









Critical 48 hours

- < 48 Hr old
 - 70-80% of admissions
- 84% survive
 - 70% fatal cases < 48 hr old</p>



Weak or Fading Neonate

- Immediate assessment of essential organ function
- Immediate directed supportive therapy



Neonatal Problems

- Fetal Distress Maladaptation
- Prematurity/postmaturity
- Sepsis/Infection
- Trauma
- Anemia
- Congenital malformations





Neonatal Problems

- Rarely one problem
 - Combination of problems
 - Varying severities
- Wide array of possibilities
 - But predictable course



Goals

- Identify underlying problem
- Identify disrupted vital organ functions
- Therapeutic interventions
 - Support normal organ functions
 - Control infection

Initial Assessment

- Is there evidence of sepsis?
- Is cardiovascular support necessary?
- Is respiratory support required?
- Will enteral nutrition/fluid maintenance be possible?
 - Is intravenous fluid therapy necessary?
 - Is continuous rate dextrose infusion necessary?
- Is parenteral nutrition necessary?
- Will assisted thermoregulation be necessary?
- Control behavioral abnormalities?
- Level of metabolic/endocrine support needed?
- Will renal support be necessary?
- Requirements for other specific supportive care?

Physical Examination

- Cardiovascular examination Mucous membrane
- Thoracic assessment
- Nervous system evalua
- Abdominal assessment
- Body condition
- Musculoskeletal problem



- Cardiovascular Examination
- Evaluating perfusion
- Evaluating volemia
 - Volemia vs hydration
 - Dehydration rare
 - Hypovolemia common

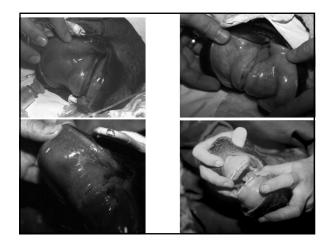
Cardiovascular Examination

- Assess effectiveness of perfusion
 - Cold extremities as blood is shunted
 Do not treat with active warming
 - Depressed mental status
 - Decreased borborygmi
 Decreased urine production
- Pulse assessment
 - Pulse quality
 Arterial tone

 - Arterial fill
- Blood Pressure
- Unreliable signs
 - Dry oral membranes
 Capillary refill time
 Skin turgor





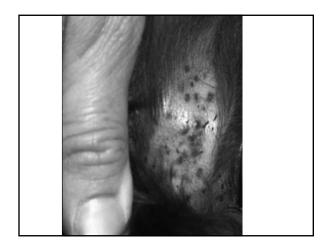




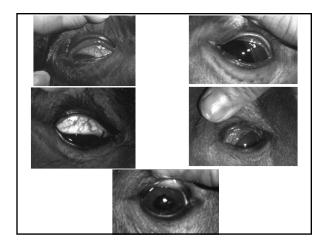




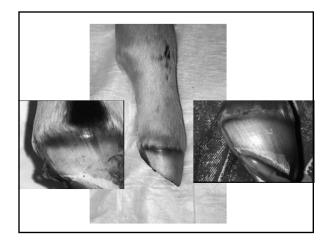














Thoracic assessment

- Auscultation .
 - LungsCardiac murmurs
 - Tachypnea
 Pneumonia
 Benign Neo

 - Benign Neonatal Tachypnea
 Central tachypnea
 Pain
- Pharyngeal collapse
- . .
- Fractured ribs Paradoxical respiration (wave chest)
 - Progressive atelectasis
 General fatigue



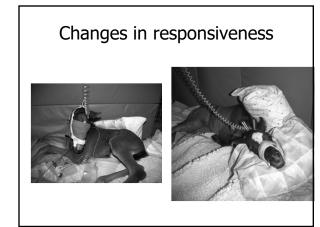
Central Nervous System

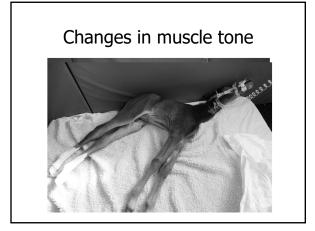
- Important parameters
 Strength
 Muscle tone
 - - Hypertonus or hypotonus
 - Responsiveness
 - Hyperresponsive or hyporesponsive
 Level of arousal
 - SomnolenceHyperactive or hyperkinetic

 - Behavior
 - Respiratory patterns
 Apneustic breathing
 Periodic breathing

 - Ataxic breathingCentral patterns
 - Seizures
 - Abnormal vocalization









Changes in muscle tone



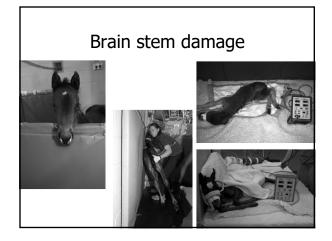












Seizure-like behavior



Abdominal Assessment

 Abdominal size Appropriate?



- Digital rectal
- Meconium staining
- Nose
- Auscultation?
- Palpation
- Ultrasound





Abdominal Palpation

- Internal umbilical remnants
 Umbilical triad (2 arteries and urachus)
 Hemorrhage
 Omphalitis
 Urinary bladder
 Luminal and bladder wall hematomas
 Bladder size
 - Intestines

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- Retained meconium Thickened intestinal wall •
- . Pneumatosis intestinalisIntussusceptions
- Kidneys
- . .
- Liver Hepatomegaly Body wall defects Inguinal or umbilical hernias Other body wall defects



Body Condition

- Thin to emaciated
 - IUGR
 - Fetal SIRS (FIRS)
 - Prematurity
 - Post maturity



Musculoskeletal problems

- Fractured ribs
- Other musculoskeletal abnormalities
 - Fractures
 - Gastrocnemius disruption
 - Contracture
 - Laxity





Careful physical

- Detect major dysfunctionSeriousness
- Dynamic monitoring
 - Serial physical evaluation
 - Laboratory analysis
 - Stall side
 Sorial block
 - Serial blood glucose levelsSerial lactate levels
 - Arterial blood gas
 - Blood electrolyte







