



IF ANY CONCERN FOR APNEA, please consult a pediatrician immediately to determine need for further evaluation, transfer, medevac, etc.

Recommendations on Management of Caffeine After NICU Discharge

- Recommended dose of caffeine is 12 mg/kg PO daily.
- Patient should be seen in Bethel by a pediatric provider within one week of returning to the region.
- Dose should be weight-adjusted every 1-2 weeks. This can occur in outpatient clinic with a pediatric provider or a pediatric consult, in an SRC with a pediatric consult, or in a village by RMT to Chronic Peds.
- Stop the caffeine when the baby is 42 weeks corrected gestational age.
- Discontinuation of caffeine may be delayed for another week so as not to coincide with immunizations, recent URI, or planned anesthesia (as all of these events can cause re-emergence of intermittent hypoxia with periodic breathing).



When a Baby is Discharged from the NICU on Caffeine

- Update the Problem List with the plan, including the target dose, how often to weight-adjust, and the expected end date (when 42 weeks corrected gestational age will be).
- Write a prescription for the caffeine. Include the target dose. Under "eRx Note to Pharmacy," state "do not fill until family calls for refills."
- Assess caffeine dose at every encounter.

Rationale

- In the past, premature infants were given caffeine until about 34 weeks post-menstrual age. Some needed caffeine past this point and went home on caffeine and an apnea monitor.
- Recent studies have shown that many preterm infants who have been taken off caffeine will go on to have intermittent hypoxia and subclinical apnea and bradycardia events after discharge from the hospital.
- Evidence is also building that prolonged use of caffeine results in better neurodevelopmental outcomes.
- As of January 2019, caffeine has been continued in preterm infants after discharge from the PAMC NICU.
- The PAMC NICU stopped the routine use of apnea monitors for babies discharged on caffeine due to sub-optimal monitor technology and frequent frustration among parents and providers. They prefer to emphasize the importance of giving caffeine rather than use of apnea monitors.

Source

Adapted from letter from Alaska Neonatology Associates, Inc., Pediatric Medical Group, an affiliate of MEDNAX.  
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Providence Alaska Medical Center (PAMC)  
Neonatal Intensive Care Unit (NICU)

This resource is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.  
Approved by Clinical Guideline Committee 1/11/23.  
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