

turn to the back and flick the heels of the feet. If there is still no response, immediately begin cardiopulmonary resuscitation (CPR) starting with chest compressions. After approximately 2 minutes of CPR, activate the emergency medical service—“Call 911” and then resume CPR until emergency responders arrive or the infant starts breathing. Never vigorously shake the child. No more than 10 to 15 seconds is spent on stimulation before implementing CPR.

Caregivers need detailed information regarding proper attachment of the electrodes to the infant's chest with impedance monitors that detect chest movement. The electrodes are placed in the midaxillary line at a space one or two fingerbreadths below the nipple. For home use, electrodes attached to a belt that is placed around the child's trunk are preferred (Fig. 10-5). The belt is positioned so that the electrodes contact the skin in the same area. Monitors may have memory chips that allow for event recording, which can be an effective tool in evaluating the use of the monitor, events immediately before and after the ALTE, and reported frequency of alarms.

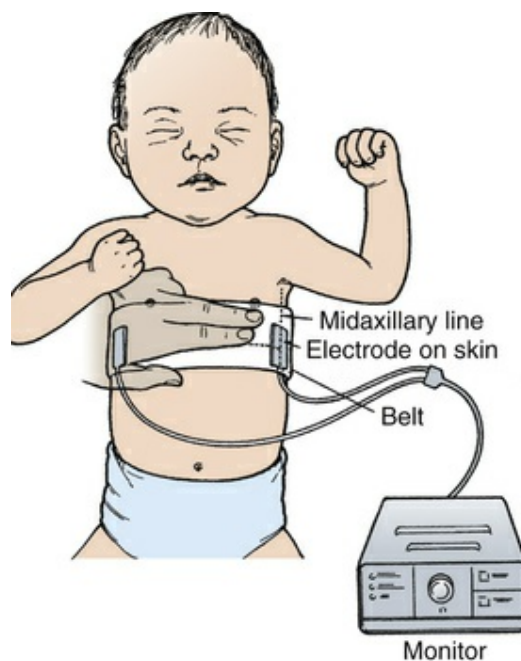


FIG 10-5 Placement of electrodes or belt for apnea monitoring. In small infants, one fingerbreadth may be used.