

Reference (include title, author, journal title, year of publication, volume and issue, pages)	Evidence level (I-VII)	Key findings, outcomes or recommendations
Continuous Positive Airway Pressure Nasopharyngeal CPAP. Newborn Services Clinical Guideline. Auckland District Health Board. www.adhb.govt.nz/newborn (printed November 29, 2018).	VII	<ul style="list-style-type: none"> • Clinical guideline available via Auckland District Health Board website • Outlines procedure for insertion and management of nasopharyngeal tube (neonates) • Includes suggested tube lengths in nasopharynx for neonates weighing greater than and less than 3.5kg
Continuous positive airway pressure via single nasal tube. Policy and Procedure. The Womens, Melbourne. www.thewomens.org.au (printed December 10, 2012).	VII	<ul style="list-style-type: none"> • Clinical guideline available via The Women’s Hospital, Melbourne • Outlines procedure for insertion and management of nasopharyngeal tube (neonates) • Includes suggested tube lengths in nasopharynx for neonates weighing less than 2kg, and greater than 2kg
Courtney, S.E., Kahn, D.J., Singh, R., & Habib, R.H. (2011). Bubble and ventilator derived nasal continuous positive airway pressure in premature neonates: work of breathing and gas exchange. <i>Journal of Perinatology</i> . 31, 44-50.	IV	<ul style="list-style-type: none"> • Study compares bubble and ventilator means of delivering CPAP to premature neonates (<1.5kg) • Concluded that work of breathing and ventilation with bubble CPAP and ventilator derived CPAP are similar when equivalent delivered prong pressures are assured. • Concluded that there is improved oxygenation with bubble CPAP that requires further investigation
Fraser Askin, D. Noninvasive Ventilation in the Neonate. (2007). <i>Journal of Perinatal & Neonatal Nursing</i> . 21(4), 349-358.	VII	<ul style="list-style-type: none"> • Reviews literature reviews and provides an overview of non-invasive ventilation including the history of CPAP, types of non-invasive ventilation, benefits of non-invasive ventilation, contraindications and complications of non-invasive ventilation, nursing assessment and care of neonates on CPAP, desirable characteristics of nasal prongs

<p>Nasopharyngeal Continuous Positive Airway Pressure (NPCPAP). Procedure Guideline. University of Iowa Children’s Hospital. www.uichildrens.org (printed September 16, 2013).</p>	<p>VII</p>	<ul style="list-style-type: none"> • Clinical guideline available via University of Iowa Children’s Hospital website • Outlines procedure for insertion and management of nasopharyngeal tube (neonates) • Includes suggested tube lengths in nasopharynx for neonates weighing less than 1.5kg, between 1.5kg and 2kg, and greater than 2kg
<p>Petty, J. (2013). Fact sheet: Understanding neonatal non invasive ventilation. <i>Journal of Neonatal Nursing</i>. 19, 10-14.</p>	<p>VII</p>	<ul style="list-style-type: none"> • Overview of non-invasive ventilation in neonatal care; focuses on the terms and modes used
<p>Neonatal respiratory distress including CPAP. Queensland Clinical Guidelines. https://www.health.qld.gov.au/__data/assets/pdf_file/0012/141150/g-cpap.pdf. Amended July 2018.</p>	<p>VII</p>	<ul style="list-style-type: none"> • Clinical guideline available via Queensland Health website. • Outlines procedure for when to commence CPAP and management of midline CPAP • Outlines complications the neonate could have when receiving CPAP • Outlines how to care for a neonate who is receiving CPAP

<p>Zanardi, D.M.T. (2010). Devices and pressure sources for administration of nasal continuous positive airway pressure in preterm neonates: RHL commentary. The WHO Reproductive Health Library. Geneva: World Health Organization.</p>	<p>V</p>	<ul style="list-style-type: none"> • Review of literature that seeks to determine which technique of pressure generation and which type of nasal interface for nasal CPAP delivery most effectively reduces the need for additional respiratory support in premature neonates extubated to nasal CPAP following intermittent positive pressure ventilation for respiratory distress syndrome or in those treated with nasal CPAP soon after birth • Seven trials are included • Short bi nasal prong devices are more effective than single prong devices in reducing the rate of reintubation, lowering oxygen requirements and respiratory rate • Short bi nasal prongs are more effective than nasopharyngeal continuous positive airway pressure in the treatment of early respiratory distress syndrome
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