

For preterm infants born ≤ 32 weeks or ≤ 1500 grams:

1. If CPAP is chosen as the initial mode of respiratory support use bubble CPAP not ventilator CPAP per our existing CPG.
2. Consider trial off CPAP after one week of stability on bubble CPAP 5, RA with no more than minimal retractions, no tachypnea >70 /min and no more than self-resolving apneic spells that do not exceed 2-3 per 24 hour period. One week between trials off CPAP.
3. Maintain CPAP until able to transition to RA up to 34-36 weeks. If upon transition to RA, infant becomes tachypneic (>80 /min), has desaturations or increasing retractions or spells, instead of giving low flow or high flow oxygen, place back on CPAP. There may be exceptions to this depending on underlying medical condition such as lung hypoplasia or other chronic lung or heart disorders that will require oxygen long term.
4. Aim to start caffeine per our CPG, within 12-48 hours from birth, unless escalating respiratory settings, pressors, sedation or paralysis and consider withholding if actively seizing.

Points of emphasis and teaching points:

1. **MDs/NPs/PAs:** order bubble CPAP and communicate this to the RN and RT
RTs: have two set-ups in admission room, vent and bubble CPAP. If infant does not immediately get intubated remove the vent and keep the bubble CPAP. If infant gets intubated remove bubble CPAP (Depending on workflow, may keep CPAP in the room for up to 24 hours in case the infant is extubated although it will also be acceptable to extubate to vent CPAP and transition to bubble after 24 hours of stability on CPAP).
RNs: Expect bubble CPAP if infant is given a trial of CPAP. Emphasize to parents that the prongs or mask should not be removed for pictures, weight or other reasons to maximize pressure delivery.
2. **MDs/NPs/PAs:** Adhere to guideline or explain reasons for deviation
RNs: Meticulous documentation of apnea/bradycardia/desaturations
RTs: Document when trials off CPAP have happened and in what way the baby failed (tachypnea, retractions, spells, desaturations, etc)
3. **All:** Do not trade oxygen for pressure before 34-36 weeks since these infants would not be offered po feeds anyway and it is possible that the pressure helps their lung growth. Beyond 34 weeks, if infants fail trial off CPAP because of desaturations but do not have increased work of breathing, consider supplemental oxygen which will allow the infants to attempt po feeds per the clinical judgement of the care team.
4. **All:** Asses the need for caffeine every day and aim to start within the first 48 hours if there are no contraindications per the bundle.