

## Manejo En Prematuro Que Requirió Cánula De Alto Flujo (Airvo)

### FLUJO DE INICIO

Flujo 6 l/min

### MODIFICACIONES EN FLUJO

- Bajar Flujo 0,5 l/min cada 12 h:
  - Si  $F_{iO_2} < 0,40$  por  $> 12$  h y con Rx con volumen pulmonar normal
- Aumentar flujo en 1 l /min, máximo 8 l/min:
  - Aumento de  $F_{iO_2}$
  - $FR > 60$ /min, retracción
  - Rx Tórax con volumen pulmonar disminuido

### RETIRO AIRVO

- Criterios para retiro  $F_{iO_2} < 0,25$ 
  - 2 l/min
  - $F_{iO_2} < 0,25$
- Post retiro de AIRVO , si requiere O2: Naricera + blender 0,5 l/min
  - $< 34$  sem: Naricera con blender 0,5 l/min
  - $\geq 34$  sem: Naricera sin blender

### FRACASO RETIRO DE AIRVO

- Conectar a Cpap ciclado
  - Aumento de  $F_{iO_2} > 0,6 > 2$  h
  - Hipercapnia  $> PaCO_2 65$  mm Hg
  - $pH < 7,20$
  - Apneas severas  $> 1$ /hr o que requiere Ventilación a Presión Positiva

### LABORATORIO Y RADIOGRAFIA

- Hemocultivo, gases, hemograma, Dextro y Na al instalar catéter umbilical
- Gases en IMV o en Cpap:

Edad (H)	Frecuencia gases	
	$F_{iO_2} \geq 0.4$	$F_{iO_2} < 0.4$
0 - 12	C/4	C/4
12 - 24	C/4	C/ 8
24 - 48	C/6 - 8	C/8 - 12

- Na, K, Calcio, Hto c/ 12 h.  $< 48$  h. y c/ 24 h. entre 48 - 96 h.
- Rx tórax AP post instalación de catéteres.

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