Late Preterm or Term Infant with Hypoxia & Respiratory Distress

Admit for Evaluation
Place Pre- & Post-Ductal SpO₂ Monitor

Severe Respiratory Distress *
- Intubate
- Provide Mechanical Ventilation
- Check Chest X-Ray & ABG
- Consider surfactant treatment
- Place central venous and arterial access

SPO₂ Gradient >5%
or FiO₂ >0.60
to keep postductal SpO₂ ≥ 95 %

Lung Disease Present:
Start iNO with HFV

Request STAT Echocardiogram

No SPO₂ Gradient
FiO₂ ≤ 0.60 with SpO₂ ≥ 95 %

Lung Disease Absent:
Start iNO with Conventional Ventilation

Routine Respiratory Management & Monitoring

Mild-Moderate Respiratory Distress

Supplemental O₂:
If > 2 Hour Need for O₂,
- Check Chest X-Ray
- Consider ABG or CBG

Monitor & Wean FiO₂ as tolerated

Severe Distress or Moderate Distress with FiO₂ > 0.60 to maintain SpO₂ ≥ 95 %

Improving Trend

* Severe respiratory distress is defined as markedly increased work of breathing accompanied by abnormal chest exam and/or chest x-ray, need for FiO₂ > .60 to maintain SpO₂ ≥ 95%, and/or PₐCO₂ > 55.