

Grampians Health Prematurity Screening Guidelines

Updated June 2023

	Who	What	When
Vitamin D deficiency	< 37/40 or < 2 kg BW or Maternal risk factors (vit D def, pigmented skin, covered)	Cholecalciferol: 500 international units (0.1 ml) oral daily	Start D5 (day 5) Stop 12 months corrected age
Anemia of prematurity	< 34/40 or < 2 kg BW	Ferrous sulphate (Ferro- liquid) 6 mg/ml elemental Fe: 0.5ml (< 2 kg), 1.0ml (>2 kg)	Start D14* if tolerating full feeds Stop 6 months corrected age and taking some solids * not required if on pre-term formula or fortified EBM
Osteopenia of prem.	< 28/40 or < 1 kg BW (ELBW) Screening: ALP, Ca, PO4 (and FBE/retics) 2 nd weekly from 32/40 CGA until 36/40 CGA	Calcium 2 mmol/kg/day & Phosphate 2 mmol/kg/day NGT/oral BD dosing - adjust dosing for weight only if bloods abnormal	Start if PO4 \leq 1.8 mmol/L or ALP \geq 600 IU/L, recheck weekly bone bloods if on supplements, or 2 nd weekly from 40/40 CGA if on supplements > 36/40 Stop at 36/40 if bloods normal or at/after 40/40 CGA if 2 x bloods normal
Neurological screening	< 32/40 or ≥ 32/40 with risk factors (microcephaly, seizures, hypotonia, severe TCP, HIE, etc.)	Cranial ultrasound & See IDAC criteria below	1 st : Day 2/3* 2 nd : Day 14* 3 rd : 36/40 CGA* * timing can be adjusted to correlate with referring tertiary hospital
Retinopathy of prem. (ROP)	< 30/40 or < 1250 g BW or > 1250 g BW/≥30/40 with risk factors (twin-twin transfusion, nitric oxide, hydrops, severe sepsis, IVH grade 3-4, ventilator requirement > 1 week)	Retinopathy screen occurs on Tuesdays (inform ophthalmology prior and write up eye drops the day before)	Start 30-32/40 CGA then - 1-2 weekly if high risk - 2-3 weekly if low risk Stop once retina fully vascularized (approx. 36/40 CGA) - some infants require post term screening to exclude late ROP
Infant Developmental Assessment Clinic (IDAC) Trial Project- Review June 2024	<32/40 or <1500g or HIE stage 2/3 or IVH Stage 3/4 or Cardiac surgery or Periventricular Leukomalacia (PVL) or Cerebral Infarct Neonatal Stroke or Multiples (only if one or more baby meets above criteria) Resides in Grampians Health area	Outpatient Referral Request on MR/005.99 <u>MUST</u> request <u>IDAC</u> (<u>Friday Morning)</u> Put the month needing appointment (6 weeks CGA and 3 months CGA) <u>NURSING TEAM-</u> Inpatient Physiotherapy referral- stating IDAC and which criteria baby meets.	Prior to discharge home

IVH – intraventricular hemorrhage

TCP - thrombocytopenia

HIE – hypoxic ischaemic encephalopathy IDAC – Infant Developmental Assessment clinic