

NICU CPAP admission guide for the ≤ 29 weeks neonate

1. Avoid discontinuation of the CPAP circuit to limit the loss of functional residual capacity during transport.
2. Apply a chin strap on admission, maintain neck in sniffing position using a neck roll, place development products to maintain the infants head in a midline position, keep head end of the bed elevated by 30-45 degrees.
3. Place CPAP/LISA algorithm in the room.
4. Start with a CPAP level of 5 cm H₂O (or at the level at which infant was transported).
5. Increase CPAP level stepwise to 6 cm H₂O if infant is requiring FiO₂ ≥ 0.3
6. After 30 minutes, increase the CPAP level to 7 if needing FiO₂ ≥ 0.3
7. Obtain ABG and CXR. (If no UAC, obtain peripheral arterial gas)
8. After 30 minutes, if the infant is needing FiO₂ 0.3 on CPAP 7 cm H₂O, use LISA.
9. Post LISA monitor the infant's FiO₂ requirement for opportunity to wean the PEEP if the FiO₂ is $\leq 25\%$.
10. Wean CPAP level by 1 cmH₂O if requiring FiO₂ ≤ 0.25 for 12 hours or sooner if hyperexpansion seen on CXR.
11. Use the CPAP check list to maintain optimal CPAP delivery at 4 hours of life and subsequently at each shift change.
12. Repeat LISA if FiO₂ ≥ 0.4 at 12 hourly intervals (Dose: 1.25mg/kg, maximum 2 doses).
13. Follow the checklist for ensuring adequate CPAP therapy while evaluating the infant.
14. Ensure patency of the airway by suctioning of nares, select proper prong size, and ensure optimal positioning of infant (slight extension with neck roll) and elevation of head end of the bed by 30 degrees, check for bubbling and placement of chin strap.