

Infasurf® Quick Reference Administration Guide

(calfactant)

PRE INSTILLATION:

Prepare Infasurf

- Calculate total dose as 3mL/kg body weight at birth
- Warming not required – if desired, may be warmed to room temperature
- **NEVER use radiant/artificial warming devices to warm Infasurf**
- Repeatedly invert the vial(s) to homogenize settled suspension – **DO NOT SHAKE VIGOROUSLY**
- Draw each aliquot through a 20 gauge needle into separate syringes – **each syringe should contain an amount of air EQUAL to the liquid volume**

Prepare Infant

- Position infant supine with the head midline
- ET Tube MUST BE:
 - **IN PROPER POSITION** – confirm presence of **expired CO₂, bilateral chest rise and equal bilateral breath sounds**
 - **UNOBSTRUCTED** – **suction as needed**
 - **SECURELY FIXED IN PLACE** – use extra care if only manual retention is used during instillation
- **INFANT MUST BE CLINICALLY STABLE – CONFIRM SpO₂, EXPIRED CO₂, HR AND BP ARE ACCEPTABLE**

INSTILLATION:

Instill Surfactant

- Attach a syringe to instillation catheter
- During instillation **hold the plunger up and the outlet down - air must be above liquid during instillation**
- Advance catheter to the distal tip of ET Tube – **DO NOT advance catheter beyond the carina into either main stem bronchus**
- Instill surfactant suspension quickly and smoothly over 1-2 seconds followed immediately by the air – **DO NOT pause in between the liquid and air instillation**

Initiate Manual Ventilation

- Withdraw instillation catheter rapidly and gently turn infant to left or right side to **optimize surfactant distribution**
- Initiate manual ventilation with a flow inflating bag or a T piece resuscitation device (i.e. Neopuff™, Neo-Tee®)
- Effective gas exchange will require the use of **effective peak inspiratory pressure (PIP), inspiratory time (IT), inspiratory plateau pressures, and positive end expiratory pressure (PEEP)**

POST INSTILLATION:

Manual Ventilation

- Continue manual ventilation for 1- 2 minutes or until adequate ventilation is established
- Use:
 - **Initial peak inspiratory pressure of 20-40 cm H₂O** to overcome high inertia and flow resistance of liquid in the airway – this will propel surfactant to distal lung
 - **Initial inspiratory time of 0.5 - 1.0 seconds** to create plateau–pressure at proximal end of ET tube, insuring pressures throughout distal airway equilibrate – **promotes uniform ventilation and rapid surfactant distribution to distal lung**
 - **Initial positive end expiratory pressure of 5-7 cm H₂O**
 - **Typical pressure settings: 28/6 cm H₂O, 30/7 cm H₂O***

Infant Assessment

- Look for signs that instillation has been completed successfully: **normal chest rise, color, SpO₂, HR and BP**
- Listen for clear breath sounds – **MINIMAL REFLUX AND ABSENCE OF RHONCHI ARE PHYSICAL SIGNS that surfactant is out of airways and absorbed into the alveoli**
- Adjust ventilatory support up or down as needed
- Subsequent aliquot instillations are given **once cardiopulmonary stability is established**

ADDITIONAL INFORMATION:

- **Never hesitate to suction** the ET Tube and airway whenever airway obstruction is suspected. **Suctioning is not contraindicated after surfactant instillation.**
- The welfare of the patient is always the primary consideration during Infasurf instillation. **In the tiniest and most fragile patients, dividing the dose into 4 aliquots may minimize the stress of administration.**
- ***Typical settings are based on instillation protocols from Infasurf using hospitals.** Hospitals should determine settings based upon their individual protocols and patient assessment.
- Infasurf is indicated for the prevention and treatment of Respiratory Distress Syndrome (RDS) in premature infants.
- Please see Affixed Full Prescribing Information for Indication and Important Safety Information.

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