





## 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

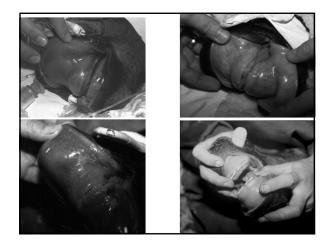
### Cardiovascular Examination

- 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





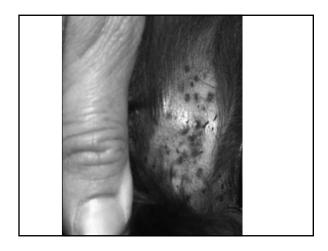




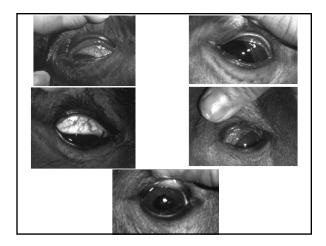




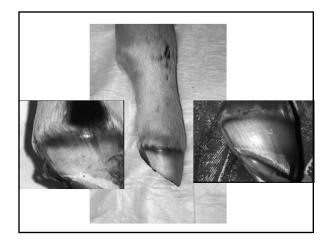


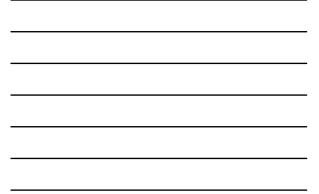












## Thoracic assessment

- 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



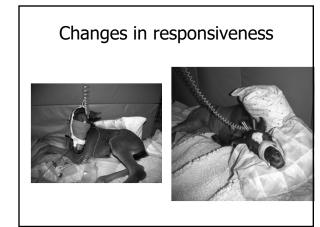
### Central Nervous System

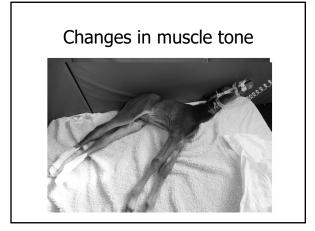
- Important parameters
   Strength
   Muscle tone
  - - Hypertonus or hypotonus
  - Responsiveness
  - Hyperresponsive or hyporesponsive
     Level of arousal
  - SomnolenceHyperactive or hyperkinetic

  - Behavior
  - Respiratory patterns
     Apneustic breathing
     Periodic breathing

    - Ataxic breathingCentral patterns
  - Seizures
  - Abnormal vocalization









Changes in muscle tone

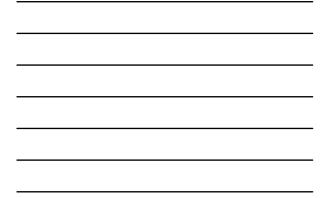


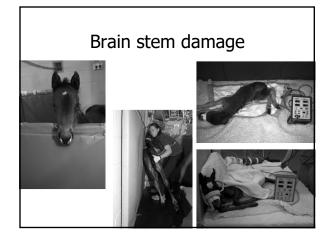




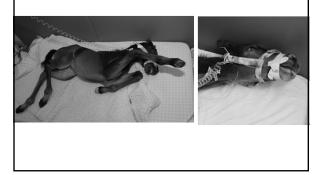








## Seizure-like behavior



#### 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







