



# **DEDER GENERAL HOSPITAL**

## ***NEONATAL INTENSIVE CARE UNIT (NICU)***

### **Perinatal Asphyxia Management STG Utilization Monitoring Report**

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## TABLE OF CONTENTS

<b>PURPOSE .....</b>	<b>1</b>
<b>INTRODUCTION.....</b>	<b>2</b>
<b>AIM .....</b>	<b>2</b>
<b>Objective .....</b>	<b>2</b>
<b>Methodology .....</b>	<b>2</b>
<b>RESULT .....</b>	<b>4</b>
<b>DISCUSSION.....</b>	<b>6</b>
<b>RECOMMENDATIONS.....</b>	<b>7</b>
<b>PERFORMANCE IMPROVEMENT PLAN .....</b>	<b>7</b>
Table 1: CRITEREA AND STANDARDS .....	3
Table 2: PNA management Compliance, May 2017E.C .....	5

## **PURPOSE**

Since EBC was launched in 2014 it was mentioned that monitoring Utilization to STG was necessitated as mentioned in EBC document to make sure that clients was treated as per the protocol and there is uniformity of the care provided for the all clients. Deder General Hospital has also followed this and conducting the Monitoring of STG adherence.

## INTRODUCTION

Perinatal asphyxia (PNA) is a major cause of neonatal morbidity and mortality. Effective management, including prompt diagnosis, resuscitation, and post-resuscitation care, is essential to minimize complications and improve survival. This report evaluates compliance with PNA management protocols at the **Deder General hospital** to identify strengths and areas requiring improvement.

### AIM

- To ensure that DGH NICU teams have working knowledge and Utilization to Neonatal Treatment Guideline.

### Objective

- To assess compliance with PNA management protocols
- To identify areas requiring quality improvement
- To enhance patient outcomes and adherence to standards of care.

### Methodology

- **Data Collection:** Retrospective review of 6 medical records (MRNs) of neonates diagnosed with PNA during the period of **May 1-30, 2017**.
- **Criteria Assessed:** Compliance with 10 key indicators for PNA management, including resuscitation, oxygen therapy, and caregiver counselling.
- **Analysis:** Compliance rates were calculated for each indicator to identify gaps in adherence.

*Table 1: CRITEREA AND STANDARDS*

S.No	Standards
1.	Diagnosis (Apgar $\leq 6$ , poor cry, or no respiratory effort).
2.	Resuscitation initiated promptly (airway, breathing, circulation).
3.	Oxygen therapy administered as per protocol.
4.	Hypoglycaemia prevention and treatment performed.
5.	Therapeutic hypothermia applied when criteria met.
6.	Seizure management conducted per STG (anti-seizure drugs given).
7.	Electrolytes monitored and corrected as indicated.
8.	Neurological status assessment documented.
9.	Infection prevention measures implemented.
10.	Discharge plan and caregiver counselling conducted.

## RESULT

The performance assessment for Perinatal Asphyxia (PNA) management in May 2017 E.C. demonstrated **100% compliance** across all 10 evaluated standards, achieving a flawless overall compliance rate (30/30). Key areas such as prompt resuscitation initiation (airway, breathing, circulation), oxygen therapy administration, hypoglycemia prevention, therapeutic hypothermia application, and seizure management aligned perfectly with protocol requirements. Neurological assessments, electrolyte monitoring, and infection prevention measures were consistently documented and implemented. Additionally, discharge planning and caregiver counseling were uniformly conducted, ensuring continuity of care post-discharge. These results reflect exemplary adherence to clinical guidelines, with no non-compliant cases reported in any category (**Table 2**).

The universal compliance underscores the facility's commitment to systematic, evidence-based neonatal care. Critical interventions—such as timely resuscitation, protocol-driven oxygen therapy, and seizure management—were executed without deviation, minimizing risks of complications. The strict adherence to infection prevention and thorough neurological evaluations further highlights a robust focus on patient safety and long-term outcomes. The 100% compliance rate not only signifies operational excellence but also sets a benchmark for maintaining high standards in managing perinatal asphyxia, ensuring neonates receive optimal, guideline-aligned care at every stage of treatment (**Table 2**).

*Table 2: PNA management Compliance, May 2017E.C*

S/N	Standards	Compliant (YES)	Non-Compliant (NO)	Percentage (%)
1.	Diagnosis (Apgar $\leq 6$ , poor cry, or no respiratory effort).	6	0	100
2.	Resuscitation initiated promptly (airway, breathing, circulation).	6	0	100
3.	Oxygen therapy administered as per protocol.	6	0	100
4.	Hypoglycemia prevention and treatment performed.	6	0	100
5.	Therapeutic hypothermia applied when criteria met.	6	0	100
6.	Seizure management conducted per STG (anti-seizure drugs given).	6	0	100
7.	Electrolytes monitored and corrected as indicated.	6	0	100
8.	Neurological status assessment	6	0	100
9.	Infection prevention measures	6	0	100
10.	Discharge plan and caregiver counselling conducted.	6	0	100
	<b>Overall Compliance Rate</b>	60/60	0/60	<b>100%</b>

## DISCUSSION

The evaluation of Perinatal Asphyxia (PNA) management compliance in May 2017 E.C. revealed **100% adherence** across all 10 standards, reflecting exemplary adherence to clinical guidelines. Key interventions—such as prompt resuscitation (airway, breathing, circulation), protocol-driven oxygen therapy, hypoglycemia prevention, and therapeutic hypothermia—were uniformly executed, ensuring timely and effective care for neonates. The consistent documentation of neurological assessments, electrolyte monitoring, and infection prevention measures further underscores the facility's commitment to patient safety and comprehensive care. Additionally, thorough discharge planning and caregiver counseling highlight a holistic approach, addressing both acute management and post-discharge continuity. These results demonstrate that the facility has successfully operationalized evidence-based protocols, minimizing risks of complications such as hypoxic-ischemic encephalopathy or sepsis.

Several factors likely contributed to this flawless compliance. Rigorous staff training, resource availability, and structured workflows may have ensured adherence. The absence of non-compliant cases also suggests a strong institutional culture prioritizing guideline adherence and accountability. However, the small sample size (6 cases) limits generalizability, as results may not reflect performance under higher patient volumes or more complex scenarios. Additionally, reliance on documentation accuracy raises questions about potential undetected deviations in practice. To sustain this high standard, continuous initiatives such as regular training updates, expanded audits, and integration of feedback mechanisms are recommended. Future assessments should include larger cohorts to validate consistency and resilience of compliance in diverse clinical situations. Overall, these outcomes set a benchmark for neonatal care excellence, emphasizing the importance of systematic protocols and multidisciplinary collaboration in managing perinatal asphyxia.



## **RECOMMENDATIONS**

- ✍ SUSTAIN HIGH PERFORMANCE THROUGH ROUTINE M&E

## **PERFORMANCE IMPROVEMENT PLAN**

- ✍ NO MAJOR GAP SEEN

## REFERENCES

1. World Health Organization (WHO). (2023). Standards for Improving the Quality of Care for Small and Sick Newborns in Health Facilities. Geneva, Switzerland.
2. Ethiopian Ministry of Health. (2022). National Neonatal Care Guidelines. Addis Ababa, Ethiopia.
3. UNICEF. (2023). Guidelines for Strengthening Documentation and Monitoring in Neonatal Care Units.
4. Institute for Healthcare Improvement (IHI). (2021). Team-Based Care for Newborn Survival: Best Practices and Approaches.

Guyyaa/የ?/Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

👉 **Garee tajaajila NICU irraa**

👉 **Garee Qulquullina Tajaajila Fayyaatiif**

**Dhimmi: waa'ee Gabaasa STG protocol mon erguu ilaala**

Akkuma mata Dureerrattii ibsamuuf yaalameettii **STG protocol mon “PNA”** Jedhamu kan **ji'a 9ffaa** bara **2017** xalayaa **Fuula 11** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

**Nagaya wajjiin!!**