

PERSISTENT PULMONARY HYPERTENSION OF THE NEWBORN**Diagnosis**

- Pre & post ductal saturation difference >5% (reversed shunt)
- Exclude CHD by 2D ECHO
- ABG

General

- Consider early intubation
- Sedate and paralyse
- Mechanical ventilation (conventional or HFOV,) aim to maintain
 - PaO₂ between 8-10kPa
 - PaCO₂ between 4-6 kPa
 - pH >7.35
 - BE less than - 2
- Maintain normothermia
- Maintain systemic blood pressure (MAP) above pulmonary pressure (may need MAP>60)
Consider inotropes (Dopamine & noradrenaline)

Pulmonary vasodilator – ideally nitric oxide

- Oxygen, aiming saturation >95%.
- Consider Magnesium sulphate bolus 50mg/kg over 20-30 minutes if MAP is maintained
- Sildenafil
- Alkalinise with NaHCO₃ to maintain pH >7.35
- Nitric oxide at 20ppm when OI >15

Correct and treat

- Hypoglycaemia
- Hypocalcaemia
- Infection
- Pneumothoraces