Regional Guideline on use of Dinoprostone in Duct Dependent Congenital Heart Conditions in Neonates

Guideline Content



Regional guideline on use of Dinoprostone in duct dependent congenital heart conditions in neonates

Guideline Detail

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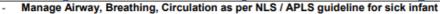
Summary of Guideline

Use of Dinoprostone in duct dependent congenital heart:

Antenatally diagnosed Transposition of Great Arteries (TGA) / duct dependent condition OR

Cyanosed infant who is well and non-acidotic

Infants with absent femoral pulses but otherwise well and nonacidotic Acidotic / Unwell infants with suspected duct dependent congenital heart condition



- Sepsis, respiratory (including PPHN) or metabolic conditions can mimic or can be associated with duct dependent heart conditions – treat these if any clinical suspicion.
- Acidotic / unwell infants usually need mechanical ventilation for severe hypoxaemia, acidosis or cardio-respiratory failure

Do not delay in starting Dinoprostone, which can be given peripherally or centrally

Start Dinoprostone 10 nanograms / Kg / min

Discuss with Paediatric Cardiologist

Start Dinoprostone 25 nanograms / Kg / min

Discuss with Paediatric Cardiologist

Start Dinoprostone 100 nanograms / Kg / min

Discuss with Paediatric Cardiologist urgently via Embrace

Aim for oxygen saturations between 75-85% (in cyanosed) or palpable femoral pulses

Double the dose after every 20 min (to max 100 nanogramss/kg/min) if no improvement in oxygen saturations or femoral pulses and discuss with paediatric cardiologist via Embrace

Aim for maximum achievable oxygen saturations (unless a non-cardiac cause is reliably excluded) / palpable femorals

Consider correcting metabolic acidosis

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Time Critical Emergency: Consider time critical emergency if oxygen saturations do not increase above 70% or no improvement in acidosis or lactate levels despite 100nanograms/Kg/min of Dinoprostone

Calling Embrace on 01143058200 at an early stage to allow discussion of transport options is strongly recommended.

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