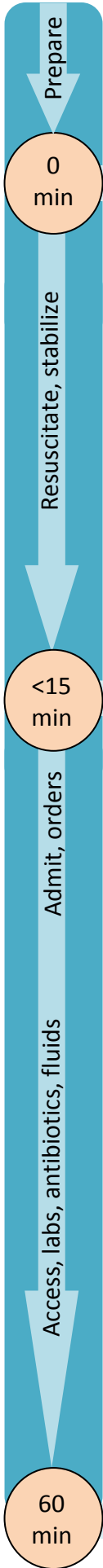


# ELBW (<27w) Golden Hour Algorithm

Place Patient Sticker Here



- When delivery is anticipated, charge nurse and fellow to **notify** each other and:
  - **Assign** team roles (leader, provider, RN1, RN2, RT) and **notify** team
  - Team members prepare rooms and equipment for delivery, per designated responsibilities
    - RT to bring surfactant to all deliveries

- Delivery
- **NRP** (initial NeoPuff settings: PIP 16, PEEP 6, FiO<sub>2</sub> 0.21)
  - With OB stimulating, delay cord clamping 30s if breathing
  - Place on plastic wrap, pre-warmed mattress and blankets
  - Perform the following simultaneously:
    - **Initial airway management:**
      - ≤24 weeks: In/In
      - 25 weeks: In/In, In/Out, or +6 CPAP (clinically assess)
      - 26 weeks: CPAP +6
    - **Cover** baby with plastic wrap. Place hat when stable
    - **Monitor vitals** via pulse ox, CR leads, temp probe
    - **Place distal PIV** (2 attempts max)
  - Ensure baby stable, show baby to parents when departing

- Transfer to NCCC
- HUC admit baby
  - Leader place orders, prioritize **STAT** labs, antibiotics and portable Xray "XR Neonate Umbilical Line Placement"

- **Transfer** baby to pre-heated isolette and simultaneously:
  - **Secure** bubble CPAP or ventilator
  - Place **PIV** if not present (1 attempt max)
  - Start **PIV fluids** (D10%W at 60 mL/kg/day)
  - **Initial assessment** (vitals, measurements including weight, examination)
- Obtain **UAC/UVC** access
  - When begin suturing, text page Xray Tech at 919-216-9233: "READY NOW for NCCC STAT Xray: Umbilical Line Placement." If Xray tech does not arrive within 30 mins of page, then:  
Call portable Xray room: x42475 → Call radiology room: x49398 → Call radiology supervisor: 919-951-4297
- Obtain **labs** from central line (as soon as have blood return): **CBC w/ diff, blood culture, type and screen, POC blood gas and POC glucose**
- Administer **antibiotics** (ampicillin first, *then* gentamicin) immediately *after* blood culture is obtained (use PIV with med line if available)
- Confirm line placement via STAT X-ray with baby still on warming mattress
- Administer **total fluids** at 80 mL/kg/day (D10%AA via UVC, isotonicAA via UAC). Do not d/c PIV fluid until antibiotic infusion finished. If no central access obtained, change PIV fluid to D10%AA

**QI Data Collection**

Birth Time: \_\_\_\_\_ GA: \_\_\_\_\_ Birth wt: \_\_\_\_\_

Delivery room set for 74°?  
Y  N

Plastic wrap used in delivery room:  
Y  N

Warming mattress used in delivery room:  
Y  N

PIV placed in delivery room:  
Y  N

Surfactant given in delivery room:  
Y  N

Respiratory support in delivery room:  
ETT In/In  ETT In/Out  CPAP +6

Total number of intubation attempts by:  
NNP \_\_\_\_\_ Fellow \_\_\_\_\_ Attending \_\_\_\_\_

Intubated by: N/A NNP Fellow Attending

BABY'S temp (in delivery room): \_\_\_\_\_

BABY'S temp (NCCC arrival): \_\_\_\_\_ at Time: \_\_\_\_\_

First IV fluids infused at Time: \_\_\_\_\_

Ampicillin infused at Time: \_\_\_\_\_

Gentamicin infused at Time: \_\_\_\_\_

First glucose level: \_\_\_\_\_ mg/dL at Time: \_\_\_\_\_

Central line confirmed (by Xray) at Time: \_\_\_\_\_

Lines (check *all* placed *before* top closed):  
PIV  UVC  UAC  PAL

BABY'S temp (pre-top closure): \_\_\_\_\_; Time: \_\_\_\_\_

Isolette top closed at Time: \_\_\_\_\_

When axillary temp is ≥36.4°C close and humidify isolette. Continue care per ELBW guideline.