of care (include NIDCAP assessment results and nursing role) | | | | | | | |
| Progress from oral stimulation program to functional nipple feeding | | | | | | | |
| Collaborate with parents (ongoing) | | | | | | | |
| – Provide anticipatory guidance | | | | | | | |
| Solicit RN observations of behavior/developmental status | | | | | | | |
| Assess parent need for medical and ancillary support (e.g., lactation, social work, physician, psychiatric) | | | | | | | |
| Assess infant need for consultation (e.g., OT, SLP, infant development specialist, other medical professional) | | | | | | | |
| Participate in d/c planning | | | | | | | |

Patient Name

Therapist Name

Therapist initials

Date