

Supportive care on CPAP

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In this webinar we could learn the supportive care of a newborn on CPAP
Supportive care of a newborn on CPPA includes Ongoing assessment of the newborn, nasal interface and The CPAP machine, ensuring early and aggressive enteral feeding

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- Assessment is ongoing, systematic, thorough and meticulous
- Vitals need to be assessed every 2 to 3 hours and complete assessment of infant, interface and CPAP system should be done every shift or every 4 to 6 hours

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Infant monitoring should include vitals, assessment of all the organ settings. Also one need to assess the adequacy of FiO₂, CPAP and flow in each shift

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Respiratory monitoring should include assessment of respiratory rate, recessions, chest movements, breath sounds and bubble sounds. An objective assessment of Silverman anderson score is also essential atleast twice in each shift.

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Infants in any position need to be properly supported by rolls. Repositioning should be done every 3 to 6 hour. Promote nesting and avoid excess flexion, extension, rotation of the head and neck.

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Airway monitoring includes assessment of secretions in the nose and mouth. Suctioning is recommended only when required. When the secretions are thick moisten the nares with normal saline or sterile water.

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Ensure the prongs are fit snugly into the nares. Watch for symmetry of nose, blanching of the skin and any skin break down. Ensure distance between columella and Nasal prongs

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The cap should cover the ears and fit snugly. Watch for twisting of the nasal interface if any? Blanch the tip of nose and assess for perfusion integrity.

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Watch for color, perfusion, areas of pressure points and areas of skin excoriations.

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Monitoring of the CPAP system includes recording the CPPA Pressure, FiO₂ and flow rate. Bubble chamber should be monitored for bubbling and the level of water..

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Invasive mode, set temperature of 37C on the humidifier, adequate water in the chamber, no condensation in the inspiratory limb and some condensation in the expiratory limb are proof of good and adequate humidification

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Radiological monitoring is required at starting of CPAP and during any acute deterioration.

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All newborns on CPAP should be fed provided there is no obvious contraindication such as NEC or hemodynamic instability. To prevent CPAP belly as shown in the figure ensure insertion of a OG tube immediately of initiating CPAP and keeping the OG tube above the level of stomach and keeping it open.

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Monitoring of the infants, Interface and CPAP system are essential components of Monitoring of a newborn on CPAP

Respiratory monitoring is needed to assess efficacy of CPAP and also for early identification of possible complications

Feeding a newborn on CPAP with Orogastric tube and prevention of CPAP belly improve the overall success of CPAP