

# LISA Procedure

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1. Notify your Respiratory Therapist
2. **POSITION INFANT:**
  - a. Make sure infant is positioned with the infant's head at the foot of the bed
    1. Place infant supine in a neutral position
    2. Required for all infants born  $\leq 29$  week
3. Make sure the **Bag/Mask & Suction** are near infant
4. **GATHER SUPPLIES:**
  - a. Laryngoscope handle & blade
  - b. Sterile gloves
  - c. **LISA kit & algorithm:**
    1. 5 mL syringe
    2. 18 gauge needle
    3. LISA catheter: 16 Gauge angiocath, 5.5 inch
    4. Sterile marker pen with sterile tape measure
    5. Sterile drape
5. **SURFACTANT:**
  - a. Draw up ordered dose using the 5 mL syringe with 18g needle attached
    1. THEN add **0.5 mL of air** to syringe
6. Compete **TIME OUT** with provider
7. Turn on the **beat-to-beat** on the monitor
8. Try **NOT** to disconnect CPAP
  - a. If it has to be removed, provide CPAP by mask
9. **PROVIDERS ROLE:**
  - a. Requires 2 LISA trained providers
  - b. Provider will open catheter from the sterile pack & throw away the needle
  - c. Create a **sterile field** with the drape
    1. Drop the sterile catheter, pen and tape measure on sterile field
  - d. Don **sterile gloves**
  - e. Using the **sterile marker & sterile tape:**
    1. **Mark** the insertion depth on catheter tip:
      - i. 1 cm for  $\leq 26$  week GA
      - ii. 1.5 cm for 27-28 week GA
      - iii. 2 cm for  $\geq 29$  week GA
  - f. Using **laryngoscope** (or video laryngoscope):
    1. pass the catheter to the insertion depth & hold it in place at the lips
  - g. Connect the syringe & push **surfactant** in **2-4 aliquots** over **30 seconds to 1 minute**
  - h. Remove catheter & continue CPAP
10. Improvement in oxygenation will be seen within minutes after surfactant, confirming successful administration: (**STAY** at bedside for a minimum of **10 min**)
11. Provide PPV if infant is having desaturation/bradycardia after instillation
12. *Wait 1 hour after each administration to suction*