

Editorial on Neonatal intensive care unit

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Editorial Note

An intensive care unit (ICU) specializing in the care of sick or premature new-born babies is a neonatal intensive care unit, also known as an intensive care nursery (ICN). For the first 28 days of life.

For neonatal nurses, healthcare facilities have varying entry-level standards. Neonatal nurses are registered nurses, and must also have a degree of Associate of Nursing Science or Bachelor of Nursing Science. A midwifery certification may also be required by some countries or institutions. There is no mandatory requirement to become an RN in an NICU, although neonatal nurses must have neonatal resuscitation provider certification. In addition to their general nursing skills, intensive-care nurses receive intensive didactic and clinical orientation to provide vital patients with highly specialized care. Their capabilities include high-risk drug administration, management of high-acuity patients needing ventilator assistance, surgical treatment and resuscitation, advanced procedures such as extracorporeal care.

The problem of premature and congenitally ill children is not a new one. There were scientific articles published as early as the 17th and 18th centuries that sought to share knowledge of interventions. Premature and diseased babies were born and cared for at home until the industrial revolution and either lived or died without medical attention. The infant incubator was developed in the mid nineteenth century, based on the incubators used for chicken eggs. From the eighteenth century onwards, doctors had a growing role in childbirth. The treatment of new-born infants, however, remained mostly in the hands of mothers and midwives, ill or well. Some baby incubators were constructed in the late nineteenth century, similar to those used for hatching chicks.

There was little equipment in most early units, which provided only oxygen and warmth, and relied on careful nursing and observation. Further research in later years allowed technology to play a greater role in the decline in infant mortality. By the 1970s, in the developing world, NICUs became an established part of hospitals.

For small babies whose bodies were tiny and sometimes young, these needed special adjustment. For instance, adult ventilators could damage the lungs of babies and gentler techniques with smaller changes in pressure were devised. The various tubes and sensors used to monitor the condition of the infant, blood sampling and artificial feeding made some babies barely noticeable under the technology.

Changing priorities

NICUs are also focused on treating babies who are very young, premature, or congenitally ill. Some of these babies come from multiple births of a higher order, but most are only single babies born too early. Doctors are also puzzled by the question of premature labour and how to avoid it.

Pain management:

Many parents in the NICU with new-borns have said they want to learn more about what kinds of pain their babies experience and how they can help ease the pain. Parents want to learn more about topics like what triggered the pain of their child, how the pain we experience is different from what they feel, how the pain can be stopped and recognized, and how they can support their child.

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Received: February 04, 2021; Accepted: February 11, 2021; Published: February 18, 2021

Citation: Raajitha B (2021) Editorial Note for Journal of Neonatal Biology. J Neonatal Biol, Vol:10 Iss:2

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