

THE **S.T.A.B.L.E.** Program

Hundreds of times each day, in hospitals and communities around the world, newly born infants become ill and require specialized care. Each member of the health care team—nurses, physicians, therapists and assistants—must know what to do for the sick infant. Their care must be provided in a timely, efficient, anticipatory, and effective manner. This early transitional care affects not only the immediate health of the infant, but also the infant’s long-term outcome. The S.T.A.B.L.E. Program was developed to meet the educational needs of health care providers who must deliver this important stabilization care. S.T.A.B.L.E. education is critical to the mission to reduce infant mortality and morbidity and to improve the future health of children and their families.

<p style="text-align: center; font-size: 48pt; font-weight: bold;">S</p>	<p style="text-align: center; font-weight: bold;">SUGAR AND SAFE CARE</p> <ol style="list-style-type: none"> 1. Issues of patient safety and error reduction in the delivery of nursing and medical care to neonates. 2. Infants at increased risk for becoming hypoglycemic and hyperglycemic. 3. Signs of hypoglycemia. 	<ol style="list-style-type: none"> 4. The initial, appropriate IV fluid therapy to provide for the sick neonates. 5. The IV glucose treatment of hypoglycemia and when to reevaluate the blood glucose following treatment. 6. Candidates for placement of an umbilical catheter. 7. Principles for safe use of umbilical venous and arterial catheters.
<p style="text-align: center; font-size: 48pt; font-weight: bold;">T</p>	<p style="text-align: center; font-weight: bold;">TEMPERATURE</p> <ol style="list-style-type: none"> 1. Infants at increased risk for becoming hypothermic. 2. Ways infants lose body heat and protection from cooling. 	<ol style="list-style-type: none"> 3. Physiologic responses to hypothermia for premature and term infants. 4. Necessary precautions to observe when re-warming hypothermic infants.
<p style="text-align: center; font-size: 48pt; font-weight: bold;">A</p>	<p style="text-align: center; font-weight: bold;">AIRWAY</p> <ol style="list-style-type: none"> 1. Evaluation of respiratory distress. 2. Indications for continuous positive airway pressure, positive pressure ventilation with bag and mask or endotracheal intubation. 3. How to provide assistance during endotracheal intubation. 4. How to secure an oral endotracheal tube and evaluation of ET tube depth on chest x-ray. 	<ol style="list-style-type: none"> 5. Blood gas interpretation and proper therapies to initiate in response to an abnormal result. 6. The initial ventilatory support for very low-birth-weight, low-birth-weight and term infants. 7. The signs and symptoms of a pneumothorax, use of transillumination and chest x-ray to evaluate for pneumothoraces and principles of emergent evacuation of a pneumothorax.
<p style="text-align: center; font-size: 48pt; font-weight: bold;">B</p>	<p style="text-align: center; font-weight: bold;">BLOOD PRESSURE</p> <ol style="list-style-type: none"> 1. The causes, presentation and initial treatment of hypovolemic, cardiogenic and septic shock. 	<ol style="list-style-type: none"> 2. Physical exam for shock & laboratory tests that assist with recognition & evaluation of shock. 3. Indications for, and safe administration of dopamine.

L

LABWORK

1. Risk factors that predispose infants to infection and clinical signs of infection.
2. Laboratory tests indicated for evaluation of infection including the complete blood count and blood culture.

3. Basic white blood cell development and calculation and interpretation of the absolute neutrophil count and immature to total ratio.
4. The relationship of thrombocytopenia to possible sepsis.
5. Initial antibiotic therapy with ampicillin and gentamicin and monitoring of gentamicin levels.

E

EMOTIONAL SUPPORT

1. The crisis families experience when an infant requires care in a neonatal intensive care unit.

2. Ways healthcare providers can support parents of sick infants.