



NEWBORN EMERGENCY TRANSPORT SERVICE MEDICAL GUIDELINES

CLINICAL GUIDELINES

Apnoea
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Newborn Emergency Transport Service Medical Guidelines
King Edward Memorial/Princess Margaret Hospitals
Perth Western Australia
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Apnoea

Definition: absence of breathing for ≥ 15 seconds. Apnoeas are especially relevant when accompanied by cyanosis / bradycardia

Aetiology

- Non-specific sign in sick infants
- Sepsis (both bacterial & viral – always consider HSV infection)
- CNS disorders eg asphyxia
- Metabolic disorder
- Maternal drugs (eg narcotics)
- Apnoea of prematurity
- Airway obstruction
- Seizure. *Suspect especially in term babies.*

Management

- Respiratory support (O₂/ CPAP/ ETT & ventilation) as indicated.
- Consider loading dose of Caffeine (20 mg/kg IV.)
- Check and control body temperature.
- Start antibiotics after septic screen. Consider Aciclovir.
- Consider loading dose of Phenobarbitone (20mg/kg) if there is any suspicion of seizures.
- If retrieval distance is long consider Intubation & Ventilation for airway protection.
- Always use Transcutaneous CO₂ monitoring if ventilating for apnoea as there is often no pulmonary pathology & these babies can become over-ventilated very easily.