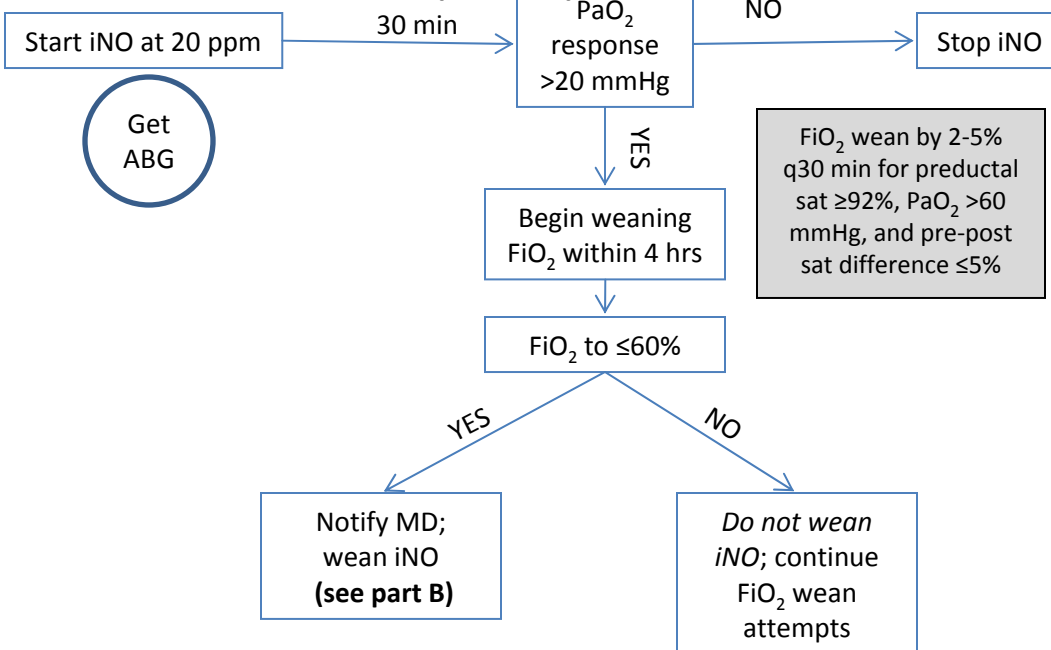


Indications for iNO

1. PaO₂ < 100 mmHg on FiO₂ 100%
2. O₂ saturations < 92% on FiO₂ 100%
3. Evidence of PPHN on FiO₂ 60% by:
 1. Echo
 2. Clinical judgment if echo unavailable
4. Oxygenation Index (OI) ≥ 25

A. INITIATION OF THERAPY (>34 WK)



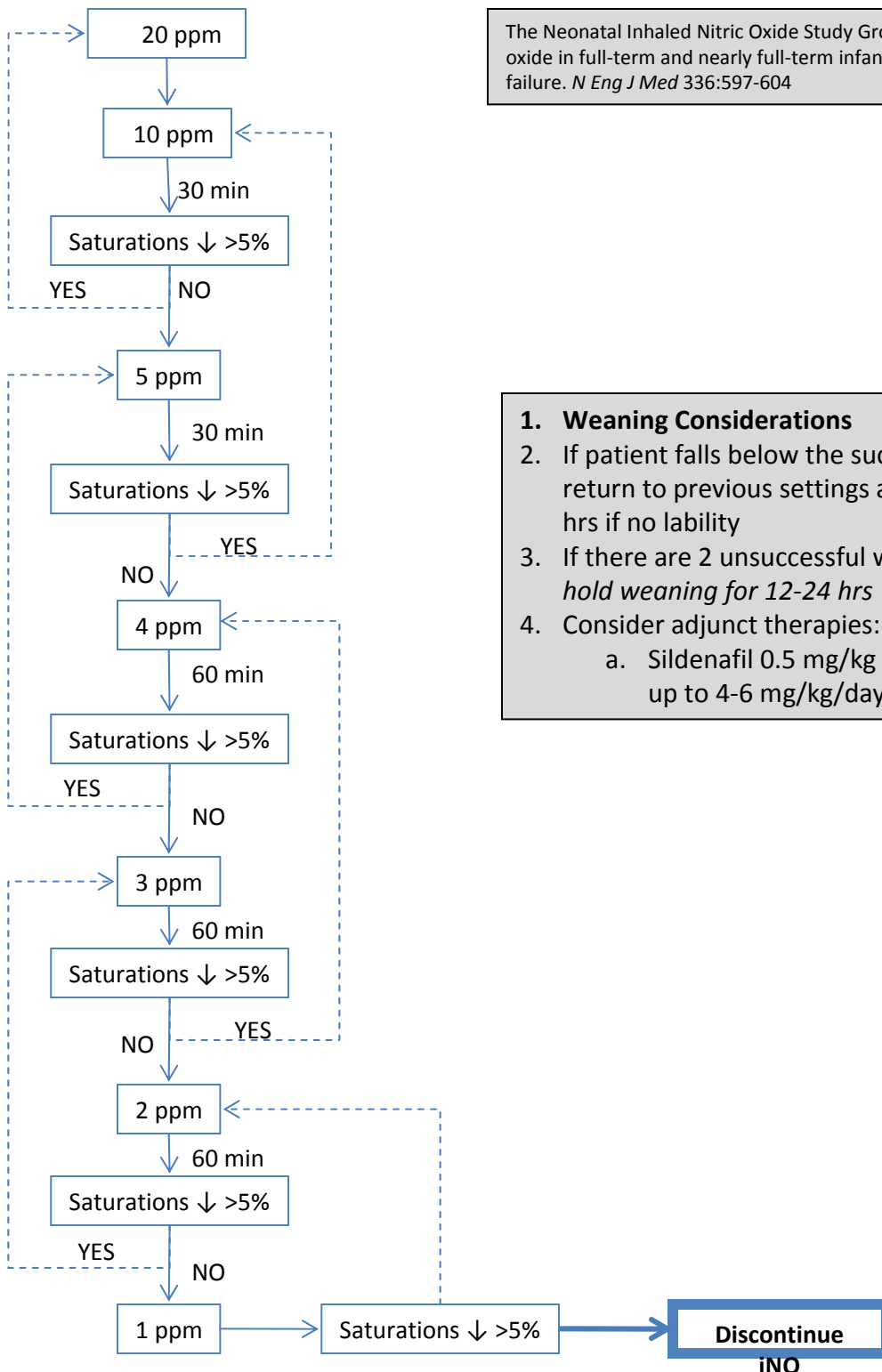
Positive Response Indicators

1. Increase in PaO₂ ≥ 20 mmHg or ≥ 20% from baseline, with goal of PaO₂ > 60 mmHg (avoid higher goals)
2. Increase in oxygen saturation by 10% (if unable to obtain arterial PaO₂)
3. Decrease in pulmonary artery pressure ≥ 20% from baseline (echo or PA line)

Methemoglobin (normal <5%)

1. Obtain level prior to starting iNO
2. Obtain with first ABG after starting iNO
3. Obtain daily thereafter
4. If metHgb is >5%, consult physician; begin iNO wean

B. WEANING PROTOCOL (>34 WEEKS)



The Neonatal Inhaled Nitric Oxide Study Group: 1997A Inhaled nitric oxide in full-term and nearly full-term infants with hypoxic respiratory failure. *N Eng J Med* 336:597-604

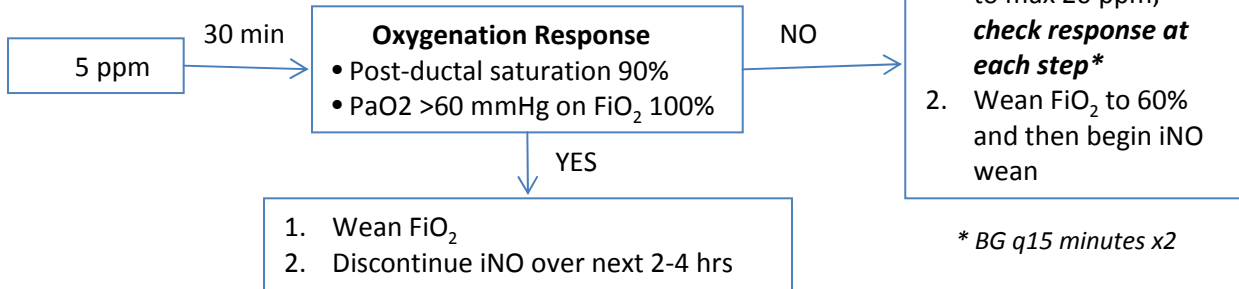
1. **Weaning Considerations**
2. If patient falls below the success criteria, return to previous settings and try again in 4 hrs if no lability
3. If there are 2 unsuccessful weans in 12 hrs, *hold weaning for 12-24 hrs*
4. Consider adjunct therapies:
 - a. Sildenafil 0.5 mg/kg IV q6 hrs; titrate up to 4-6 mg/kg/day

- Obtain ABG
- If PaO₂ <75 or saturations ↓ ≥5%, restart iNO

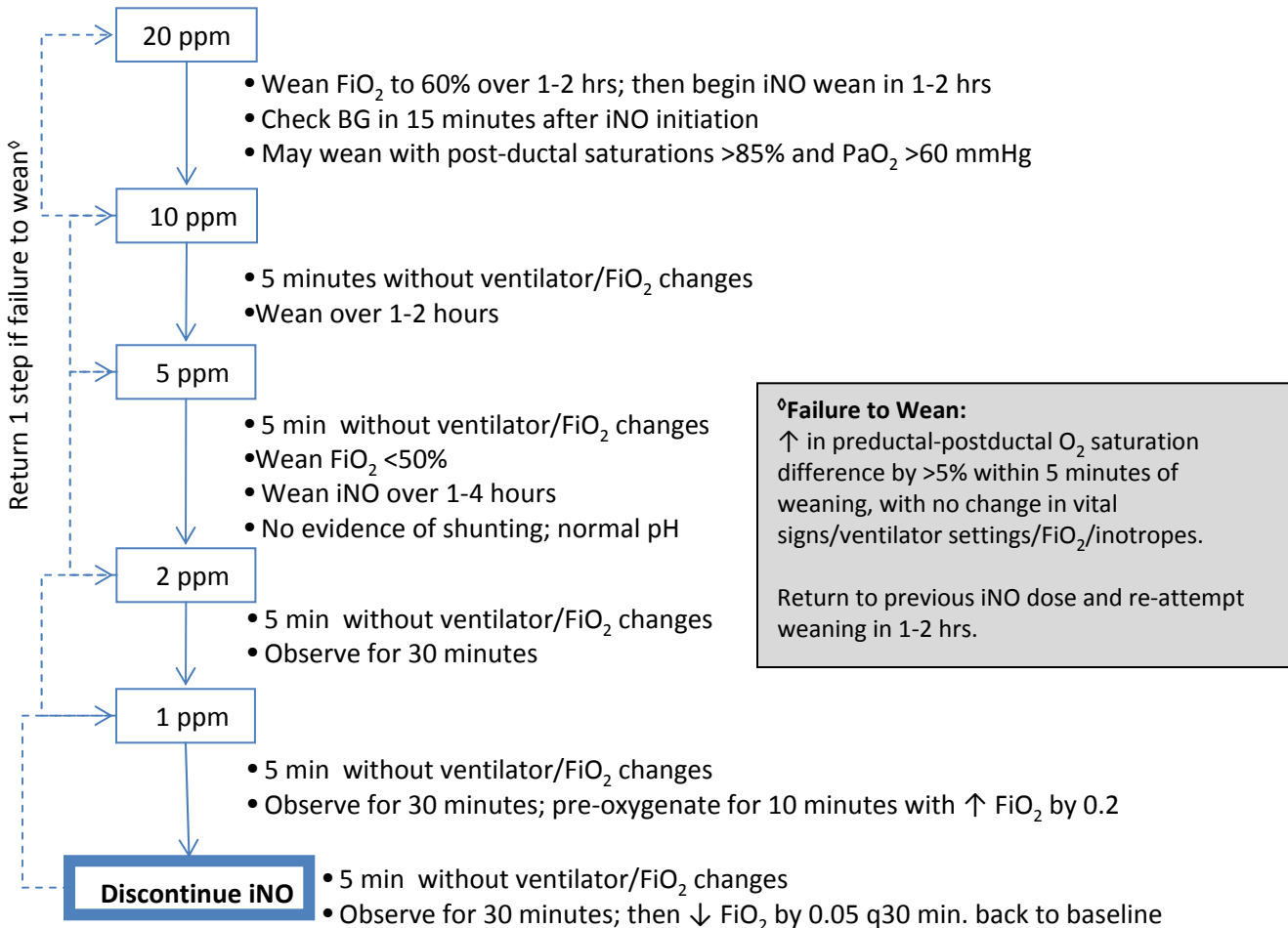
Checklist prior to Initiation:

1. Surfactant administered
2. HFOV with lung volumes optimized on Chest X-ray
3. Echo document PPHN and rules out congenital heart defects
4. Hypotension corrected with vasoactive agents and volume as indicated

C. iNO THERAPY <34 WEEKS



D. WEANING PROTOCOL <34 WEEKS



Checklist prior to Initiation:

1. Infant to be in hypoxic respiratory failure or documented pulmonary hypertension per echo
2. Lung volumes optimized on SIMV/HFOV and CXR shows good expansion

E. CONGENITAL DIAPHRAGMATIC HERNIA AND BRONCHOPULMONARY DYSPLASIA/CLD

