Guidelines: Pulmonary hemorrhage is an acute event with bloody fluid noted in the respiratory tract. There can be blood from the nares, mouth and in the endotracheal tube/trachea. It can occur in preterm and term infants, and considered in neonates with a sudden deterioration with clinical pallor, cyanosis, bradycardia or apnea. Pulmonary hemorrhage occurs most commonly in the first few days of life and can have a mortality rate up to fifty percent. Therapies for patients with suspected or confirmed pulmonary hemorrhage can consist of:

Standards:
1. Increase peep by 1-2cm, as long as no air leak is present.
2. If ventilated, consider administration of endotracheal epinephrine (1:10,000) 0.1ml/kg per ETT once. May need to follow with a small amount of normal saline to flush into tube.
3. If bleeding continues, repeat endotracheal epinephrine (1:10,000) 0.3ml/kg per ETT once. May need to follow with a small amount of normal saline to flush into tube.
4. Fluid resuscitate with colloids at 10-20ml/kg IV.
5. Obtain blood gas and baseline hematocrit measurement, transfuse if indicated.
6. Check chart for recent platelet count, if available.
7. Consider CXR to evaluate for infiltrates or opacification of lung fields.
8. Notify Control Physician, once patient is stabilized or when clinically indicated.

Required Documentation:
1. Increase in peep required.
2. Volume resuscitation needed.
3. Dose of epinephrine given and number of doses administered.
4. CXR results, if obtained.

Citations/References: