

# Consensus Guidelines for Management of Apnea of Prematurity UCSF (NC)<sup>2</sup> (Northern CA Neonatology Consortium)

## Executive summary

### Definition

- Respiratory pause >20 seconds
- Shorter respiratory pause with bradycardia, desaturation, cyanosis or pallor
- “Significant” events: Require intervention, not related to feeding

### Objectives

- Standardize the care of neonates with apnea of prematurity
- Minimize the use of non-evidence based treatment modalities for apnea of prematurity
- Provide guidance for safe discharge of neonates diagnosed with apnea of prematurity

### Recommendations

- **How to start caffeine**
  - Load: 20 mg/kg IV
  - Maintenance therapy: 5 mg/kg q24 hours IV or PO
- **When to start caffeine**
  - <30 weeks GA (based on <1250gm in CAP Trial):
    - Start within 2 hours after birth for apnea prophylaxis regardless of level of respiratory support
  - 30-34 weeks GA:
    - Investigate & rule-out other etiologies of apnea
    - Start for repeated, severe apnea of prematurity events: Bradycardia associated with apnea, color change associated with apnea, need for stimulation for recovery, events during sleep
  - >34 weeks GA:
    - Investigate & rule-out other etiologies of apnea
    - Consider for repeated, severe apnea of prematurity events
- **When to consider discontinuation**
  - Infants born <26 weeks GA: discontinue at 36 weeks CGA
    - Consider *early* discontinuation after 35 weeks CGA if infant is apnea-free for 3 days *and* <2 weeks from anticipated discharge
    - Consider extension beyond 36 weeks if infant has persistent significant apnea events
  - Infants born ≥26 weeks GA: discontinue at 33-34 weeks CGA if apnea-free for 3 days *and* <2 weeks from anticipated discharge, unless still having significant events

- **Discharge planning (“Countdown”)**
  - Infants born <30 weeks GA: 7 day event-free observation time
  - Infants born ≥30 weeks GA: 5 day event-free observation time
  - *Note:* “event-free observation” starts 120 hours (5 days) after the last dose of caffeine

## Methods

This guideline was developed through local consensus based on published evidence and expert opinion as part of the UCSF Northern California Neonatal Consortium.

Disclaimer: These clinical practice guidelines are based upon the evidence-based consensus opinions of consortium members affiliated with UCSF Benioff Children's Hospitals. They are intended to guide pediatric/neonatal providers, but do not substitute for individual clinical judgment. Evaluation and treatment of specific patients should be adapted based upon the unique conditions of each patient, family and clinical environment.

## Metrics Plan