

CPAP EXPERIENCE

Migori CRH

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outline

- Introduction of CPAP in our unit
- To describe the experience of CPAP in our unit
- To outline some of the challenges we have faced
- To outline what further steps we envision

Introduction

- Our unit (MCRH) began CPAP 7 months ago
- Four staff were trained and have served as champions for CPAP, a very important role
- Continued invaluable mentorship from our colleagues who have gone ahead
- We have 2 bubble CPAP machines, a monitor and 4 pulse oximeters

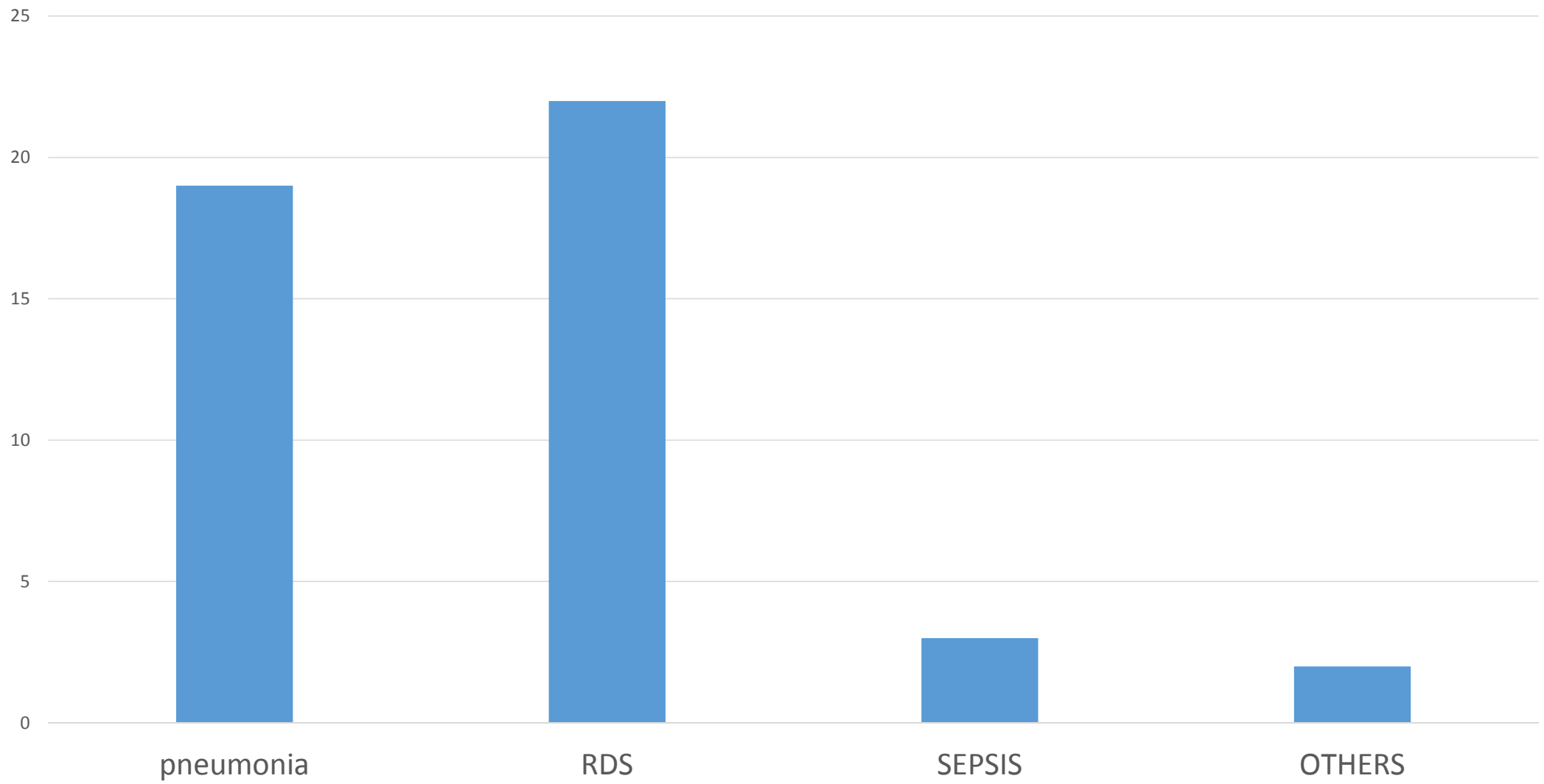




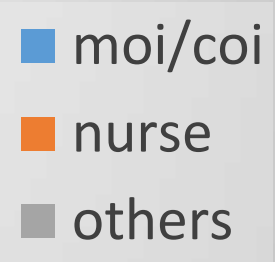
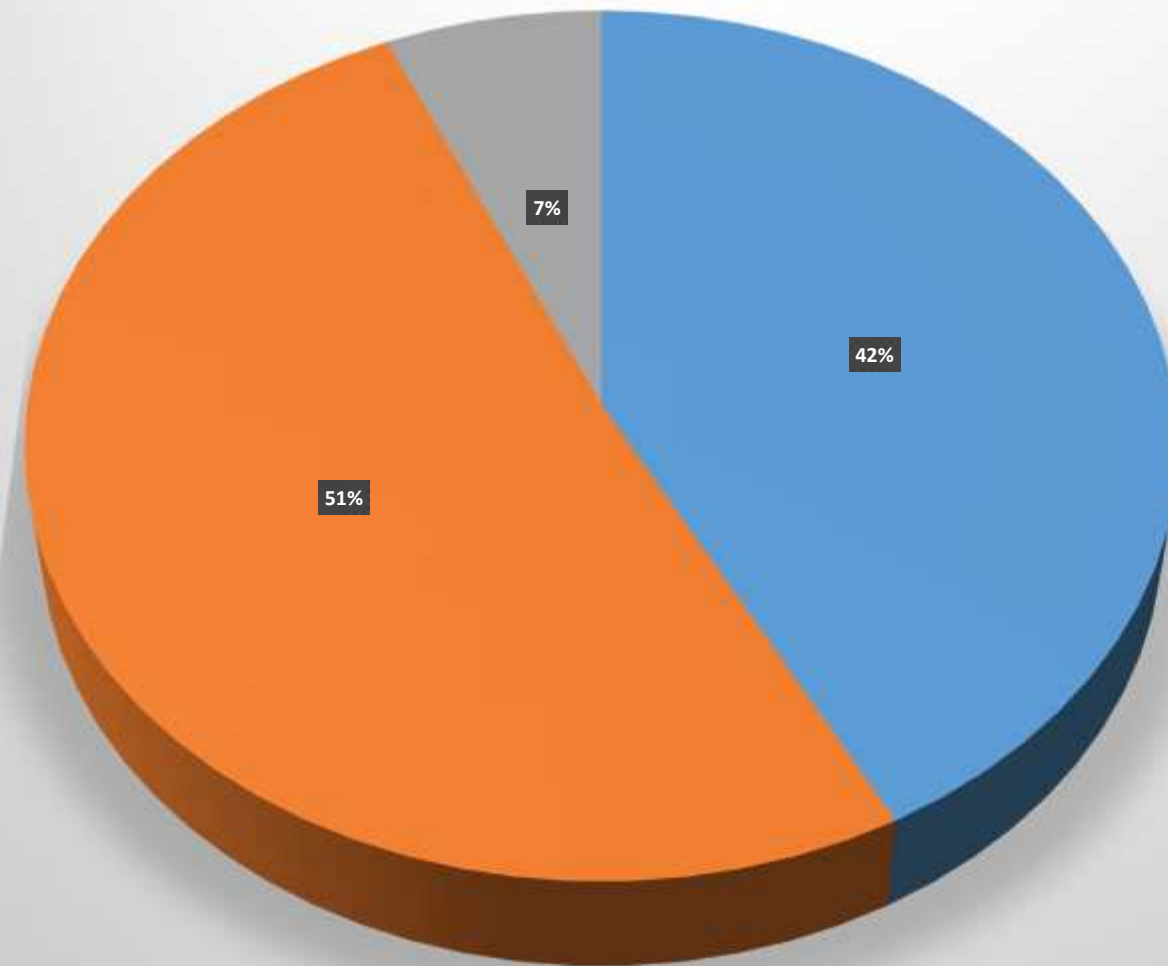
Experience

- In reviewing the available forms at the facility, about 50% of all the admissions are in NBU
- However, this has been skewed in that last year (Aug-Dec 2015), more babies received CPAP at NBU compared to paed's ward.
- Mortality is recorded as 24%
- We initiated about 53% of the patients on CPAP last year, approximately 50% of whom died
- We experienced 2 patients with abdominal distention (CPAP belly)

INDICATIONS FOR CPAP



CPAP initiation



Lessons learnt

- We lost babies initially because of **incorrect indications** eg severe birth asphyxia and **late initiation** of CPAP
- 2 of the infants who died had severe respiratory distress and were HIV exposed (PJP)
- One referred due to ?CHD
- **Data quality** and management eg lost forms, incomplete forms, need to record more information not given space in the form etc

Introducing CPAP - Columbia University CPAP

Patient Initial Information

Case No: 22 102/16

Start Date: 10/2/16

Day 0000

Site: WIC, Bronx, NY

Age: 1-25 Yr

Patient Care Information

Site: NICU Maternity Neonatology Pediatrics Other (Specify Area)

CPAP Information

Start Date: 10/2/16

Day 0000

Site: 24/7/16

Age: 38w

Patient Outcome Information

Site: Death Discharge Other (Specify Area)

Site: None Ventilator Respiratory Treatment Skin Injury Eye Injury Gut Injury Head Bleeding Pharyngitis Other (Specify Area)

Improved vital signs in normal range
chest wall, normal lungs
10/2/16

Scanned by CamScanner

Inventory management



- We lost two preterm twins in October last year who had RDS
- CPAP was started late because of delay in having the proper sized prong
- This was sorted out due to the network available
- Keeping the tubes in containers in each unit coupled with training of each staff member

Lessons learnt

- Having a champion of CPAP in the unit is key for continuity
- Data strengthening – completeness, point person, redesigning forms etc
- All babies are to be put on ngt with CPAP especially new borns and prems to reduce abdominal distention
- Strengthening follow up of the babies especially preterms

Continual training



Way forward

- Data collection improvement by having tables on the form for documentation of monitoring
- Recording of the CPAP information in another book to minimize loss of data
- Plan to liase with partners and county government to have more CPAP machines
- Incorporation of CPAP data review in the monthly mortality meetings at the unit level

summary

- Overall, our experience has been good
- The support we have had from our colleagues and partners has been invaluable
- We anticipate to continually improve and enhance sustainability of CPAP in our unit and county as a whole