Neonatal Respiratory Disorders

TTN cont.	
Symptoms and Diagnostics	• Tachypnea, respiratory distress, mild hypoxia • CXR: Prominent vasculature, fluid in fissures.
Management	• Usually improves in 4-6 hours. • Question diagnosis if O2 needs increase or symptoms greater than 24 hours.

Abbreviations:
- BPD/CLD: bronchopulmonary dysplasia/chronic lung disease
- PPHN: persistent pulmonary hypertension of the newborn
- RDS/HML: respiratory distress; Syndrome/hyaline membrane disease
- PVR: pulmonary vascular resistance
- TTN: transient tachypnea of the newborn.

Neonatal Cardiology

***Refer to Cardiology chapter for full discussion of congenital heart disease, including cyanotic heart lesions and use of prostaglandins.

Blood Pressure Range for Premature Infants

- Very controversial topic since there is no good normative data in the literature.
- Rough rule of thumb:
  - In the first 1-2 days of life goal MAP≈GA (i.e. 24 wk infant goal MAP≈24 mm Hg)
    - Some evidence that goal MAP should be≈30 mm Hg even for ELBW
  - After the first few days of life, goal MAP≈GA+5
  - Closely monitor urine output, pulses, and perfusion. Monitor trends in BUN/creatinine
- For infants with PPHN, goal MAP should be based on pulmonary blood flow and urine output. (i.e. sometimes 45-50 mm Hg)

Patent Ductus Arteriosus (PDA)

Etiology	• Failure of ductal tissue to close in the premature infant • Affects ~ 60% of infants <28 weeks
Signs and Symptoms	• Continuous machinery-like murmur • Hypotension, widened pulse pressure, palmar/axillary pulses, hyperactive precordium • Metabolic acidosis • Worsening oxygenation and ventilation, pulmonary edema due to over circulation
Diagnosis	Echocardiogram
Management	• Symptomatic Support (i.e. pressors, ventilator management) • Medical Therapy (Indomethacin or Ibuprofen or Tylenol): contraindicated if large IVH, severe oliguria, NEC • Surgical Ligation • Wait and See