**ELBW (<27w) Golden Hour Algorithm**

**Prepare**
- 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

**0 min**
- **NRP** (initial NeoPuff settings: PIP 16, PEEP 6, FiO2 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

**<15 min**
- **HUC admit baby**
- **Leader** place orders, prioritize STAT labs, antibiotics and portable Xray “XR Neonate Umbilical Line Placement”

**Transfer to NCCC**
- **Transfer** baby to pre-heated isothermal 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: 919-935-4297
- 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

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

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): ___ at Time: ___
- Isolette top closed at Time: ___

Return completed sheet to ELBW notebook (HUC desk). Contact Andrew Heling (aheling@unch.unc.edu) with algorithm concerns. Rev 8.30.16