

## APNOEA OF PREMATURITY

### <30 weeks of gestation

- Needs prophylactic treatment with caffeine / aminophylline

### 30-34 weeks gestation

- Diagnosis by exclusion

### Differential diagnoses need to be considered

- Airway obstruction
- Infection
- Hypothermia / Hyperthermia
- Gastro-oesophageal reflux
- Neurological causes (IVH, asphyxia, seizures)
- Drugs
- Metabolic (hypercalcaemia, hypoglycaemia, hyponatraemia or acidosis)
- Haematological (anaemia, )
- Cardiovascular (PDA, Coarctation, etc)
- Pulmonary (impaired oxygenation)

### Treatment

#### Aminophylline

- Loading dose – 6mg/kg
- Maintenance dose 2.5mg/kg b.d; start after 12 hours (increase if necessary to 3.5mg/kg every 12 hours)
- Administration – IV infusion dilute to a concentration of 1mg/ml with 5% dextrose or normal saline

#### Caffeine citrate

- Loading dose -20mg/kg IV in two divided doses one hour apart.
- Maintenance dose 10mg/kg daily IV / oral after 24hrs.
- 10mg caffeine citrate = 5mg caffeine base
- Administration – give over 20 minutes
- Compatible with maintenance fluid (containing glucose, sodium, Potassium) and with dobutamine infusions.
- Check baby's heart rate before administration
- If >180/min – contact consultant

#### When to stop

- Asymptomatic baby >30 weeks corrected gestational age
- All babies should have stopped by 34 weeks of corrected GA.

#### When to send home

- Once drug is discontinued observe for 4 days
- Monitor with pulse oximetry for 48 hrs and further 48hrs with clinical bed side observation