

# Neonatal distress

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## Rationale

Neonatal distress is a relatively common occurrence. Failure to identify and appropriately manage an infant in distress in a timely manner can potentially lead to significant morbidity and mortality.

## Causal Conditions

(list not exhaustive)

- Prematurity
- Pulmonary (e.g., meconium aspiration, pneumothorax)
- Decreased respiratory drive (e.g., maternal medications, asphyxia)
- Cardiovascular (e.g., anemia, congenital heart disease)
- Infection

## Key Objectives

In cases of a neonatal distress, the candidate will be able to assess the need for and initiate resuscitation, identify causal and ongoing pathologies, and determine ongoing needs, including whether the infant requires level 2 or level 3 neonatal intensive care.

## Enabling Objectives

In cases of neonatal distress, the candidate will

- list and interpret critical clinical findings, including
  - a. physical signs and symptoms that necessitate immediate resuscitation;
  - b. maternal and perinatal history;
  - c. physical examination findings relevant to formulating a differential diagnosis;

- list and interpret critical initial investigations targeted towards identifying an underlying cause (e.g., cord blood gas, blood glucose);
- construct an effective initial management plan, including
  - a. neonatal resuscitation;
  - b. elements of ongoing supportive care, including;
    - thermoregulation;
    - fluid and electrolyte balance;
    - sepsis management;
    - cardiorespiratory support;
  - c. appropriate communication with caregiver(s);
  - d. appropriate consultation or referral.