



CLINICAL PRACTICE GUIDELINE  
NEWBORN EMERGENCY TRANSPORT SERVICE (NETS WA)

## Apnoea

This document should be read in conjunction with the [Disclaimer](#)


Definition: Absence of breathing for  $\geq 15$  seconds. Apnoeas are especially relevant when accompanied by cyanosis / bradycardia.

### Aetiology

- Non-specific sign in sick infants.
- Sepsis (both bacterial and viral - always consider HSV infection).
- CNS disorders (e.g. asphyxia).
- CVS disorder (PDA, CCF).
- Temperature (hypo/hyperthermia).
- Gastro-oesophageal reflux.
- Metabolic disorder.
- Sign of withdrawals from maternal drugs (e.g. narcotics)/ antenatal opiates.
- Apnoea of prematurity.
- Post general anaesthesia.
- Airway obstruction.
- Seizure (Suspect especially in term babies).

### Management

- Respiratory support ( $O_2$  / CPAP / ETT and Ventilation) as indicated.
- Consider loading dose of Caffeine (20 mg/kg IV).
- Check and control body temperature.
- Start antibiotics after septic screen. Consider Aciclovir.
- Consider loading dose of Phenobarbitone (20 mg/kg) if there is any suspicion of seizures.
- If retrieval distance is long consider Intubation and Ventilation for airway protection.
- Always use Transcutaneous  $CO_2$  monitoring if ventilating for apnoea as there is often no pulmonary pathology and these babies can become over ventilated very easily.

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