

## STANDARD TREATMENT WORKFLOW (STW)

# Neonatal Emergency Triage Assessment and Management

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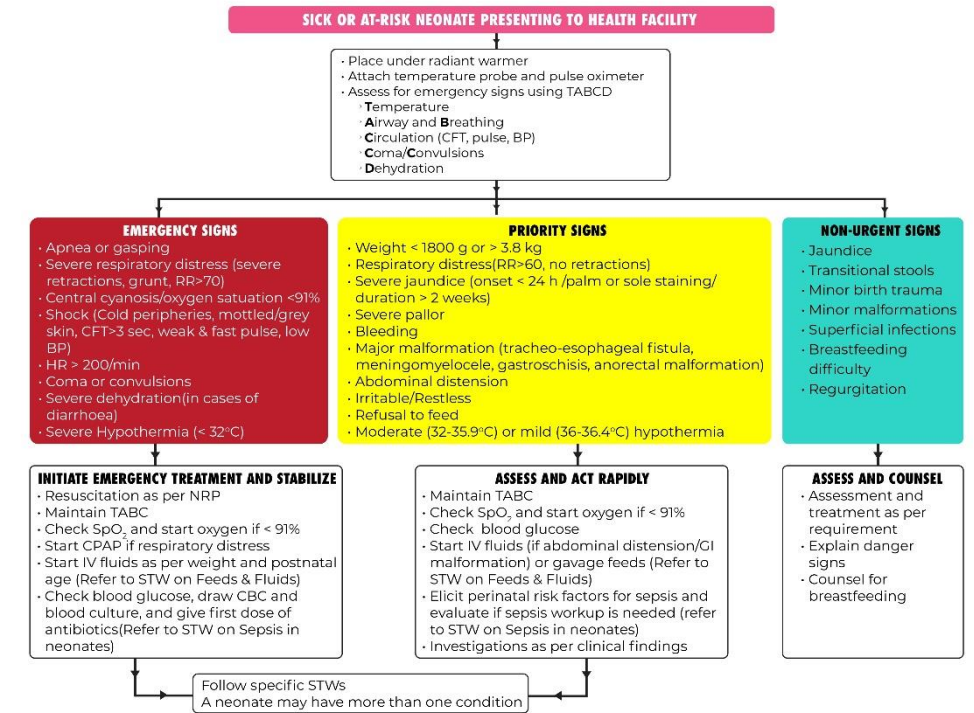
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## Standard Treatment Workflow (STW) NEONATAL EMERGENCY TRIAGE ASSESSMENT AND MANAGEMENT



### SPECIFIC MANAGEMENT WORKFLOWS

<b>SHOCK</b>	<ul style="list-style-type: none"> <li>Provide warmth</li> <li>IV NS 10mL/kg bolus over 30-60 min</li> <li>May repeat bolus if evidence of volume deficit</li> <li>Consider inotropes</li> </ul>
<b>HR &gt; 200 /MIN</b>	<ul style="list-style-type: none"> <li>Urgent ECG-look for p waves</li> <li>If SVT, consider ice-pack and IV adenosine</li> <li>Check for and correct hyperthermia if present</li> </ul>
<b>SEVERE DEHYDRATION (Diarrhoea plus any two of lethargy, very slow skin pinch and sunken eyes)</b>	<ul style="list-style-type: none"> <li>Provide warmth</li> <li>IV 30 mL/kg of RL or NS in 1 hour followed by 70 mL/kg in next 5 hours (WHO plan C)</li> <li>If IV not possible, give ORS at 20 mL/kg/h for 6 hours</li> <li>Assess 1-2 hourly and titrate the volume of fluids</li> </ul>
<b>HYPOTHERMIA (Refer to STW on thermal care of newborn)</b>	<ul style="list-style-type: none"> <li>Mild (36-36.4°C): Warm environment, skin-to-skin contact, breastfeeding</li> <li>Moderate (32-35.9°C): Place under servo-controlled warmer; skin-to-skin contact till arranged</li> <li>Severe (&lt; 32°C): As for moderate hypothermia plus IV fluids and inj. vitamin K</li> </ul>
<b>HYPOLYCEMIA (Refer to STW on neonatal hypoglycemia)</b>	<ul style="list-style-type: none"> <li>Blood glucose &lt; 45mg/dL and asymptomatic : supervised breastfeeding or EBM</li> <li>Blood glucose &lt; 20 mg/dL OR symptomatic : 2mL/kg 10% dextrose IV followed by infusion @ 6mg/kg/min</li> </ul>
<b>JAUNDICE (Refer to STW on neonatal jaundice)</b>	<ul style="list-style-type: none"> <li>Serious jaundice (onset at &lt; 24 h of age, palm or sole staining, or signs of acute bilirubin encephalopathy): Intensive phototherapy, consider IV fluids if suspicion of dehydration, prepare for exchange blood transfusion</li> </ul>
<b>SEIZURES (Refer to STW on neonatal seizures)</b>	<ul style="list-style-type: none"> <li>Maintain TABC</li> <li>Check blood glucose by glucometer: If &lt; 45 mg/dL, 2mL/kg 10% dextrose IV followed by infusion @ 6mg/kg/min</li> <li>If not controlled, 2 mL/kg 10% calcium gluconate IV, diluted 1:1 with D5, D10 or DW, over 10 min under cardiac monitoring</li> <li>If not controlled, inj. Phenobarbitone 20 mg/kg IV over 15 mins. If seizures persist after 15 min. consider another bolus of 10mg/kg phenobarbitone over 10 min</li> </ul>
<b>SURGICAL</b>	<ul style="list-style-type: none"> <li>Cover any skin defects with warm saline sterile gauze</li> <li>Maintain hydration</li> <li>Consult surgeon</li> </ul>
<b>BREASTFEEDING DIFFICULTY</b>	<ul style="list-style-type: none"> <li>Observe and look for proper positioning and attachment of baby during breastfeeding</li> <li>Counsel mother</li> </ul>

### ABBREVIATIONS

<b>CFT:</b> Capillary filling time	<b>NRP:</b> Neonatal resuscitation protocol	<b>SVT:</b> Supraventricular tachycardia
<b>CPAP:</b> Continuous positive airway pressure	<b>NS:</b> Normal saline	<b>STW:</b> Standard treatment workflow
<b>ECG:</b> Electrocardiogram	<b>RL:</b> Ringer lactate	<b>TABC:</b> Temperature, airway, breathing, circulation
<b>EBM:</b> Expressed breastmilk	<b>SpO<sub>2</sub>:</b> Pulse oxygen saturation	

### REFERENCE

1. Guideline for Paediatric emergency triage, assessment and treatment. World Health Organization 2016. Available at <https://apps.who.int>

**IDENTIFICATION AND PROMPT TREATMENT OF EMERGENCY AND PRIORITY SIGNS IS THE KEY TO PREVENT MORTALITY**

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit the website of DHR for more information. ([stw.icmr.org.in](http://stw.icmr.org.in)) for more information.

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