

		<p>Monitor for respiratory distress; manage with supplemental oxygen. Prevent acidosis and hypoxemia. May use exogenous surfactant, INO, or ECMO.</p>	
<b>Apnea of Prematurity</b>			
<p>Lapse of spontaneous breathing for <math>\geq 20</math> seconds, which may or may not be followed by bradycardia, oxygen desaturation, and color change</p>	<p>Persistent apneic spells</p>	<p>Observe for apnea. Check for thermal stability and metabolic problem such as hypoglycemia. Administer caffeine as prescribed. Administer nasal CPAP.</p>	<p>Provide continuous electronic monitoring (respiratory and heart rates). Observe for presence of respirations. Observe color. Provide gentle tactile stimulation. Suction nose and oropharynx if still apneic. Apply positive pressure ventilation with bag-valve-mask using the minimum of pressure needed to gently lift rib cage. Assess for and manage any precipitating factors (e.g., temperature instability, abdominal distention, ambient oxygen). Observe for signs of caffeine toxicity: tachycardia (rate <math>\geq 180</math> beats/min) and (later) vomiting, restlessness, irritability.</p>