



**CLINICAL GUIDELINE**

**Quick Reference Guide for Preterm Neonates**

<b>Scope (Staff):</b>	Nursing and Medical Staff
<b>Scope (Area):</b>	NICU KEMH, NICU PCH, NETS WA

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

**NOTE: Please refer to Clinical Guidelines and Neonatal Medication Monographs for current information and recommendations**


<b>Intervention</b>			
Admission to SCN	< 35 weeks or < 2kg		
Surfactant	~ <25 weeks	Curosurf (porcine) 1 <sup>st</sup> dose 2.5ml/kg 2 <sup>nd</sup> dose 1.25ml/kg (12 hourly)	Curosurf
	~ >28 weeks	Survanta (bovine) 4ml/kg (6 hourly)	Survanta
PIVC Taping	≤27 weeks	<ul style="list-style-type: none"> <li>Povidone-iodine 10% Swab: Leave it on for 1 min then clean with sterile water</li> <li>No tegaderm; no brown tape</li> </ul>	PIVC Insertion and Management
	>27 weeks	Chlorhexidine 1%/Alcohol 70% Swab: Leave it on for 30 sec	
	* Complete documentation of insertion on PIVAS form MR820 *		
<b>Nutrition</b>			
IV Fluids/TPN	<27 weeks	Starter PN Bags 5% Glucose 80-100ml/kg/day	Parenteral Nutrition
	27 – 33+6 weeks	Starter PN Bags 8% dextrose or 7.5% dextrose with 1/5 Normal Saline (depending on	

		weight and likely duration to full feeds) 80ml/kg/day	
	≥34 weeks	10% dextrose 60ml/kg/day (80ml/kg/day, unless hypoglycemia)	Hypoglycaemia
PDHM	<32 weeks or <1500g	<ul style="list-style-type: none"> <li>Consent required prior to administration, refer to LC</li> <li>Cease at &gt;34 weeks CGA</li> </ul>	Pasteurised Donor Human Milk
Calories	Level 1	Do not exceed 170mls/kg/day	Breast Milk Fortification Preterm Formula
	Level 2	Do not exceed 150mls/kg/day	
<b>Investigations</b>			
Septic Screen on Admission		FBC, CRP, Ear Swab and Gastric Aspirate Blood Cultures : <1.5kg 0.5ml >1.5kg 1ml	Blood Tests: Ordering Neonatal Sepsis
ROP screening	<31 weeks or <1250g	First review 4 weeks of age but no earlier than 31wks CGA and no later than 34 weeks CGA <ul style="list-style-type: none"> <li>If transferring, babies must be able to attend OPA at prescribed date. OPA not to be postponed.</li> </ul>	Retinopathy of Prematurity (ROP) Screening, Treatment and Ophthalmology Consultation
Head Ultrasound	<33 weeks or < 1500g	Day 1, 7, 28	Neuroimaging for the Preterm Infant
MRI Brain	<28 weeks	Completed at term (~37 weeks) with parental consent	
ECHO for PDA	Consider < 28 weeks	Within first 24hrs of life or before extubation	
Bone Bloods	< 28 weeks or <1kg	Perform at 4, 8 and 12 weeks of age Alk P Hos, PO4, Ca, Vit D	
Hip Ultrasound	Breech Lie in utero DDH in 1 <sup>st</sup> degree Unstable hip	Hip eReferral for 6 weeks post term Unstable hip(s) should be referred immediately by phone to Orthopaedic clinic at PCH	Developmental Dysplasia of the hips (NICU) Developmental Dysplasia of the hips (Postnatal Wards)
Lung Ultrasound		Consultant will consider use, based on clinical condition	
<b>Medications</b>			
Vitamin K	<1.5kg	0.5mg IM or IV	Vitamin K
	>1.5kg	1mg IM or IV	

Hepatitis B	> 1kg	At birth or in the first 7 days	Hepatitis B Vaccine
	< 1kg or critically unwell	At 2 months	
Nilstat	<ul style="list-style-type: none"> <li>• ≤32 weeks with central line(s)</li> <li>• On TPN</li> <li>• On humidified respiratory support</li> <li>• Tracheostomies</li> <li>• Antibiotics until 48hrs post completion</li> </ul>	<p>Prophylaxis dose - 1ml TDS</p> <p>Treatment: Oral suspension 1mL 6 hourly AND Nystatin cream or ointment topically at each nappy change</p>	Nystatin
Coconut oil	<30 weeks	<ul style="list-style-type: none"> <li>• One sachet BD (in incubator)</li> <li>• One sachet daily (out of incubator)</li> <li>• Until 37 weeks corrected gestational age, or discharge</li> </ul>	Coconut Oil
Probiotics	<34 weeks	<p>1ml daily when on minimal enteral feeds (&lt;50ml/kg/day)</p> <p>1ml BD when on nutritive enteral feeds (&gt;50ml/kg/day)</p> <p>Requires parental consent, cease at 37 weeks CGA</p> <p><u>NBM – withhold</u></p>	Probiotic Supplement
Caffeine	<ul style="list-style-type: none"> <li>• Apnoea of prematurity</li> <li>• Apnoea from respiratory infection</li> <li>• Apnoea from anaesthesia</li> <li>• To aid extubation</li> </ul>	<ul style="list-style-type: none"> <li>• Loading dose: 20 mg/kg (caffeine base)</li> <li>• Maintenance dose: 5 to 7.5 mg/kg/day (caffeine base) commencing at least 24 hours after loading dose</li> <li>• Consider ceasing when &gt;32 weeks CGA, off respiratory support and minimal symptoms</li> <li>• Monitor for 5 days after cessation</li> </ul>	<p>Caffeine</p> <p>Apnoea of Prematurity Monitoring and Observation Frequency</p>
Vitamin D		Refer to Clinical Guideline	Cholecalciferol (Vitamin D3)
Ferrous Sulphate		Refer to Clinical Guideline	Ferrous Sulphate
Immunisations	2 months postnatal age (6- 8 weeks old)	<p>Refer to Immunisation Schedule, obtain consent</p> <ul style="list-style-type: none"> <li>- Additional Nimenrix and Bexero for Aboriginal babies (prescribe paracetamol)</li> </ul> <p>Cardiac Monitoring for 48hrs post immunisations</p>	<p>Immunisations</p> <p>Paracetamol</p>

Documentation			
Problem Sheet		Update Daily	
Baby Check		Conduct Weekly Examinations	
Criteria Led Discharge		Document if baby can be discharged without further medical review i.e. mother crafting	<a href="#">Discharge Process Guideline</a>
Follow - Up			
	< 32 weeks <1500g birth weight Major surgery in the neonatal period Seizures Serious illness	<ul style="list-style-type: none"> <li>• Consider first appointment soon after discharge</li> <li>• At 4 months</li> <li>• At 8 months</li> <li>• At 12 months (corrected age for preterm infants) for detailed developmental assessment</li> </ul>	<a href="#">Follow Up Program</a>
	< 30 weeks	<ul style="list-style-type: none"> <li>• Additional Follow up at 2 years</li> </ul>	
	<28 weeks OR < 1001g	<ul style="list-style-type: none"> <li>• Additional Follow up to 5 years</li> </ul>	

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