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Neonatal Exchange Transfusion (Neonatal)

2. Resume Phototherapy If Exchange Was Done For Hyperbilirubinemia.
3. Observe In ICN. Do Not Feed For At Least 4 Hrs After Umbilical Lines Removed. Partial Exchange Transfusion

1. Send Hematocrit At Completion Of Exchange And 4 Hrs After Completion.
2. Observe In ICN For At Least 4 H

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Neonatal Intubation (Neonatal) - Medical Staff Affairs

Decreased Breath Sounds, Poor Lung Expansion Or A Rising PaCO₂ When None Of The Other Complications (below) Are Present.

B. If This Occurs, The ET Tube Should Be Replaced.

3. Accidental Extubation

A. May Occur If The Tape Securin

Apr 12th, 2024

Neonatal Care And The Neonatal Intensive Care Unit

Neonatal Mortality, As Opposed To Infant Mortality, Is Death Within The First 28 Days Of Birth And, Once Again, Rates In The United States Are Higher Than Comparable OECD Countries.

- 1 Preterm Birth Is The Leading Cause Of Death In The First Month Of Life.
- 4

Risk Factors For Having A Preterm Birth Include Lack Of Prenatal Care, Smoking, Substance Abuse, And Lower Socio-economic
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Neonatal Pediatric Chest Tube Placement (Neonatal, Pediatric)
NEONATAL / PEDIATRIC CHEST TUBE PLACEMENT (Neonatal, Pediatric) 4 2. Locate The Site For Insertion. In Case Of Pleural Fluid Collection, If Feasible, Use Ultrasonography To Locate The Optimal Site For Chest Tube Placement. In Pediatric Patients This Should Usually Be The Fourth Or Fifth Intercostal Space In The Mid-to-anterior Axillary Line. Jan 4th, 2024.

Neonatal Pediatric Thoracentesis (Neonatal, Pediatric)
Chest Drain Should Be Inserted (see Procedure For Neonatal / Pediatric Chest Tube Insertion) And Connected To An Underwater Seal. In An Emergency Or Situations In Which A Tube Cannot Be Placed, Repeated Needling Will Buy Time Until The Definitive Measures Can Be Carried Out. Fluid Accumul
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