## Evidence Table: Neonatal Apnoea

<table>
<thead>
<tr>
<th>Reference</th>
<th>Evidence level (I-VII)</th>
<th>Key findings, outcomes or recommendations</th>
</tr>
</thead>
</table>
\- Differential diagnosis  
\- Clinical examination  
\- Pharmacology |
\- Further potential causes of apnoea |
| Doherty Chantal, MD. Causes and management of apnoea in the newborn. Powerpoint Presentation. | VII | \- Differences between apnoea in preterm and term infants  
\- Potential causes of apnoea  
\- The 3 types of apnoea  
\- Expected onset of apnoea of prematurity and duration  
\- Treatment & management possibilities after recognizing the type and cause of apnoea |
\- High-dose caffeine reduces the need for respiratory support over the standard dose regimen of 5mg/kg/day, without apparent adverse outcomes in infant development, temperament or behavior at 2 years of age |
\- Examines benefits of caffeine citrate  
\- Review of pharmacology and pharmacokinetics of caffeine  
\- Review of current evidence-based practice for the use of caffeine citrate in treating apnoea of prematurity |
\- At flows up to 2.5 l/min in infants < 2kg, HFNC can generate positive distending pressure which is as effective as NCPAP in the management of AOP |
The Hierarchy of Evidence

The Hierarchy of evidence is based on summaries from the National Health and Medical Research Council (2009), the Oxford Centre for Evidence-based Medicine Levels of Evidence (2011) and Melynyk and Fineout-Overholt (2011).

I  Evidence obtained from a systematic review of all relevant randomised control trials.
II  Evidence obtained from at least one well designed randomised control trial.
III  Evidence obtained from well-designed controlled trials without randomisation.
IV  Evidence obtained from well designed cohort studies, case control studies, interrupted time series with a control group, historically controlled studies, interrupted time series without a control group or with case-series
V  Evidence obtained from systematic reviews of descriptive and qualitative studies
VI  Evidence obtained from single descriptive and qualitative studies
VII Expert opinion from clinicians, authorities and/or reports of expert committees or based on physiology

