La pianificazione prima del parto e la compilazione della cartella clinica in isola neonatale.

Birth prepardness and neonatal file:

How many life can they save?

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Consigliere GdS:Neonatologia e Sviluppo: Cure Essenziali nei paesi a limitate risorse

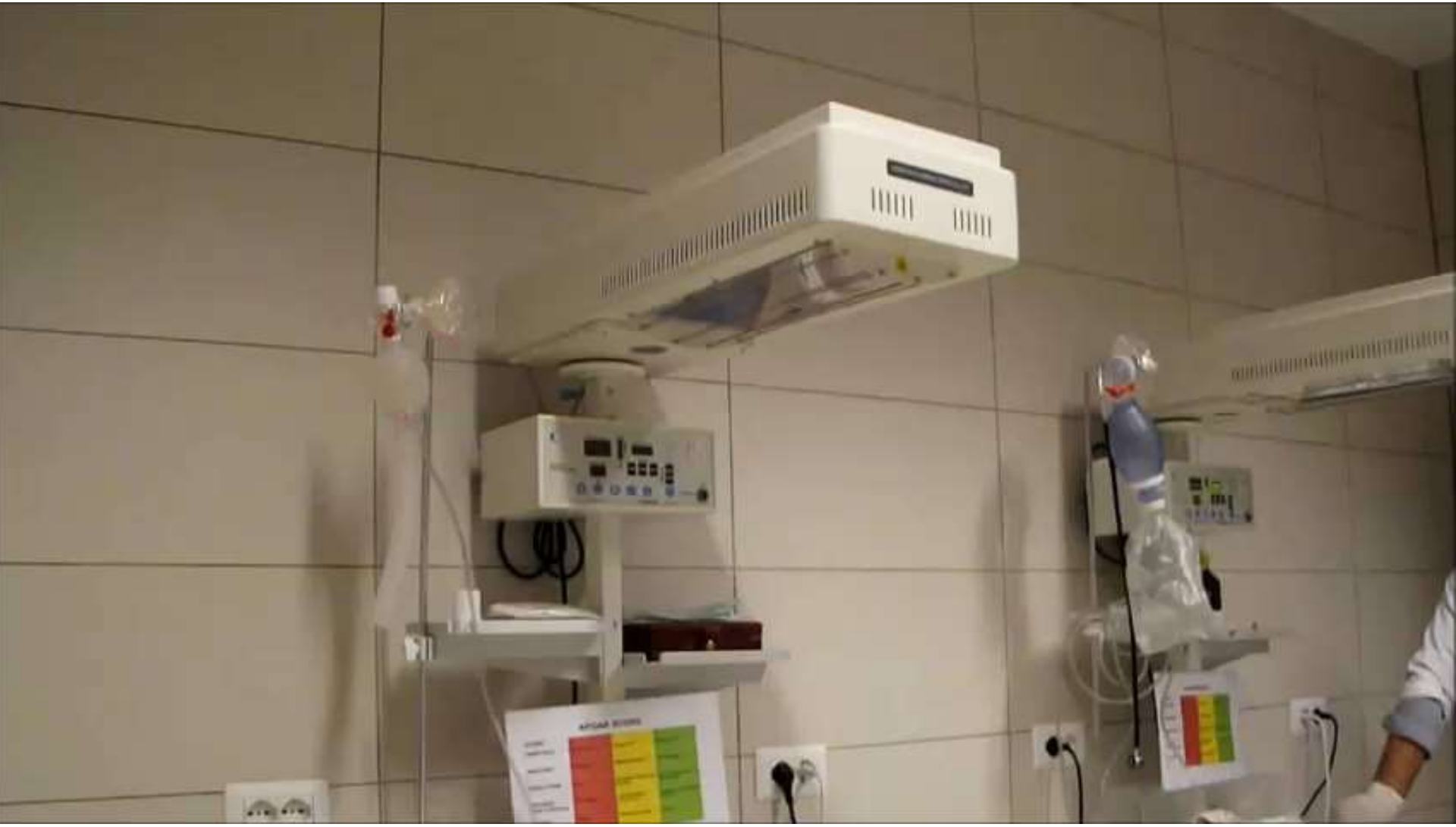
Medical division- EMERGENCY

Wyckoff MH, Aziz K, Escobedo MB, Kapadia VS, Kattwinkel J, Perlman JM, Simon WM, Weiner GM, Zaichkin, JG. Part 13: neonatal resuscitation: 2015 American Heart Association Guidelines Update for Cardiopulmonary **Resuscitation and Emergency Cardiovascular Care. *Circulation.* 2015;132:S543–S560**

Anticipation of Resuscitation Need

- Assessment of perinatal risk.
- Assemble the appropriate personnel based on that risk.
- An organized method for ensuring immediate access to supplies and equipment. CHECK THE EQUIPMENT
- Effective teamwork and communication.
- Every birth should be attended by at least 1 person who can perform the initial steps of newborn resuscitation and PPV.
- This person only responsibility is care of the newborn.
- In the presence of significant perinatal risk factors that increase the likelihood of the need for resuscitation, additional personnel with resuscitation skills, including chest compressions, endotracheal intubation, and umbilical vein catheter insertion, should be immediately available

DID YOU CHECK THE EQUIPMENT?



DID YOU CHECK THE EQUIPMENT?

- Turn on the heater
- Be sure that suction machine is working and proper suction tube is connected (3 sizes).
- Be sure that oxygen is available; turn on oxygen concentrator.
- Be sure that at least 2 towels are present, one to dry the baby, the other ready for the bath.
- Be sure that Adrenaline is present, that ET tubes(without cuff) are ready, one Ambu250 ML + one 500ML with2 masks (for small babies and for normal babies)are near the isolette, the stethoscope is also present and the laryngoscope is working: try laryngoscope, if light weak, change batteries. Always have 2 spare new batteries inside laringo box. Always have small size Magill forceps inside laringo box.
- UVC set in delivery room and OT in case of suspected neonatal acute hypovolemia. (example: abruptio placenta).
- 1 Oxipulsimeter must be present in neonatal corners.
- Specific material should be already prepared, BUT NOT OPENED.

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UNKNOWN RISK FACTORS:

a newborn without risk factors may unexpectedly require resuscitation.

each institution should have a procedure in place for rapidly mobilizing a team

with complete newborn resuscitation skills for any birth.

The neonatal resuscitation team is at a major disadvantage if supplies are missing or equipment is not functioning.

A standardized checklist to ensure that all necessary supplies and equipment are present and functioning may be helpful.

STANDARDIZED CHECKLIST: IS IT PRESENT AND FUNCTIONING?

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KNOWN RISK FACTORS:

When perinatal risk factors are identified, a team should be mobilized and a team leader identified.

- As time permits, the leader should conduct a preresuscitation briefing,
- Identify interventions that may be required, and assign roles and responsibilities to the team members.
- Prepare (do not open) the specific equipment
- During resuscitation, demonstrates effective communication and teamwork skills.

WHO IS THE FIRST OPERATOR?

FATTORI ASSOCIATI A RISCHIO DI RIANIMAZIONE NEONATALE

Fattori antepartum

- Diabete materno
- Ipertensione gravidica
- Ipertensione cronica
- Anemia o isoimmunizzazione fetale
- Precedente morte fetale o neonatale
- Emorragia durante il secondo o terzo trimestre
- Infezione materna
- Malattie cardiache, renali, polmonari, tiroidee o neurologiche a carico della madre
- Polidramnios
- Oligoidramnios
- Rottura prematura delle membrane
- Idrope fetale
- Gestazione oltre il termine
- Gestazione multipla
- Discrepanza tra dimensione del feto ed età gestazionale calcolata
- Terapia farmacologica, come
  - Magnesio
  - Farmaci antiadrenergici
- Tossicodipendenza materna
- Malformazioni o anomalie fetali
- Diminuzione dell'attività fetale
- Assenza di assistenza prenatale
- Età <16 o >35 anni

Fattori intrapartum

- Taglio cesareo d'emergenza
- Parto con forcipe o ventosa
- Presentazione podalica o altra presentazione anomala
- Travaglio prematuro
- Travaglio precipitoso
- Corioamnionite
- Rottura prolungata delle membrane (>18 ore prima del parto)
- Travaglio prolungato (>24 ore)
- Secondo stadio del travaglio prolungato (>2 ore)
- Macrosomia
- Bradicardia fetale persistente
- Tracciato della frequenza cardiaca fetale preoccupante
- Impiego di anestesia generale
- Iperstimolazione uterina
- Narcotici somministrati alla madre entro 4 ore dal parto
- Liquido amniotico tinto di meconio
- Prolasso del cordone ombelicale
- Abruptio placentae
- Placenta previa
- Sanguinamento intrapartum significativo

Special prepardness:
- meconium
-abruptio placenta (suspected hypovolemia)
-phoetal hydrops

Cortesia dr Ciralli

SAME MUST BE FOR CESAREAN SECTION

NEONATAL FILE AND NEONATAL REGISTER IN RESUSCITATION ROOM

ADM. DATE			ADM. TIME		FILE N°			
MOTHER'S NAME & FILE N°					DELIVERY DATE		DELIVERY TIME	
COMING FROM					PHONE NUMBER			
GESTATIONAL AGE					BIRTH WEIGHT			
DELIVERY TYPE	C/S	VENTOUSE	NORMAL	BREECH	OTHER			
APGAR 1'		APGAR 5'		APGAR 10'		APGAR 15'		
GENDER	M	F	TETRACYCLINE	YES	NO	VITAMIN K	YES	NO
RESUSCITATION		STEPS TAKEN						
YES	NO							
MALFORMATION								
MATERNAL PARITY					BABIES ALIVE			
MATERNAL BLOOD GROUP					BABY BLOOD GROUP		HB AT ADMISSION	
PROM: HOW MANY HOURS					PROM: Number of antibiotic doses to mother			
Last dose LESS than 6 HOURS from birth	Y / N				Mother received 5 doses	YES	NO	
MECONIUM: A/S 9-10 + NO R/D + NO other risk factors					YES - observation	NO - treatment		
REASONS FOR ADMISSION					OTHER DIAGNOSIS DURING HOSPITAL STAY			
DISCHARGE DATE								
DISCHARGE AGAINST MEDICAL ADVICE DATE								
TRANSFER TO								
TRANSFER DATE								
DEATH DATE								


MAIN
NURSERY