



## MORTALITY LEARNING BULLETIN

### DOCUMENTATION

Please review where the best place to hold documentation about a baby who is with its mother on the postnatal ward. Do babies having neonatal input have their own set of notes or are the notes in the maternal maternity record? If the baby is readmitted early in the neonatal period to paediatrics will the paediatric team know what happened on the postnatal ward?

### BOOGIE

Massive pulmonary haemorrhage can be catastrophic and difficult to manage. Think carefully before removing the endotracheal tube in these situations and consider adjuncts such as a boogie if you do need to remove the tube to help you reinsert a new one.

### MAJOR HAEMORRHAGE PROTOCOL

Do you know how to activate the major haemorrhage protocol in your Trust and what the expectation is for the neonatal service in terms of supply of blood products once this has been activated? There were two cases within the network where this has been used recently – pulmonary haemorrhage and sub galeal bleed

### CFAM

An interesting case where a CFAM trace in a baby with HIE was thought to be moderately abnormal but once the baby was muscle relaxed the trace became isoelectric. Muscle artefact had caused the initial appearance and altered the interpretation of the severity of the situation. Does what is on the CFAM correlate with the clinical picture?

### NLS UPDATE

There is an update to the NLS manual from May 2021 including consideration of the use of laryngeal masks in infants >34 weeks (>2000g) if face mask ventilation or tracheal intubation is unsuccessful. Do you have these available on your resus trolleys? Do you resus teams know how to use them?