



## NEWBORN EMERGENCY TRANSPORT SERVICE MEDICAL GUIDELINES

### CLINICAL GUIDELINES

Pulmonary Haemorrhage  
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Newborn Emergency Transport Service Medical Guidelines  
King Edward Memorial/Princess Margaret Hospitals  
Perth Western Australia  
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## **Pulmonary Haemorrhage (haemorrhagic pulmonary oedema)**

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Key points:

- A form of fulminant lung oedema
- Usually complicates other significant disease process eg: HMD, Meconium aspiration, asphyxia, sepsis, patent ductus arteriosus
- Rarely as part of bleeding diathesis.

Risk factors:

- Prematurity / Lower Birth weight
- Overwhelming sepsis
- Hypoxia
- Left-right shunts causing Pulmonary flooding
- Surfactant administration
- Severe RDS

### **Management:**

- May require ventilation.
- Use higher PEEP (6-7cmH<sub>2</sub>O)
- Maintain normal SPO<sub>2</sub>
- Consider surfactant administration: *discuss with the on-call neonatologist.*
- Volume expansion may be indicated. *Avoid over-vigorous fluid administration, which can worsen the condition. If giving volume resuscitation consider FFP.*
- In cases where volume overload (eg: large PDA in preterm infant) is thought to be contributing to pulmonary haemorrhage, consider dose of Frusemide, 1mg/kg.
- Ensure Vitamin K given.
- Avoid unnecessary ETT suctioning.

**ALWAYS CONSIDER TAKING NITRIC OXIDE ON RETRIEVAL**