Apnoea of Prematurity

All infants < 33 weeks should be monitored for apnoea

**Prevention**

Optimise temperature control
Maintain a neutral head and neck position
Maintain nasal patency

In the intubated infant start caffeine in the 24 hours before expected extubation

Loading dose: 20mg/kg **caffeine citrate** (equiv to 10mg/kg caffeine base)

Maintenance: 5mg/kg **caffeine citrate** (equiv to 2.5mg/kg caffeine base)

Hold dose if heart rate >180bpm

Consider prophylactic caffeine in all infants <1250g

**Acute Management**

Airway: position the head and neck in the neutral position
Suction the mouth and nostrils if necessary
Tactile stimulation: Gently rub the soles of feet or chest wall

If no improvement after 30 seconds of the above measures administer intermittent positive pressure ventilation by neopuff or bag mask ventilation in room air

**Ongoing Management**

Administer caffeine to infants with a diagnosis of apnoea of prematurity

Non invasive ventilatory support as necessary. Mechanical ventilation is rarely indicated, but should be considered if 2 episodes severe enough to require PPV

**Discontinuation of caffeine**

Discontinue at 33 weeks, if not clinically indicated, or if there is no apnoea for 7 days. Should remain on apnoea monitor until 5 days off caffeine.
References:


This care pathway has been produced by the National Paediatric and Neonatology Clinical Programme. It is aimed at medical, nursing and allied health professionals working in Irish neonatal units.

This algorithm has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach.

Clinical material offered in this algorithm does not replace or remove clinical judgement or the professional care and duty necessary for each specific patient case.