Postnatal stabilisation and retrieval

Care considerations
- Airway and breathing management
  - Effective ventilation
  - Bag and mask/T-piece, CPAP, ETT (IPPV), LMA
  - O2 as required (use air and oxygen blender)
  - Refer to QCG: Neonatal resuscitation and QCG: Respiratory distress-CPAP
- Circulation
  - UVC/IV access and fluids
  - Treat shock, metabolic acidosis, hypotension
  - Thermoregulation
  - Use overhead radiant warmer, hat, polyethylene bag
- Monitoring
  - HR, respiratory rate and effort, O2 saturation, BP, temperature
- Investigations
  - As indicated—blood cultures, FBC, blood gas, X-ray
- Hypoglycaemia
  - Prevent and treat
  - Refer to QCG: Neonatal hypoglycaemia
- Infection
  - Septic workup
  - Administer IV antibiotics
  - Refer to QCG: EOGBSD
- Encephalopathy
  - Refer to QCG: HIE
  - Seizures—identify and manage
  - Refer to QCG: Neonatal seizures
- Specific condition management—consider:
  - OGT/NGT on free drainage
  - Polyethylene bag/sheet

Review obstetric history that may impact on neonatal management

Assess all babies at birth
- Effective respirations
- Tone
- Heart rate

Prevent hypothermia
- Overhead radiant warmer/incubator
- Dry, warm wraps, hat, booties
- Polyethylene bag/sheet
  - < 28 weeks gestation
  - < 1000 g
  - Exposed lesion

Continue ongoing assessment
- HR, respirations, tone, temperature, O2 saturation

Is required care beyond CSCF of facility?

Yes

- Refer to QCG: Neonatal resuscitation

No

Contact RSQ (1300 799 127) by most senior medical officer
- Provide:
  - Name and contact details of referring medical officer
  - Facility name and location
  - Baby and maternal details
  - Initiate/confirm retrieval
  - Obtain advice from neonatologist

Prepare for retrieval
- Refer to Neonatal retrieval checklist
- Alert obstetric/maternity staff of impending retrieval
- Provide parental and family support:
  - Communicate with parents
  - Facilitate interaction with baby
  - Assist with photographs and religious/cultural needs
  - Discuss expression of breast milk
  - Discuss maternal/family accommodation with receiving hospital
  - Involve social worker if available

Retrieval team arrival
- Provide:
  - Formal handover
  - Referral letter
  - Copies of relevant documents—resuscitation record; observation chart; medication and fluids charts, pathology results, X-rays, maternal
  - Assistance until departure
  - Facilitate discussion with parent(s)
  - Ensure parent(s) see baby before departure

After birth of baby

Referto QCG: Neonatal resuscitation

Is retrieval indicated?

Yes

No

Is required care beyond CSCF of facility?

Prepare for retrieval

Retrieval team arrival

After birth of baby


Abbreviations: BP Blood pressure; CPAP Continuous positive pressure airway pressure; CSCF Clinical services capability framework; EOGBSD Early onset Group B Streptococcal disease; ETT Endotracheal tube; FBC Full blood count; LMA Laryngeal mask airway; HIE Hypoxic ischaemic encephalopathy; HR Heart rate; IPPV Intermittent positive pressure ventilation; IV Intravenous; NGT Nasogastric tube; O2 Oxygen; OGT Orogastric tube; QCG Queensland Clinical Guidelines; RSQ Retrieval Services Queensland; UVC Umbilical vein catheter.

Queensland Clinical Guidelines