GUIDELINES FOR PREMEDICATION FOR NEONATAL INTUBATION

PREMEDICATION SHOULD BE USED FOR:

All elective intubations in all neonates regardless of gestation, postnatal age or birth weight

Write up the drugs in the ‘as required’ section of the drug chart for any baby who looks as though they may need intubation, and certainly for any baby who is already intubated. This will save time when the urgent need arises.

DRUG DOSES AND ORDER OF ADMINISTRATION

1. **ATROPINE 15 MICROGRAMS/kg** given intravenously.
The vial contains 600 micrograms/ml
Dilute 1 ml with 9 ml normal saline to give 60 micrograms/ml: take 0.25 ml/kg

2. **FENTANYL 2 MICROGRAMS/kg** given intravenously.
The vial contains 50 micrograms/ml. Add 1 ml of this solution to 9 ml of 0.9% saline to make a solution of 5 micrograms/ml. Give 2 micrograms/kg (or 0.4 ml/kg) of the diluted solution.
Give as a slow intravenous injection over 2 minutes while ventilating with bag and mask.
(This may cause rigidity of the chest wall temporarily, but that will be counteracted by the suxamethonium)
NB All controlled drugs must be written in letters and numbers.

3. **SUAMETHONIUM - 2 MILLIGRAMS/kg** given intravenously
The vial contains 100 mg in 2 ml solution.
Add 2 ml (100 mg) to 8 ml of 0.9% saline to give 10 mg/ml
Give 2 mg/kg (0.2 ml/kg) as a rapid bolus.

- Flush the line with 0.5 ml of 0.45% saline after each injection.
- Intubate within 30 - 120 seconds of giving suxamethonium.
- If your attempt at intubation fails, and the baby is beginning to move, you may use for the next attempt a lower (half) dose of suxamethonium (1 mg/kg iv)
- **Do not repeat** the doses of atropine and fentanyl.


Agreed: Peter Martin, Jean Bowyer
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