

RN2 Regional Neonatal News & Notes



June/July, 2004



It's Here!!
The NEW WebPage
is out of the box!!!!

After a long wait and a couple of "glitches" —we are live!!!
The **NEW** Neonatal Outreach WebPage is up and running. It has a "new look" and a new address. The **new address** is:

www.motherbabyuniversity.com

Besides a new address we have several other changes. The familiar Module and PeaPod icons remain and continue to provide access to the educational offerings. One of the 1st changes you'll notice is that all tests are now at the end of the individual offerings—you no longer have to go in and out of an offering to complete the test. We hope this will make it easier to maneuver through the individual offerings.

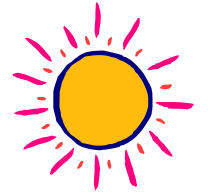
The 2nd change you'll notice is the appearance of a "Baby Feet" icon. This area contains selected Baby Care Files. These documents provide baby care information generally needed for the current or former NICU infant (e.g., medication information, diagnoses) but may be used by any staff. They are intended as a parent teaching/learning tool and are written on a 5th-6th grade level. Currently only a few selected topics were placed on the WebPage—basically to see if there was any interest. I'd appreciate any input about the relevance and/or usefulness of these baby care files.

.....and finally, the 3rd change is the addition of an area devoted to the Neonatal



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Outreach Newsletter—RN2: Regional Neonatal News & Notes. The newsletter is published at multiple times throughout the year. It serves as a source for the various staffs about upcoming educational programs that I am aware of, a brief "thumb-nail" educational offering and acknowledgement of area facility 's activities. It has also been used to post questions/concerns that one facility may have and is seeking input from others.

We are excited and pleased with the WebPage—please let us know what **you think**, You may reach either myself or Tracy Ramirez by email.....so please let us hear from you.



Congratulations to the following facilities and perinatal staffs for successful completion of educational offerings:

- Baptist Hospital, Nashville, TN
- Baptist-Montclair Hospital, Birmingham, AL
- Blue Ridge Health Center, Burke County, NC
- Cape Fear Valley Medical Center, Fayetteville, NC
- Carolinas Medical Center, Charlotte, NC
- Carteret General Hospital, Morehead City, NC
- Catawba Valley Medical Center, Hickory, NC
- Durham Regional Hospital, Durham, NC
- 1st Health of the Carolinas-Moore Regional, Pinehurst, NC
- Grace Hospital, Morganton, NC
- Henderson County Public Health Department, Henderson, NC
- Henry Medical Center, Georgia
- Lexington Memorial Hospital, Lexington, NC
- Murphy Medical Center, Murphy, NC
- McLeod Health System, Florence, SC
- Northside Hospital, Atlanta, GA
- Onslow Memorial Hospital, Jacksonville, NC
- Pitt County Memorial Hospital, Greenville, NC
- Presbyterian Hospital, Charlotte, NC
- Randolph County Hospital, Asheboro, NC
- Scotland County Hospital, Laurinburg, NC






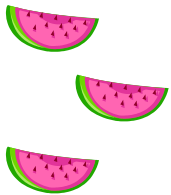
- Scott & White Memorial Hospital, Temple, TX
- Southern Regional Medical Center, Riverdale, GA
- Valdese General Hospital, Valdese, NC
- Womack Army Medical Center, Fort Bragg, NC

**Great Job!!!
CONGRATULATIONS
TO ALL !!!!**



New WebPage Offerings

-  Prenatal Maternal Drug Use: Fetal, Infant and Family Implications 5.7 contact hours
-  Obstetrical Emergencies 3.3 contact hours
-  Newborn Screening Tests: In production. Due Fall, '04



Oxygen Monitoring After Initial Stabilization

This is the second in a series of ongoing care following initial stabilization of the newly delivered infant—regardless if the infant is term or preterm—whether you are waiting for a transport team to arrive or the infant will be staying with you. Last newsletter we considered the origins and interventions for hypothermia and hypoglycemia. This issue we will be focusing on ongoing oxygen monitoring.

After the infant's initial stabilization, oxygen (O₂) monitoring for those infants with an oxygen requirement must continue. Monitoring is required whether an infant is under an oxyhood, on nasal cannula, nasal CPAP (NCPAP) or mechanical ventilation. Monitoring is done by blood gas analysis—either an arterial blood gas (ABG) or capillary blood gas (CBG) specimen. The ABG specimen provides information on both how well the infant is oxygenating as well as ventilating. On the other hand, the CBG only provides information on how well the infant is ventilating. Usually the initial blood gas is an ABG. The decision as to which specimen is best to obtain is based on the infant's current clinical status, availability & promptness of services and previous blood gas information. It is recommended for those infant's requiring frequent blood gases, a central arterial line—umbilical arterial line (UAC)—be placed to make access easier and results comparable.

Oxygen monitoring is necessary because of the continuing concern for sequelae such as Retinopathy of Prematurity and Bronchopulmonary Dysplasia. Recent literature recommends the following **pulse oximeter saturation** settings:

Birthweight	O ₂ Saturation	Comment
<1500 Grams	85-95%	1st month of life After 1st month: based on infant's clinical course
> 1500 Grams	90-95%	



Documentation is also a necessary part of monitoring an infant on oxygen. In addition to the usual and customary—Vital Signs, Visitors, etc.—**hourly** documentation reflects:

- ◆ Amount (percentage) of O₂ being delivered
- ◆ The mode of O₂ delivery (e.g., hood, CPAP)
- ◆ Clinical status (changes, trends, apnea, brady, desat events etc.)

