



APNOEA

Scope (Staff):	Nursing and Medical Staff
Scope (Area):	NETS WA

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

Aim

To provide NETS WA staff guidance in the management and identification of infants at risk of apnoea during neonatal transport.

Risk

Delayed management increasing the risk of infants having apnoea and hypoxic episodes which can lead to mortality and long-term neurological morbidity.

Definitions

Absence of breathing for ≥ 20 seconds. Apnoea is especially relevant when accompanied by cyanosis / bradycardia

Aetiology

Most cases are due to a combination of central and obstructive apnoea.

- Sepsis (both bacterial and viral - always consider HSV infection).
- Central nervous system disorders (e.g. asphyxia, seizures, HIE, congenital malformations).
- Cardiovascular system disorder (PDA, CCF).
- Temperature (hypo/hyperthermia).
- Gastro-oesophageal reflux.

- Inborn errors of Metabolism
- Sign of withdrawals from maternal drugs (e.g. narcotics)/ antenatal opiates.
- Apnoea of prematurity (refer to Neonatology guideline [Apnoea of Prematurity](#))
- Post general anaesthesia.
- Airway obstruction (refer to [Difficult Airway on Retrieval](#)).
- Surgical conditions of the upper airway (Tracheoesophageal fistula, Pierre Robin Sequence, Cleft lip + palate etc)
- Medications such as Morphine, Fentanyl, Alprostadil

Management

- Any Apnoea should be considered as secondary apnoea and managed with urgent priority
- Maintain a clear airway and suction secretions if required to ensure that there is no mechanical obstruction of the airway. If airway obstruction is considered as the reason for apnoea, then follow the [Difficult Airway on Retrieval](#) guideline.
- If there is a need for escalation of respiratory support (O₂ / HHF/CPAP / Intubation and Ventilation) this should be discussed with the on-call NETS Consultant
- A capillary blood gas sample is useful when escalating the respiratory support.
- Keep bag and mask/intubation kit on standby during transport
- Consider loading dose of [Caffeine](#).
- Maintain normothermia.
- Consider septic screen and antibiotics / antivirals.
- Consider loading dose of [Phenobarbitone](#) if there is any suspicion of seizures (refer to NETS WA guideline [Seizures](#)).

Related CAHS internal policies, procedures and guidelines

- [Apnoea of Prematurity](#) (Neonatology Clinical Guideline)
- [Seizures: Neonatal](#) (Neonatology Clinical Guideline)
- [Intubation and Ventilation](#) NETS WA Guidelines
- [Difficult Airway](#) NETS WA Guidelines
- [Seizures](#) NETS WA guideline
- [Caffeine](#) Neonatology Medication Protocols
- [Phenobarbitone](#) Neonatology Medication Protocols

This document can be made available in alternative formats on request.

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Healthy kids, healthy communities

Compassion

Excellence

Collaboration

Accountability

Equity

Respect

Neonatology | Community Health | Mental Health | Perth Children's Hospital

Appendix 1: APNOEA ACTION CARD

APNOEA

(Absence of breathing for ≥ 20 seconds severe when accompanied by cyanosis / bradycardia)

Alert Team: "Baby is having Apnoea's, can you please help me troubleshoot?"



IMMEDIATE ACTION: TACTILE STIMULATION FOLLOWED BY IPPV IF \downarrow SPO₂/HR



Check

- 1 PATIENT – Airway? resp efforts? Color? Secretions?**
- 2 MONITOR – Heart rate, RR, SpO₂, ETCO₂**
- 3 VENTILATOR – Alarms? Blockage in circuit? Gases?**
- 4 TRACHEAL TUBE – Displaced? Blocked?**



- **Tactile stimulation**
- **Clear airway and suction secretions**
- **Head neutral position**
- **Bag ventilation to Mask/ETT if HR <100/SpO₂ <90%**
- **Consider escalation of respiratory support (O₂ / HHF/CPAP / Intubation and Ventilation)if ongoing apneic episodes**



THINK

- Hypothermia : Maintain euthermia
- Sepsis- consider Benzylpenicillin and Gentamicin
- Meningitis – consider acyclovir and cefotaxime
- Seizures – consider phenobarbitone
- PRS - consider prone positioning
- Capillary blood gas sample when stable
- Loading dose of Caffeine



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