**Recognition/Evaluation**

Non-specific presentation  
Respiratory distress, hypoxia, apnoeas, poor feeding  
Tachycardia, poor pulses  
Hyper/Hypothermia  
Obtunded

**Resuscitation**

High flow oxygen  
Intravenous/Intra-osseous (IO): **TAKE BLOODS**  
Give 20ml/kg Hartmann’s  
Give Cefotaxime 50mg/kg + Amoxicillin 60mg/kg

**Immediate investigations**

U+E’s: Blood glucose, LFTs, FBC & clotting  
ABG (allows interpretation of lactate and PaO₂)  
Blood/urine culture, LP **IF no Cl (SHOCK/COAGULOPATHY)**  
CXR, ECG if heart rate > 220 (Consider neonatal SVT)

**Consider broad differential diagnosis**

- Sepsis  
- Duct dependent circulation  
- PFC (persistent foetal circulation)  
- Metabolic emergency  
- Trauma / NAI

**SEPSIS**

Any evidence of MRSA / foreign travel + Vancomycin (15mg/kg if no renal impairment)  
Risk factors for herpes + Aciclovir (20mg/kg)

**HYPOGLYCAEMIA**

Take bloods as per hypoglycaemia pack  
Dip urine for ketones  
Give 2 ml/kg 10% glucose  
Start 0.9% NaCl/10% glucose 4 ml/kg/hr  
Minimum DEXTROSE requirement = 8 mg/kg/min

**METABOLIC / ENDOCRINE**

Do Ammonia and Metabolic Screen  
Consider CAH and Steroid replacement

**TRAUMA - CONSIDER IMAGING**

Anaemia  
Focal neurology/bulging fontanelle  
Retinal haemorrhages  
Bruising/Abdominal distension

**DUCT DEPENDENT LESION**

Measurement pre/post ductal BP/SpO₂  
Cyanosis not responding to oxygen  
Abnormal pulses  
Heart murmur  
Cardiomegaly/Hepatomegaly

START DINOPROSTONE 5-50 ng/kg/min  
Consider intubation and ventilation if  
1. Shocked (grunting/acidosis/poor pulses)  
2. Apnoea on Dinoprostone  
3. Low saturations with lactataemia

**PFC**

PREDUCTAL SpO₂ < 70%; FiO₂ = 1  
Poor CO₂ clearance  
Consider iNO if available

**UNBALANCED CIRCULATION (HLHS/ CoA + VSD)**

PREDUCTAL SpO₂ > 80%  
Poor Pulses  
Metabolic acidosis  
Hypoventilate and and minimise FiO₂ to achieve SpO₂=75%;PaO₂=5 Kpa;PaCO₂=5 Kpa

**Fluid refractory shock = hypotension with 40 mls/kg fluid**

Continue fluid boluses if there is no significant hepatomegaly  
Start peripheral dopamine at 5mcg/kg/min (IV/IO)  
**INTUBATE AND VENTILATE IF NOT ALREADY**  
Central venous access  
Central dopamine (max 10 mcg/kg/min)  
Reassess heart rate/pulses and blood pressure

**Dopamine resistant SHOCK (use 2nd line inotropes)**

Add Adrenaline if poor pulses (suggesting low cardiac output)  
Add Noradrenaline if pulses are bounding AND consider HYDROCORTISONE 2.5mg/kg IV **(TALK TO SORT CONSULTANT)**