

Delivery Room Flow Chart for the Extremely Preterm Infant

	NICU RN	RT	MD/LIP
Pre-Birth	<p>Collaborate with L&D RN to ensure room temperature set at 77°F</p> <p>Timer tones turned ON Wheels of Omnibed locked</p> <p>Monitor, pulse ox, temp probe and EKG leads available and functioning</p> <p>Polyethylene bag with hood open in pre-heated Giraffe Omnibed Chemical mattress available and activated prior to birth</p>	<p>Confirm set up of mask/bag with appropriate flow, FiO₂ and PEEP and target PIP</p> <p>Confirm NeoPuff set up with predetermined pressure settings and/or bubble CPAP set to 6cm H₂O (hold on adding Acetic Acid prior to birth) Set up laryngoscope handle, blade</p> <p>Set up ETT, stylet, tape, Cavilon, ETCO₂ detector</p> <p>Ensure suction and suction catheters available and functioning</p>	<p>Collaborate with NICU RN/RT to ensure appropriate equipment set up as listed</p> <p>Airway provider should be the last person to check the set flow, PEEP and attainable PIP on bag/mask prior to delivery.</p>
Upon Birth	<p>Start timer on Omnibed (RN1) and Voalte phone (RN2)</p> <p>Count aloud for delayed cord clamping</p> <p>Place infant into polyethelene bag, secure hood</p> <p>Apply limb EKG leads first</p> <p>Next, apply oximetry probe to right hand then plug into pulse oximeter</p> <p>Apply temperature probe to right flank</p> <p>Close plastic bag velcro, leaving cord stump out once monitoring equipment placed</p> <p>Palpate or auscultate heart rate until reading on monitor – announce findings</p> <p>Weigh infant in bag x 2, subtract 30 g (for weight of bag) for actual weight</p>	<p>Assist RN in Applying limb leads/Pulse Ox probe on patient</p> <p>Assist intubation for infant < 25 weeks or as needed</p> <p>Obtain Head Circumference if going on Bubble CPAP (this should not delay holding nasal CPAP)</p> <p>Place bubble CPAP for the infant spontaneously breathing (goal by 2 minutes of life)</p> <p>Assess need for supplemental oxygen, PPV and intubation.</p> <p>Assist intubation, taping ETT when in place, confirming ETT placement with ETCO₂, bilateral BS, depth of tube insertion</p> <p>Titrate FiO₂ per NRP saturation goals</p>	<p>Assess infant activity during delayed cord clamping for indications that DCC might need to be curtailed early</p> <p>Assist placement of infant in polyethelene bag and secure hood</p> <p>Assess tone and respiratory effort If < 26 weeks, provide PPV or facial CPAP then intubate</p> <p>If ≥26 weeks, provide immediate CPAP if spontaneously breathing or PPV if not, then assess for establishing respirations versus need for intubation</p> <p>Titrate FiO₂ per NRP saturation goals</p> <p>Assist in measuring weight</p>
To NICU	<p>Team collaborates to move infant from DR to NICU, ideally leaving DR by 15 minutes of life Transition to NeoPuff if intubated or transition bCPAP from wall to tank flow for transport MD sends Voalte message to admitting Neighborhood with patient weight and ETT versus nasal CPAP</p> <p>Cover infant with warm blanket and close Omnibed. Unplug Omnibed from wall. Plug Omnibed into shuttle. Unplug shuttle and release brake on Omnibed. Brief visit to parents prior to leaving DR.</p>		