

Title of Abstract:

Need for 2.0 mm Endotracheal Tube for Extremely Low Birth Weight Infants and Need for Special Suction Catheters and Stylet.

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Abstract Description:

NRP 2016 guidelines recommend noninitiation of resuscitation for preterm infants with a confirmed GA of < 22 weeks. NRP guidelines do not mention use of a 2.0 ETT. There are increasing number of case reports of preterm infants < 400 Gm being resuscitated. In our own experience, use of a 2.5 mm ETT, especially, in infants weighing < 300 g was difficult. For closed suction system Halyard 2.0 mm (6 F) suction catheters are available (Halyard, Alpharetta, GA 30004). An Halyard suction catheter of 2.0mm size is now available, then one can use 3.5 mm (5 Fr) single lumen umbilical catheter for suctioning. Closed system catheters are preferable for suctioning.

For intubation with 2.0 mm ETT one can use the stylet which is used for 2.5 mm ETT, but, the plastic cover of the stylet needs to be removed, so that, this stylet can pass through the 2.0 mm ETT. We have used this in 3 infants with weight < 300 gm with success. One of the authors (RR) had a 270 gm

birth weight baby who was intubated with a 2.5 ETT and subsequently discharged home. This patient is now 5 years old without any upper airway issues, such as, subglottic stenosis. One of the authors (DRB) had infant who weighed 270 g at birth and was intubated with 2.0 mm ETT. Baby was discharged home from NICU at 4 months of age.

With revised guidelines for offering resuscitation of infants born between 22.0/7 and 22.6/7 weeks GA on parent request, it may be time to consider having a 2.0 mm ETT and appropriate suction catheter

as well as stylet in the delivery room area.

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