ELECTIVE INTUBATIONS

Laryngoscopy and intubation provoke profound stress, resulting in bradycardia, hypoxia, and acute rise in intracranial pressure which may lead to intraventricular haemorrrhage. Premedication with a regime similar to the one below can reduce these harmful responses and has been shown to be safe in clinical practice.

DRUGS	DOSING
1. FENTANYL I.V	1mcg/kg
2. ATROPINE I.V	15mcg/kg
3. SUXAMETHONIUM I.V	2mg/kg

For non-emergency intubations, after establishing pre-oxygenation with effective bag-mask ventilation, the infant should receive these drugs in the order above.
Cautions:

- Do not use this regime for emergency intubations
- Do not use this regime unsupervised unless you have received specific training and support. Be aware of the following potential complications.
- Have IV Naloxone (10ug/kg) immediately available (see below)
- Suxamethonium may cause reactive bradycardia, though this is usually prevented by atropine. Paralysis occurs after approximately thirty seconds and generally lasts three to five minutes, but may be longer in individual babies.
- Fentanyl can cause chest rigidity (about 2% of infants): this has usually occurred at larger doses than in this regime; the risk is reduced by slow bolus administration, and it is usually abolished by suxamethonium. If chest rigidity occurs (usually recognised by difficult in inflating the chest:
    1) Give the suxamethonium dose immediately
    2) If rigidity persits, give IV Naloxone 10mcg/kg
- Opiates can cause hypotension. Therefore, check blood pressure prior to giving dose: if borderline or low give fluid bolus and consider inotrope support.
- If intubation is unsuccessful, re-establish bag-mask ventilation and adequate oxygenation before further attempts, and seek experienced help.
- Babies with acute lung disease may deteriorate after paralysis.