



# Approach to the Sick Neonate

Author: Quentin Reuter, MD

Editor: : Maneesha Agarwal, MD; Kristen Grabow Moore, MD, MEd

## 1. Rapid Assessment via Pediatric Assessment Triangle

- *Appearance*: the “tickles” (TICLS) mnemonic  
Tone, Interactiveness, Consolability, Look/Gaze, Speech/cry
- *Work of breathing*: airway sounds, abnormal positioning, retractions, flaring, head bobbing
- *Circulation of Skin*: pallor, mottling, cyanosis, cap refill



## 2. Stabilization of Vitals

- *Airway/Breathing*: assess RR, WOB, oxygen saturation  
Respiratory distress or hypoxia -> O2 supplementation -> BVM -> intubate
- *Circulation*: Assess end organ perfusion -> cap refill, BP, pulse  
Poor perfusion -> IV/IO access, 20cc/kg fluid bolus (repeat as needed)  
No improvement -> Vasopressors  
NE or epi  
Less than 1mo old -> consider congenital heart disease and treatment with prostaglandins to open ductus arteriosus  
Be prepared for possible apnea and/or hypotension with prostaglandin infusion  
Cardiac kids:  
Pulm flow limited (blue babies with low oxygen saturation) vs  
Systemic flow limited (hypotensive with wet lungs and an abnormally palpable liver edge)  
Obtain: pulse ox (blue or red?), chest XR, and 4 extremity BP
- *Glucose*: check fingerstick, if <50 -> give D10 bolus (5cc/kg)
- *Sepsis*: obtain cultures, LP, labs, and start antibiotics (vancomycin, ampicillin, cefotaxime or gentamycin, acyclovir)



## 3. Run THE MISFITS differential

Trauma, Heart (congenital), Hypovolemia, Hypothermia, Endocrine, Metabolic (hypoglycemia), Inborn Errors of Metabolisms, Seizure, Formula Disasters, Intestinal Catastrophe, Toxicologic, Sepsis