


Name:		IP Number:	
<p>The purpose of this management checklist is to guide an appropriate and acceptable standard of management and care for neonatal apnoea. It should be started immediately for any baby with suspected apnoea.</p> <p>Should be used together with the following Management (Mx) Checklists: Respiratory distress, Thermoregulation, Glucose management and Neonatal Encephalopathy.</p> <p>It is aimed at nurses and junior/inexperienced medical practitioners.</p> <p>Individual critical clinical judgment should always be used and this does not replace individualized expert management.</p>			

Does the baby have apnoea?				✓
Stops breathing for long enough (+20 seconds) to cause the following:				
Bradycardia			AND Cyanosis and / or pallor	
Sign:		Print:		
Date:		Time:		

Immediate management:				✓
Position prone			Tilt head slightly in neutral position	
Stimulate by rubbing babies back			Suction mouth/nose with 6-8Fg catheter. Depth 3-4cm	
No response? Commence bag mask ventilation at 40-60bpm with room air				
Sign:		Print:		
Date:		Time:		

What is the cause? Assess for and exclude the following:				
NB Apnoea in the first 4 days of life should be considered pathological and investigated.				
System	Possible Cause	Investigations		✓
Respiratory	Obstruction	<ul style="list-style-type: none"> Chest X-Ray 		
	Pneumothorax			
	Congenital abnormality			
	Sever lower airways disease			
CNS	Seizures	<ul style="list-style-type: none"> LP Cranial ultrasound U&E, CMP, Glucose 		
	Intracranial bleeds			
	Meningitis / encephalitis			
	Brain abnormalities			
CVS	Patent ductus arteriosus	<ul style="list-style-type: none"> Assess pulses (may be bounding) Auscultation for cardiac murmurs Presence of cyanosis ECG 		
	Cardiac failure			
	Congenital cyanotic heart			
	Cariogenic / hypovolaemic shock			
General	Maternal medications	History of sedation / anaesthesia / MGSO ₄		
	Hypothermia / hypoglycaemia	Assess axillary temperature / dextrostix		
	Electrolyte disturbances	U&E, CMP		
	Severe abdominal distention	Observation		
	Pain	Pain score		
	Acidosis	Arterial blood gas		
	Anaemia	Hb or FBC		
	Apnoea of prematurity	History of gestational age <34 weeks		
Sign:		Print:		
Date:		Time:		

Treat the cause:			✓
1. Prevent and treat Apnoea of prematurity. Commence from Day 0 for all babies <35 weeks gestation:			
Loading Dose: Caffeine Base 10mg/kg/PO		Maintenance after 24hrs: 5mg /kg/dose daily	
If Caffeine citrate is used double the above dose.		Do not administer if heart rate is >180bpm	
If caffeine is not available give:			
Loading Dose: Theophylline 6mg/kg/PO		Maintenance after 12-24hrs: 2.5mg /kg/dose 12hrly	
2. Manage hypoglycaemia (See Mx Checklist)		3. Manage hypothermia (See Mx Checklist)	
4. Manage seizures (See Mx Checklist)		5. Manage anaemia (See blood transfusion chart)	
6. Repeated apnoea /unresponsive to the above management: discuss with referral centre.			
Sign:		Print:	
Date:		Time:	

Authorized By:		Prof. N. McKerrow - KZN Provincial Paediatrician	
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