

CRASHING NEONATE ALGORITHM

PAT: General Impression

= STABLE
 = RESPIRATORY DISTRESS
 = RESPIRATORY FAILURE
 = SHOCK
 = CNS / METABOLIC
 = CARDIO-PULMONARY FAILURE

- 1) Assess **ABCs** / PAT
- 2) Place on **monitor**, pulse oximeter
- 3) Place on **oxygen**, assist ventilation with bag-valve-mask as needed
- 4) Get **vascular access**: IV or IO or if < 1 week old may try umbilical venous catheter
- 5) Get **bedside glucose, i-Stat** lytes / lactate, POC hemoglobin, venous blood gas

Give **10-20 cc/kg NS bolus** rapidly (hand push) & reassess. Unless worsens w/fluids, cont. boluses 10-20 cc/kg prn to 60 cc/kg

Correct abnormal POC labs:
 Hypoglycemia **D10W 2-3 cc/kg**
 Hyponatremia NS bolus or **3% saline 5 cc/kg**
 Hypocalcemia **calcium gluconate 100 mg/kg**
 Hyperkalemia calcium as above, insulin 0.1 u/kg + dextrose D10W as above, albuterol neb
 Severe anemia **PRBCs 10 cc/kg**

Perform focused rapid **history and PE**
THE MISFITS DIFFERENTIAL DX
 Trauma
 Heart disease
 Endocrine (CAH, thyrotoxicosis)
 Metabolic disorders
 Inborn errors of metabolism
 Sepsis
 Formula mishap
 Intestinal catastrophe (volvulus, NEC)
 Toxins
 Seizures

Resp failure / arrest:
RSI
Fentanyl 1 mcg/kg
Rocuronium 1 mg/kg
 3.5 ETT, 1 blade Miller
 (No etomidate in pediatric sepsis, no ketamine in < 3mo)

R/o sepsis & labs:
CBC, blood cx, chem panel, UA, Utox
Ampicillin 50 mg/kg IV/IM
Cefotaxime 50 mg/kg IV or Gentamicin 4 mg/kg IM
 Consider
Vanco 15 mg/kg IV
Acyclovir 20 mg/kg IV

Cardiac
 Get **EKG, CXR**
 1) HR>220: r/o SVT:
Adenosine 0.1 mg/kg
 2) 1-2 wks of life, poor perfusion + O2 sat low and not increased with oxygen: r/o ductal-dep lesion: **Prostaglandin E1 0.1 mcg/kg/min**
 3) Gallop, hepatomeg, worse w/fluids: r/o CHF
Furosemide 1mg/kg

Surgical
 1) Abd distension, tenderness, bilious vomiting: volvulus, NEC
 Get **KUB**, consult surgeon
 2) Bruises, abd distension, bulging fontanel, dropping Hct: Trauma
FAST, serial Hct, CT, surgeon

Fluid-refractory shock
Epi 0.1 mcg/kg/min +/- Dopa 5-10 mcg/kg/min

Seizure: lip-smacking, blinking
Lorazepam 0.1 mg/kg IV or 0.2 mg/kg IN, Phenobarb 20 mg/kg, empiric Pyridoxine 100mg IV x 1

CAH: ambig genitalia, hypoNa, hyperK, hypoglycemia, low BP->
Hydrocort 25mg IV

Inborn errors: send **NH3, lactate**; NPO, D10
 ½ NS maint fluids