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 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 preemies
• 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 O 2 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