Non-Emergent Endotracheal Intubation of the Newborn: Practical Management

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KEY FACTS:

- Neonatal endotracheal intubation is a distressful, painful, and potentially dangerous procedure.
- The routine use of adequate analysesia before planned painful procedures in the newborn, including endotracheal intubation, is required on humane and ethical basis. Furthermore, awake intubation is associated with more complications than premedicated intubation.
- 3. Premedication for non-urgent or semi-urgent intubations is safer and more effective than awake intubations3. It is well known that the complications of neonatal intubation are increased with emergent intubations, multiple attempts, physiological instability, or ventilation failure; and decreased with use of paralytic medications and videolaryngoscopy4.
- 4. The reported adverse physiological disturbances during awake neonatal intubation include hypoxemia, vagally induced bradycardia and systemic, pulmonary, and intracranial hypertension4.
- 5. The use of premedication for nonemergent neonatal intubation:
 - A. Attenuates or abolishes some complications associated with awake intubation⁵.
 - B. Reduces pain and discomfort.
 - C. Improves the success rate of intubation⁷.
 - D. Decreases the duration of the intubation procedure.
- 6. The use of standardised premedication protocol for non-emergent neonatal tracheal intubations improves compliance and patient outcomes9.

Practical Management of Non-Emergent Endotracheal Intubation:

- A. Non-emergent endotracheal intubation is defined as the planned endotracheal intubation to provide respiratory support, in the absence of an immediate need for resuscitation or a lifethreatening situation.
- B. Intubation without the use of premedication should only be considered if advanced airway is required immediately following birth or in emergency life-threatening situations within NICU when an intravenous access or the medications are not immediately available.
- C. The situations for non-emergent endotracheal intubation include but not limited to:
 - Anticipated need of escalation of respiratory support in babies on no support or on noninvasive ventilation.
 - 2. Elective mechanical ventilation before planned surgery, transport, or procedures.
 - 3. Requirement for ETT tube change due to partial blockage, excessive leak, infection etc.
 - 4. Eelective intubation for airway protection or maintenance, (e.g., Decreased level of consciousness, upper airway malformations, etc.)
- D. The necessary equipment's and medications for non-emergent endotracheal intubation must be ready by the baby incubator/resuscitator side before the baby is positioned for the intubation. See Table 1 for the required preparation , Table 2 for the medication doses and Table 3 for preparation of the medications.
- E. The nurse assigned to the baby should carry a Time-Out check using the checklist as in Table 4 just before positioning the baby for the procedure. Table 4 may be used for Audit purposes.
- F. The operator may prefer not to have many audiences during the procedure including parents. This should be requested calmly and politely before the baby is positioned for the intubation. It is often very traumatic for the parents to see their baby during stressful times. The success rate of first time intubation increases if the intubation operators are not feeling "under pressure".
- G. The intubation performer (Or the supervisor) should agree with the team a concise and clear plan of the intubation steps, length and conditions of any intubation attempt, the number of attempts and the alternative plan if intubation is not successful.
- H. The Neonatal unit should audit the outcome of premedicated intubations vs awake intubation.

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McGillicuddy present a multidisciplinary approach to pediatric brachial plexus injury treatment and rehabilitation obstetric considerations and other hot topics in the field With access to the full text and surgical videos online at expertconsult com you ll have the dynamic visual guidance you need to manage injuries to the brachial plexus Access the fully searchable text online at www expertconsult com along with surgical videos demonstrating how to perform key procedures See cases as they present in practice through color illustrations photos and diagrams that highlight key anatomical structures and relationships Apply multidisciplinary best practices with advice from internationally respected authorities in neurosurgery orthopaedics plastic surgery and other relevant fields Hone your technique with coverage that emphasizes optimizing outcomes with pearls and discussions of common pitfalls Prepare for collaborating with other physicians thanks to a multidisciplinary approach that covers medical and legal aspects in addition to surgery Find information quickly and easily with a full color Practical Management of Bipolar Disorder Allan H. Young, I. Nicol Ferrier, Erin E. Michalak, 2010-05-20 Bipolar disorder or manic depression is characterised by episodes of pathological mood states. The two poles are mania with a predominant elated or irritable mood and depression with feelings of sadness anxiety guilt or hopelessness but mixed states frequently occur Episodes can last for many months and profoundly affect physical health relationships and careers Since diagnosis and management are difficult this practical guide provides an overview of the disorder and detailed guidelines for treating the illness throughout its stages from authors internationally renowned for their work in bipolar disorder Also discussed are disease theories mechanisms and key clinical trials as well as chapters devoted to psychosocial treatments substance misuse and insights from lived experience In depth analyses of selected population groups including youth the elderly and women complement guidelines for clinical approaches in managing bipolar disorder Comprehensive and detailed this guide will prove invaluable to clinicians general practitioners psychiatrists and psychologists Practical management of the pregnant patient with rheumatic disease Karen Schreiber, Eliza Chakravarty, Monika Østensen, 2021-01-28 Rheumatic and autoimmune diseases are often present in women during the childbearing years and as such correct management of pregnancy throughout its course is of significance to all those affected Previously women with systemic rheumatic diseases were counselled against pregnancy as the majority of medications carried potential or perceived teratogenic risk But in recent years new therapies have emerged that have advanced treatment Patients have experienced significant improvements in physical function quality of life and reduced damage accrual As a result an expanded cadre of health care providers now need to be able to manage pregnancy in women with underlying rheumatic disease both in acute or chronic settings Practical Management of the Pregnant Patient with Rheumatic Disease is a quick access guide of the most up to date understanding of the interplay between pregnancy and rheumatic diseases and principles of management before during and after pregnancy assisting in decision making regarding treatment of women with autoimmune diseases This collection of 70 cases covers pregnancy counseling the management of disease flares thromboembolic disease the management of patients with end organ

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structured approach to the management of neonatal conditions which are likely to face the neonatal team It is not intended to replace textbooks or to teach the beginners in the field Prior sound knowledge of Neonatal Medicine by the user is essential This book is the first in the series It covers aspects of RESUSCITATION THERMAL CONTROL RESPIRATORY CARDIOVASCULAR INFECTIONS ENDOCRINE METABOLIC GASTROINTESTINAL NUTRITION DERMATOLOGY and SURGICAL NEWBORN challenges It is my belief that neonatal doctors and nurses are an integrated team and any demarcation is an imaginary line The recipe of creating a backbone of good nurses is passionate support continuous education and practical teaching at every possible opportunity Mutual trust and appropriate delegations are crucial to the success of the team HADI PN series is written for the neonatal team and not just for the medical staff The best way for consolidating the team knowledge and experience is bedside teaching New methods and approaches of neonatal management are progressing but seem to slow down over the last few years This may reflect the fact neonatal advances are approaching our era peak of what is possible Nevertheless many of our current practices are yet to be scrutinized to fulfil the evidence based standards There is no robust verification of the evidence behind our current practice of many routine day to day applications This include but not limited to fluid requirements duration of antibiotics courses use of various blood products seizures pharmacological treatment and safe PaCO2 levels I have reviewed multiple medical and nursing guidelines from Europe North America and Australia as well as Asia South America and Africa I integrated many of these guidelines within this book whenever they are in accord with the international acceptable practices Feedback and suggestions are welcome and can be sent to neonatologypractical gmail com The book is an updated version of the protocols and guidelines which I have developed during my work as Consultant Neonatologist Some are adopted from various reputable institutes and modified to reflect the current evidence plus a slight flavour of my experience Considerable effort has been exercised to ensure the doses of medications given in HADI PN are accurate However further confirmation by the nursing and medical staff is advised prior to the first use of each medication HADI PN reflects the author's own acceptable and safe practice and advice It is written with the intention of facilitating the delivery of care to the most vulnerable newborn The publication is written bearing in mind the wide variations in the skill mix of neonatal practitioners nurses and doctors Likewise the chall

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authoritative review chapters sets out to describe the process by which social relationships develop after birth and the ways in which this process may be distorted by separation the condition of the baby or by the process of medical treatment Experienced practitioners describe practical steps which may be taken to support parents and foster their relationship with their babies in treatment situations The final section of the book examines the organisation of neonatal care in a number of widely different settings and indicates that diverse approaches may be successful in achieving the same ends <u>Preterm Infants</u> Shahirose Sadrudin Premji, 2019-04-17 This volume analyses the distinct care needs of late preterm infants and their parents by reflecting on the best available evidence to inform practice and latest innovations in care It addresses the spectrum of issues experienced by late preterm infants and their parents and ways to ensure healthy transitions from hospital to community We define late preterm infants as those born between 340 7 to 366 7 7 weeks gestational age The book uses creative writing prompts and a narrative style to gain insight and be self reflection in and on practice to move the reader to embrace best practices Issues such as mother s physical and emotional health father s burden in postpartum period the work organization of nurses caring for late preterm infants feeding and jaundice which threaten readmission and neurodevelopmental outcomes of late preterm infants are specifically addressed Areas of innovation are shared for consideration to prompt readers to think about continuous improvement in quality of care The book shares local and global perspectives to address the common concerns related to care of late preterm infants and their parents and fosters a partnership in promoting health of late preterm infants and their parents all across the globe It is intended for any health care providers such as nurses midwives physicians and other allied care professionals like health visitors community health workers

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