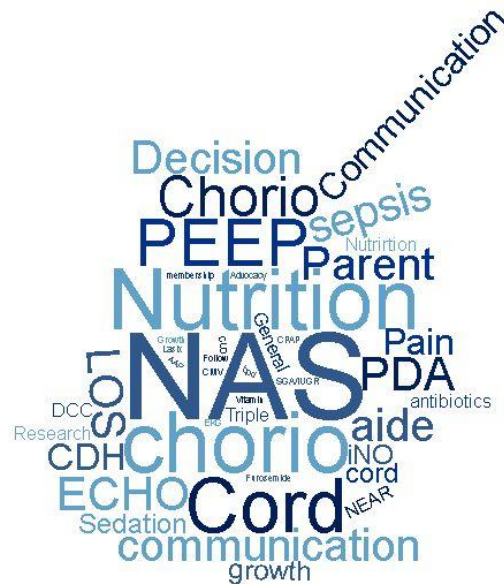


Hot Topics in Neonatology® 2017 inspired attendees to make over 300 individual changes to their practice! The change themes ranged from intubation to parent communication.



Below are all of the changes organized by theme.

Intubation

- Use of video laryngoscopy to teach residents how to intubate
- Continue to intubate my myself extreme premature in the first 3 days of live
- Premedication for intubation (20 statements)
- Premedication with elective intubation
- Teaching of intubation
- Success rate in intubations
- Standardize premedication for intubation
- Changing my intubation practice

- Standardizing premedications for intubation
- Audit intubation practice incl. a review of premeditation for painful procedures incl. intubation
- Drugs for intubation
- Creating intubation log
- Analysis of intubation
- Use of video fluoroscopy in teaching intubation
- Consistent use of pre medication
- Using more premedication prior to intubation (3 statements)
- Intubation bundle
- Teaching intubation
- Oral intubation
- Consider the neonatal intubation bundle as suggested
- Weaning from NCPAP and not waiting if infant ready
- Using paralytics more consistently for intubation premedication
- Develop unit protocol for premedication prior to intubation
- Video intubation
- Video laryngoscopes to teach intubation
- Intubation med bundle
- Increase NICU use of sedation for intubation by implementing a protocol for premedication
- Time of decision to intubation
- Videolaryngoscopy (2 statements)
- Video intubation for training
- Increasing use of premedication for intubation
- Intubation with videolaryngoscopy
- Video laryngoscopy for teaching intubation (2 statements)
- Re-evaluate use of video laryngoscope
- Teaching using video laryngoscopy
- Introducing videolaryngoscopy for staff training
- Using more cmac for intubation with pediatrics trainees

- Implementing premedication policy
- Premedication for elective intubation.
- Using video laryngoscopy in practice
- Videolaryngoscopy for teaching and training
- Intramural track of intubation
- Intubation
- More routine use of paralysis with sedation prior to intubation
- Considering using paralytic for intubation
- More premeditation for Intubation
- Always premedicate prior to intubation
- Video laryngoscopy as a teaching tool for new learner intubation
- Change in premed for intubation
- Increase video for training procedures, incl. intubation
- Intubation practice
- Videolaryngoscopy (4 statements)
- Approach to intubation and ventilation
- Assessing whether video laryngoscopy would be a good fit for our unit
- Increase use of premedication
- Premedication prior to Intubation
- Use of analgesics more readily in elective intubation
- Working with the video direct laryngoscopy
- Try to use video laryngoscope
- Try to obtain videolaryngoscopy for transport nurse training
- Analgesia before ET intubation
- Premeditation for intubation
- Use for intubation (2 statements)
- Use videolaryngoscopy
- Elective intubations
- Video intubation

- Be more judicious in using pre-medication for neonatal intubations
- Revisiting premedication for intubations in our unit
- Premedication of all non-emergency intubations
- Teach intubation with video laryngoscope
- Consider video laryngoscopy

BPD

- Pulmonary hypertension checking in BPD outpatients
- Change in respiratory assist for BPD
- Standardize our approach to screening for pulmonary hypertension in BPD
- Develop a guideline for management of pulmonary hypertension in premature infants and those with BPD.
- More routine echocardiograms for babies at risk for bpd
- Always check echo on BPD patients
- Echocardiogram in BPD patients (2 statements)
- BPD in preterm infants
- BPD /HT approach
- Discussing optimal timing of echo for PHTN in infants with BPD with our pulm HTN service
- Not following BNP for infants with BPD and PHTN
- Pulm vein stenosis in ph in bpd
- Looking for pulm HTN associated with BPD
- BPD management
- Bpd treatment
- PH surveillance protocol for BPD patients
- Pulmonary hypertension in bpd
- Echocardiograms in infants with mild BPD

Chorio

- Change our approach to the chorio exposed neonate
- To treat chorio-baby
- Approach to early onset sepsis for query chorio

- No Abx in sterile chorio
- Try to change our practice with babies born to moms with chorio, decrease antibiotic use
- Manage well infant born to maternal chorio differently
- Decrease antibiotic usage in infants whose mothers diagnosed with maternal chorio
- Change in management of infants with “chorio”
- Chorio management
- Chorioamnionitis
- Review current protocol regarding treatment of newborns whose mothers have been diagnosed with chorioamnionitis antnatally
- Less treatment of chorioamnionitis
- Possible in chorioamnionitis
- Chorioamnionitis approach
- No antibiotics to asymptomatic baby from chorioamnionitis

Cord

- Educate Obstetric team reg. delaying cord clamping
- Cord clamping
- Delayed cord clamping
- Protocoling delayed cord clamping for extremely low gestational age infants
- Cord clamping where appropriate
- Delayed cord clamping
- Encourage delayed cord clamping of up to 60 seconds in all deliveries I attend
- Discuss cord clamping for preterm infants with our OB colleagues.
- No tardive clamping
- Implement Delayed UCC
- More delayed cord clamping

Sepsis

- Use of sepsis calculator (11 statements)
- EOS sepsis calculator
- Antibiotic stewardship with the sepsis calculator.

- Shift to sepsis calculator
- Review early sepsis definition
- Sepsis protocol
- Altering management for well newborns with sepsis risk factors
- Increase use of sepsis calculator
- Use of Kaiser sepsis calculator
- Sepsis workup at what times
- Consider shortening our 48 hr. rule-out sepsis to 36 hr.
- More reliable use of sepsis calculator
- Revise our policy regarding sepsis evaluation to include new calculator.
- Using the sepsis calculator
- Use of sepsis calculator as adjunct to clinical judgment
- Management of infants at risk for sepsis
- Auditing sepsis score use
- Revise early onset sepsis guidelines at our hospital
- Evaluation/treatment of sepsis

BPD

- Considering pulmonary hypertension in preterm infants
- Pulmonary hypertension follow-up
- Expand drug use for pulmonary htn
- Management of BPD and pulm hypertension
- Emphasizing screening criteria for BPD associated PH
- Screen appropriately for pulmonary hypertension in CLD infants

Antibiotics

- Antibiotic stewardship (4 statements)
- New protocol for EOS and antibiotic stewardship
- Considering less antibiotics treatment in preterm to avoid changes in microbiota
- Decreased antibiotic use
- Abx use

- Delay starting antibiotics on healthy appearing term babies
- Decrease antibiotic usage ; antibiotic stewardship
- Monitor term babies born to moms with chorio without starting antibiotics
- Treatment of Neonatal infection
- Change in treatment of infection
- Criteria for neonatal antibiotics administration
- More restrictive use of antibiotics
- Continued decreased antibiotic use
- To reduce the use of empiric antibiotics in well preterm infants
- Neonatal antibiotics
- Decrease antibiotic use in newborns
- Consider dc antibiotics at 36 not 48 hrs.

NAS

- Consideration of alternative treatments for NAS
- Buprenorphine in NAS
- Protocols changes for NAS treatment prior to starting meds
- Use buprenorphine in NAS
- Management of infants with neonatal abstinence syndrome
- Using different score for NAS
- Shift to new NAS management
- Considering methadone for NAS
- Change NAS assessments to ESC
- Withdrawal score
- Considering alternative approaches to NAS
- Looking at using ESC tool for NAS
- Protocol for NAS
- Nutrition
- Early pumping for breastmilk
- human milk feeding advances

- Feeding protocol (2 statements)
- Cleaning baby's mouth with colostrum
- Looking into research around feed in girls vs boys
- Encouraging all exclusive breast milk diet in preterm infant
- Feeding strategies
- Feeding premies
- Providing breast milk with swab in the buccal mucosa early in Elbgans

CDH

- Use of HFO in CDH patient
- Less use HFO in management of CDH (2 statements)
- CDH management
- Watch for pulmonary vein stenosis in CLD

CP

- To better Dx CP
- Decrease age at first CP diagnosis and family discussion in our follow-up program

Communication

- Improve communication with OB service
- Prenatal consult cards
- Communication more with OB to define absence or presence of intraamniotic infection to guide treatment of neonate
- Use dashboards with my team

DCC

- DCC in preterms
- Applying DCC for 1 minute

Decision Aids

- Decision Aid for Antenatal Counseling
- Use of decision aids for counseling parents facing extreme prematurity (3 statements)
- Implement Dash Board for QI

ECHO

- Obtaining ECHO in infants still requiring O2 beyond
- Obtain echocardiogram to look for PH in O2 dependent children
- More echocardiogram in BPD patients.
- Consider a screen echo at 36 wks. pma
- Doing ECHO in BPD patients

Growth

- Use neonatal growth chart
- Follow growth weekly for all preterm babies
- Considering using INTERGROWTH 21 charts

CPAP

- Using less CPAP til 32 we just for lung growth
- More judiciously using CPAP as a mode of ventilation

iNO

- Early iNO
- Use of inhaled NO practice
- Use of iNO in CDH patient

Length of stay

- Decrease los
- Earlier discharge (2 statements)
- Examination of length of stay and drivers
- Strategies to decrease length of stay
- NEAR
- Enrolling in NEAR 4 neos
- Continued participation in NEAR4Neos

QI

- Performance Improvement (QI)
- Implement Dash Board for QI
- Quality project
- Quality improvement

PEEP

- Using PEEP more liberally
- Considering dynamic PEEP
- Apply the principle of dynamic PEEP in my ventilated patients
- Use of dynamic peep
- Dynamic peep administration
- optimize peep
- Peep manipulation

Research

- Join the international research collaboration with Dr Tarnow-Modi
- Consider participation in mega trials

Sedation

- Suppression of ketamine for sedation
- Evaluate the post surgery sedation/analgesia in neonates
- Alteration in choices of premeds for sedation

Parent communication

- Educating families about the incidence of wheezing in older preterm infants for several years
- Including parents on rounds (2 statements)
- Spend more time listening to family members
- Getting families involved earlier in late preterm kids to get them ready and decrease length of stay

Miscellaneous

- Inclusion of other health care providers on the AAP membership
- Doing more advocacy
- More judiciously using CPAP as a mode of ventilation
- Possible change in Lasix doses
- EKG in DR
- Importance of our follow up clinic
- Use of furosemide

- Try to follow and apply clinically as possible
- Restrict more the use of untested therapies
- Consult with ped pulmonary specialties (not available in my community) for SGA/IUGR infants
- Use if triple I (2 statements)
- Closer look at vitamin d