

Clinically Significant Cardiopulmonary Events In the Premature Infant Preparing for Discharge

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This guideline is intended to assist clinical decision making for premature infants nearing discharge. It may not apply equally to all premature infants. Clinical decisions for individual patients will be determined after careful review and are at the discretion of the attending neonatologist and clinical team.

Clinical criteria:

- Heart rate < 80 bpm for > 10 seconds **OR**
- Apnea > 20 seconds **OR**
- Oxygen saturation < 80 % for >10 seconds

Note: apnea monitor delay is set at 20 seconds

Note: the bedside Phillips monitor is set to capture and save clinically significant events for review as defined above. Alarm settings are set according to local NICU nursing standards.

Significant feeding related episodes:

- Episodes of bradycardia with feeds which are severe enough to require supplemental oxygen, bag/mask ventilation, or vigorous stimulation

Other Important Parameters:

- Self-resolved episodes are not generally viewed as a significant event, unless the event is severe and heart rate is < 60 bpm
- A/B event must occur while infant is asleep or lying down
- Events preceded by procedures (ROP exams, suctioning, vaccinations) and mild events with feeding are excluded
- Caffeine is routinely started upon admission for premature infants born less than or equal to 30 weeks gestation and is later discontinued by 33 weeks CGA or when events requiring stimulation become infrequent (<3/day) and mild, whichever comes first
- Routine pulse oximetry may be discontinued for infants > 34 0/7 weeks who have been off of supplemental oxygen and caffeine for 7 days

Discharge Criteria:

- Discharge home before 35 0/7 weeks corrected gestational age is only for carefully selected patients. Most neonates do not meet criteria for discharge prior to this gestational age
- For infants less than 37 weeks CGA, patient should have no clinically significant A/B episodes at rest for 5 days or significant events with feeds for 2-3 days prior to discharge
- Patient should weigh at least 1800 grams and fit appropriately into an approved car seat