CPAP EXPERIENCE

Migori CRH
Grace Nalwa
outline

• Introduction of CPAP in our unit

• To describe the experience of CPAP in our unit

• To outline some of the challenges we have faced

• To outline what further steps we envision
Introduction

• Our unit (MCRH) began CPAP 7 months ago

• Four staff were trained and have served as champions for CPAP, a very important role

• Continued invaluable mentorship from our colleagues who have gone ahead

• We have 2 bubble CPAP machines, a monitor and 4 pulse oximeters
Experience

• In reviewing the available forms at the facility, about 50% of all the admissions are in NBU

• However, this has been skewed in that last year (Aug-Dec 2015), more babies received CPAP at NBU compared to paeds ward.

• Mortality is recorded as 24%

• We initiated about 53% of the patients on CPAP last year, approximately 50% of whom died

• We experienced 2 patients with abdominal distention (CPAP belly)
INDICATIONS FOR CPAP

- Pneumonia
- RDS
- Sepsis
- Others
CPAP initiation

- moi/coi: 42%
- nurse: 51%
- others: 7%
Lessons learnt

- We lost babies initially because of **incorrect indications** eg severe birth asphyxia and **late initiation** of CPAP

- 2 of the infants who died had severe respiratory distress and were HIV exposed (PJP)

- One referred due to ?CHD

- **Data quality** and management eg lost forms, incomplete forms, need to record more information not given space in the form etc
Inventory management

- We lost two preterm twins in October last year who had RDS
- CPAP was started late because of delay in having the proper sized prong
- This was sorted out due to the network available
- Keeping the tubes in containers in each unit coupled with training of each staff member
Lessons learnt

• Having a champion of CPAP in the unit is key for continuity

• Data strengthening – completeness, point person, redesigning forms etc

• All babies are to be put on ngt with CPAP especially new borns and prems to reduce abdominal distention

• Strengthening follow up of the babies especially preterms
Continual training
Way forward

• Data collection improvement by having tables on the form for documentation of monitoring

• Recording of the CPAP information in another book to minimize loss of data

• Plan to liase with partners and county government to have more CPAP machines

• Incorporation of CPAP data review in the monthly mortality meetings at the unit level
summary

• Overall, our experience has been good

• The support we have had from our colleagues and partners has been invaluable

• We anticipate to continually improve and enhance sustainability of CPAP in our unit and county as a whole