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2. Resume Phototherapy If Exchange Was Done For Hyperbilirubinemia. 3. Observe In ICN. Do Not Feed For At Least 4 Hrs After Umbilical Lines Removed. Partial Exchange Transfusion 1. Send Hematocrit At Completion Of Exchange And 4 Hrs After Completion. 2. Observe In ICN For At Least 4 H 3th, 2024

#### **Neonatal Intubation (Neonatal) - Medical Staff Affairs**

Decreased Breath Sounds, Poor Lung Expansion Or A Rising PaCO2 When None Of The Other Complications (below) Are Present. B. If This Occurs, The ET Tube Should Be Replaced. 3. Accidental Extubation A. May Occur If The Tape Securin 2th, 2024

## **Neonatal Pediatric Chest Tube Placement (Neonatal, Pediatric)**

NEONATAL / PEDIATRIC CHEST TUBE PLACEMENT (Neonatal, Pediatric) 4 2. Locate The Site For Insertion. In Case Of Pleural Fluid Collection, If Feasible, Use Ultrasonography To Locate The Optimal Site For Chest Tube Placement. In Pediatric Patients This Should Usually Be The Fourth Or Fifth Intercostal Space In The Mid-to-

anterior Axillary Line. 2th, 2024

#### **Neonatal Pediatric Thoracentesis (Neonatal, Pediatric)**

Chest Drain Should Be Inserted (see Procedure For Neonatal / Pediatric Chest Tube Insertion) And Connected To An Underwater Seal. In An Emergency Or Situations In Which A Tube Cannot Be Placed, Repeated Needling Will Buy Time Until The Definitive Measures Can Be Carried Out. Fluid Accumul 2th. 2024

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• Patients Admitted To A Critical Care Unit Because No Other Hospital Beds Were Available, • Patients Admitted To A Critical Care Unit For Close Nursing Observation And/or Frequent Monitoring Of Vital Signs (e.g., Drug Toxicity Or Overdose), Or • Patients Admitted To A Critical Care Unit Because Hospital Rules Require Certain 3th, 2024

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