

**INHALED NITRIC OXIDE PATHWAY FOR TERM/LATE PRETERM INFANTS WITH HYPOXIC
RESPIRATORY FAILURE**

Indications: **≥34 weeks GA at birth with hypoxic respiratory failure not responding to appropriate respiratory management after optimal lung recruitment**

Patient must meets all of the following criteria:

- pCO₂<60 mmHg
- appropriately sedated
- ruled out for cyanotic heart disease

AND

any one of the following (check all that apply):

- paO₂<100 on FiO₂ = 1.0
- Pre-ductal O₂ saturation <92% on FiO₂ 1.0
- Echocardiographic evidence of PHTN*
- Oxygenation index (OI) ≥ 15

Name of approving neonatologist or fellow _____

Signature of neonatologist or fellow_____

Date: ____/____/_____

Time (military): _____

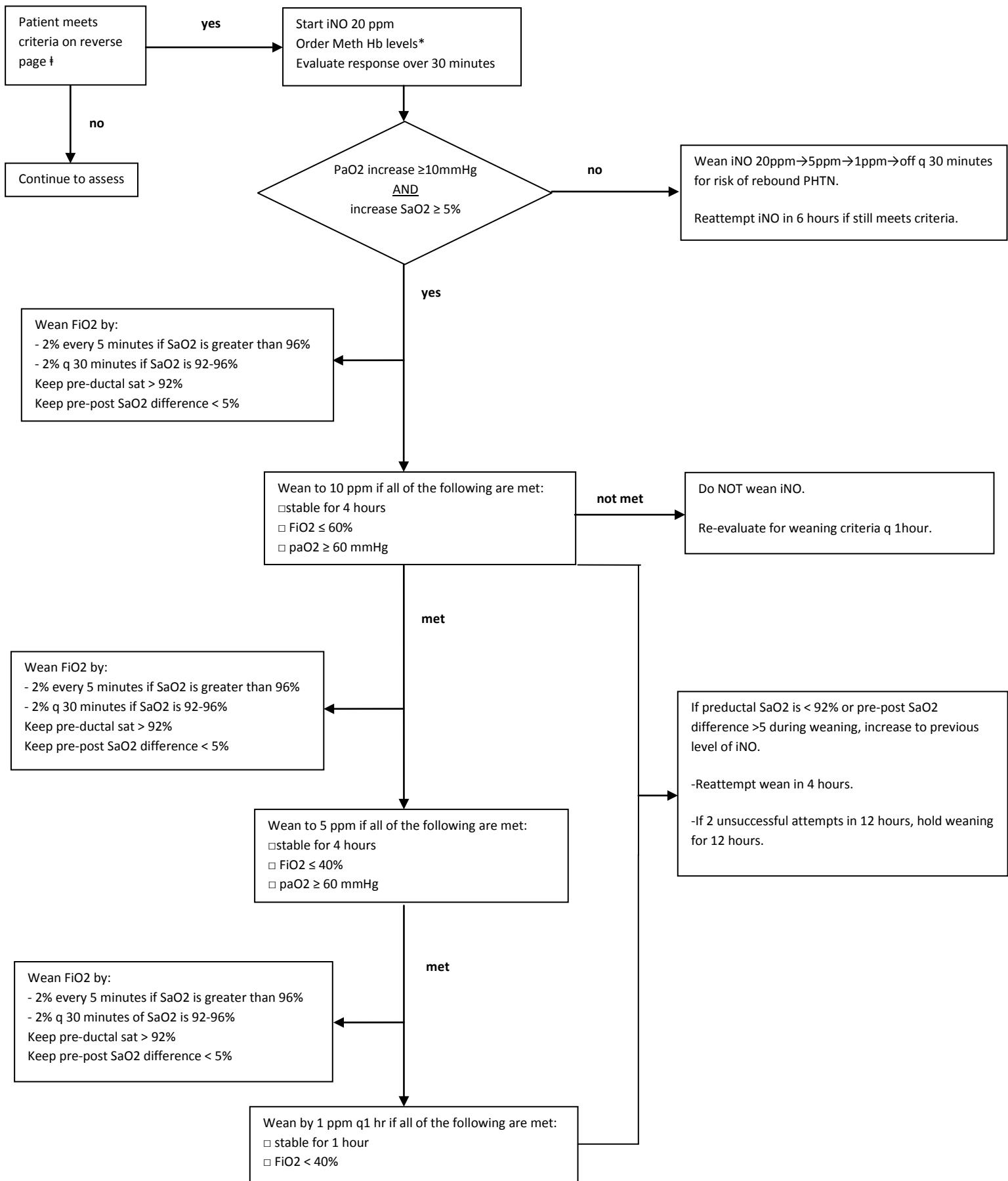
Patient name _____

Patient MRN: _____ - _____ - _____

* TR jet with estimated systolic PA pressure > 2/3 systolic systemic BP, or R→L shunt across PDA or PFO.

When initiating and weaning iNO please utilize guidelines on the reverse side of the page.
Guidelines may not be appropriate in all clinical situations and deviations from this pathway should be made at the discretion of the attending neonatologist. If using iNO in a patient under 34 weeks gestation, the indication for use, risks and benefits of iNO should be discussed with the family and documented in the medical record.

This form is to be completed by a neonatal attending or fellow prior to the initiation of iNO therapy for quality assurance purposes. Please fill out this form and return to the respiratory therapist.



† If infants < 34 wks or if criteria not met, risks/benefits of iNO should be discussed with family and documented in medical record

*Obtain Met Hg level at 4 hours after iNO initiation and then q24 hours. If level >3%, wean iNO.