

**Issue: Neonatal Intubation Requirements**

*Raised by:* Damien Goggin, RAN – Angurugu Health Centre

*Background:* Request made to review the range of laryngoscope blades kept in intubation kits to allow neonatal intubation, recommending inclusion of a size '0' laryngoscope blade.

*Discussion:* A review of the current equipment in the standardised intubation kit and its particular suitability for neonatal and preterm resuscitation was conducted. Expert advice was sought regarding what was considered suitable for inclusion.

Laryngoscope Blade: Currently smallest stocked blade is size '1'. Agreement that a size '0' blade was preferred for performing intubation on neonates.

ET Tube: Inclusion of two additional ET tubes was recommended for use with neonates i.e. sizes 2.5 and 3.5. Advised that size '2' ET tubes would rarely be used.

LMA: Consultants were in agreement that evidence for the use of LMA's for neonates is limited and even more so for preterm infants. LMA use / placement in children within this age group is more difficult than an adult and the risk of gastric insufflation with air may be quite significant with inexperienced users.

Whilst there was general consensus on what range of equipment would suit the needs of the neonate/premature infant, there was differing opinion on whether this was required in the remote setting. The decision has been agreed that appropriate equipment will be included in the standardised kit. However, it is stressed that the fundamental premise for the use of this equipment remains that it is for use by Medical Officers only. (See Atlas item: [Intubation Kits](#).) The Medical Officer is responsible for ensuring that he/she is competent to intubate neonates i.e. they are appropriately trained and undergo regular practice.

It is noted that there has been a deliberate decision that the pending new edition of Women's Business Manual will not describe intubation in the neonatal resuscitation section. This underscores the importance of the message that non medical staff / untrained medical officers do not attempt neonatal intubation.

During discussion it has been noted repeatedly that correctly applied bag and mask ventilation can be very effective even during extended resuscitation; conversely significant damage can be inflicted by unskilled practitioners attempting intubation. In this light, practice with bag and mask is where staff should enhance their resuscitation skills.

*Consultation:* Dr Clare MacVicar (CA Paediatrician), Dr Andrew White (CA Paediatrician), Dr Charles Kilburn (Paediatrician RDH), Dr Brian Spain (Director Anaesthesia RDH), Sue Kruske (CDU), Sue Kildea (DHCS/CDU), Libby Bowell (CRANA REC Coordinator), Dr Rose Fahey (ASH Paediatrician), Karen Miegel (CNM ASH)

*Outcome:* **Contents of the intubation kit to additionally include**

- **size '0' laryngoscope blade**
- **size 2.5 and 3.5 ET Tubes**

**and remove the size 2.0 ET Tube.**

The revised Intubation Kit contents list, size '0' disposable laryngoscope blades, and size '2.5' & '3.5' ET tubes, will be sourced centrally and distributed. Thereafter, restocking needs are via the Remote Health Stock process (ETTs available through Stores in CA).