

Post Natal Steroids for Treatment of Evolving BPD

East Bay Newborn Specialists Guideline

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- On the basis of limited short term benefits, absence of long term benefits, and the number of serious short and long term complications, the routine use of postnatal steroids for the prevention or treatment of BPD in VLBW infants is not recommended.
- Avoid steroid use in the first 21 days of life unless life-saving.
- The use of postnatal steroids should be limited to infants 21 days of age or greater who remain ventilator dependent with an FiO₂ requirement $\geq 60\%$ on a mPaw ≥ 10 cmH₂O in whom other causes of respiratory compromise such as infection, hemodynamically significant PDA or fluid overload have been excluded.
- Discuss the risks and benefits of steroids use with the parents and document discussion in the patient's medical record.
- The following 10 day course of hydrocortisone has been reported to have comparable outcomes to those following the lower dose regimen of dexamethasone used in the DART trial (i.e., 0.15 mg/kg/d q12h x 3 days, 0.1 mg/kg/d q12h x 3 days, 0.05 mg/kg/d q12h x 2 days, 0.2 mg/kg/d x 2 days).
 - 1.25 mg/kg/dose Q 6 hrs X 3 days
 - 1.25 mg/kg/dose Q 8 hrs X 3 days
 - 1.25 mg/kg/dose Q 12 hrs X 2 days
 - 1.25 mg/kg/dose Q 24 hrs X 2 day
 - Stop
- Consider abbreviating the course if the infant is successfully extubated prior to day 7 of treatment.
- The respiratory status of infants who respond to treatment generally improves within 2-3 days of initiation. Hydrocortisone should be discontinued in those who do not respond.
- Monitor for hypertension, hyperglycemia, sepsis, intestinal bleeding, intestinal perforation. The dosage regimen may need to be modified or discontinued if a complication occurs.