

## BACKGROUND

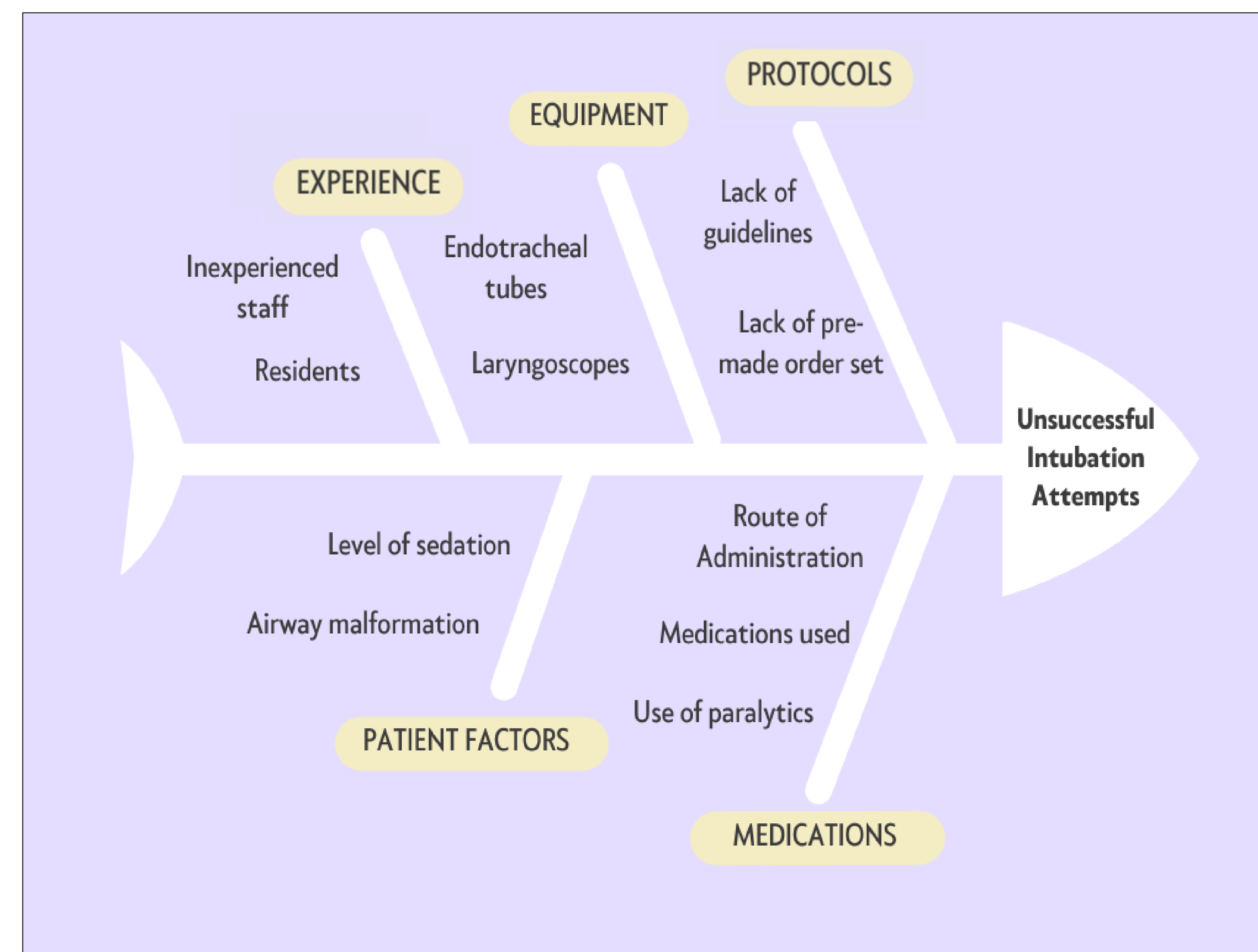
- *Largest contributing factor: lack of experience*
- *Inexperience can not be eliminated*
- **Guidance** - *procedures and order sets - can substitute for experience*

## BASELINE DATA

**39%**  
 of intubations successful on the first try

## THE PROBLEM

Each time a healthcare provider tries to intubate a newborn unsuccessfully, that newborn becomes significantly more likely to experience **death or adverse effects.**



## THE AIM

*By designing and implementing procedural guidelines and pre-made order sets, this study aims to increase the percent of **successful first-try** intubation attempts from **39% to 59%** in the ECU Health NICU within **6 months.***



<https://www.multivu.com/players/Spanish/8189251-march-of-dimes-premature-birth-report-card-2017/image/prematureinfant-1507822882041-15-HR.jpg>

## THE TEAM

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- *Brandy Davis, BS, RRT-NPS, ACCS (Respiratory Therapist)*
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## REFERENCES

- Miller, K. E., & Singh, N. (2022). Association of multiple tracheal intubation attempts with clinical outcomes in extremely preterm infants: a retrospective single-center cohort study. *Journal of Perinatology*, 42(9), 1216-1220.
- Neches, S. K., DeMartino, C., & Shay, R. (2023). Pharmacologic Adjuncts for Neonatal Tracheal Intubation: The Evidence Behind Premedication. *NeoReviews*, 24(12), e783-e796.