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Case No. 11 - Respiratory and Cardiac Arrest at 3 Weeks of age in a very Premature Neonate Occurring in the NICU

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CASE NO. 11

RESPIRATORY AND CARDIAC ARREST AT 3 WEEKS
OF AGE IN A VERY PREMATURE NEONATE
OCCURRING IN THE NICU

On October 2, 2003, a 23 week gestational age premature neonate was admitted to the University Hospital Tertiary NICU Unit. A full course of steroids had been given to the child's mother prior to a cesarean birth. The neonate was responsive to newborn resuscitation and was in stable condition on arrival in the NICU. Though the parents were advised that the child's prognosis was guarded, the neonate was stable on supportive care for her RDS which initially included a jet ventilator.

By October 23, 2003 (3 weeks of age), serial head ultrasounds and CAT-scans had revealed no infarcts, cysts, bleeds, or any other brain abnormalities. The parents were advised that the child continued to do well and there was guarded optimism with regard to survival and long term outcome.

On October 25th, the child was described as having labored breathing and then a pulmonary arrest followed by a cardiac arrest. The ET tube was not removed, replaced or adjusted at that time. The bedside providers at the time did not include a physician. Within 30 minutes, a physician arrived. The physician and a nurse advised the child's mother that the infant had expired but the child's mother insisted that the child was still breathing. The physician reexamined, removed the ET tube and then replaced the ET tube. The child then immediately exhibited overt breathing and almost immediately was observed to go from bluish grey to pink. Serial ABGs then showed improvement from metabolic acidosis to within normal range.

The neonate thereafter remained stable and responsive to continued supportive care for which she was gradually weaned off. Unfortunately following the October 25, 2002 "event" head ultrasound and brain CT revealed brain abnormalities consistent in timing and distribution with ischemic brain insults occurring on October 25, 2002. At discharge, the listed diagnosis was severe brain damage due to premature birth. The child's follow-up unfortunately revealed severe motor (quadriplegia) and cognitive deficits attributed to the aforesaid brain damage.