

Intubation Guideline for Neonates

- Safe, high quality neonatal care and a dedication to resident education are the foundation for neonatal care at the University of Washington.
 - Pediatric residents, by the end of their residency training, will be proficient at neonatal airway management including intubation, bag-valve mask ventilation and oral airway placement.
 - Neonatal care at the University of Washington is delivered as a team.
 - These guidelines are flexible on a case-by-case basis
1. Successful neonatal intubation is defined as intubation within 2 attempts. All care providers should strive to achieve this goal.
 2. An intubation attempt is defined as placing the laryngoscope blade in the patient's mouth unless the blade is rapidly removed to suction, change ETT, etc.
 3. Intubation attempts should not compromise patient stability. Stability is defined as a heart rate ≥ 100 bpm and an oxygen saturation $\geq 90\%$. Any team member can declare that the neonate is unstable.
 4. If more than one intubation attempt is required, the same person should attempt again after briefly discussing with the resuscitation leader their strategy for performing a successful intubation on the next attempt. (see teaching tips below)
 5. In selected cases, neonates may be unstable or are at risk for adverse outcomes if multiple tries at intubation are attempted. These cases include:
 - a. Extremely Preterm Neonates ≤ 26 weeks gestation
 - b. Unstable neonates (Unable to establish oxygenation with PPV, neonate requiring CPR)
 - c. Certain congenital anomalies
 - i. Congenital Diaphragmatic Hernia
 - ii. Known Airway Obstruction
 - iii. Micrognathia
 - iv. HydropsIn these cases, an experienced care provider should perform the intubation.
 6. An experienced care provider is defined as the provider who has had the most experience and success with neonatal intubation in the past. In general, this will be the NNP, neonatal fellow or neonatal attending. However, this may also be the senior resident in certain select cases. (eg.: unexpected decompensation in a term neonate in which the neonatal attending, fellow, or NNP is not present)
 7. If the neonate is unstable and an experienced care provider is unable to successfully intubate the patient, anesthesia should be stat paged to attempt intubation.

Teaching tips:

- Have most senior care provider visualize airway/vocal cords and have resident place ETT.
- Perform intubation on stable patients in the NICU (ROP surgery, elective reintubations, etc.)

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