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Accompanying DVD-ROM Are Designed In Accord With The Program's Curriculum Changes And Sharpened Focus On Active, Hands-on Learning. The Text Facilitates The 2th, 2024Neonatal Exchange Transfusion (Neonatal)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 2th, 2024. Neonatal Intubation (Neonatal) - Medical Staff AffairsDecreased 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 3th, 2024Neonatal Pediatric Chest Tube Placement (Neonatal, Pediatric)NEONATAL / PEDIATRIC CHEST TUBE PLACEMENT (Neonatal, Pediatric) 4. 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. 1th, 2024Neonatal 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 1th, 2024.

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