<table>
<thead>
<tr>
<th>Reference (include title, author, journal title, year of publication, volume and issue, pages)</th>
<th>Evidence level (I-VII)</th>
<th>Key findings, outcomes or recommendations</th>
</tr>
</thead>
</table>
• 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 |
• 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 ventilatorderived nasal continuous positive airway pressure in premature neonates: work of breathing and gas exchange. Journal of Perinatology. 31, 44-50. | IV | • 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 assures.  
• Concluded that there is improved oxygenation with bubble CPAP that requires further investigation |
• 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 |
• 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 |

| V | • 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 |

| RCH Nursing Guideline: Continuous Positive Airway Pressure (CPAP) - Care in the Newborn Intensive Care Unit (Butterfly Ward)  
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