

Apparent Life Threatening Event

Getting Ready to Learn about Apparent Life Threatening Events

Learning something new can be hard. The purpose of this education plan is for you and the staff to read over this information together. Here are some good things to tell the staff:

- Who else do you want to learn this information?
- What is the best way for you to learn? Reading, listening, watching or by doing things yourself?
- Tell staff if you cannot focus on learning right now.

This information is important to your baby's health. We may explain something more than once. We will be giving you information in small bits at a time. If there is something you don't understand, it's ok to ask us to explain again.

What I need to learn about Apparent Life Threatening Event:

1. I will be able to perform basic infant CPR.
2. I will be able to use and monitor a home apnea monitor if one is prescribed.
3. I will have an emergency plan in place.
4. I will give my baby all medications as prescribed.
5. I will be able to tell staff how I will create a safe sleep environment for my baby.
6. I will learn to recognize the signs and symptoms of gastroesophageal reflux and what to do to prevent it.

The staff will use three questions to teach me about Apparent Life Threatening Event:

1. What is the main problem?
2. What do I need to do?
3. Why is this important to me?

The staff will ask me to repeat important points in my own words, or ask me to show what I have learned. They want to make sure that I know the information.

What is the main problem?

My baby has had an apparent life threatening event. Breathing that is slow or stops is called apnea. Apnea can happen from many different causes.

One common cause is gastroesophageal reflux (GERD). In infants the muscle at the top of the stomach may be loose and not close well. Sometimes food goes from the stomach back up into the feeding tube (esophagus). This is called gastroesophageal reflux (GERD). Many young babies will have a small amount of reflux. Many babies spit up milk out of their mouths or noses.

Usually the spit-up is mostly milk and not stomach acid. It happens most often by 4 months and happens much less by 7 or 8 months of age. Babies gain at least 6 ounces a week and with wet diapers at least every 6 hours are growing well. If the baby is healthy, happy and growing well, nothing needs to be done about the spitting up.

Sometimes the spit-up has more stomach acid in it. This type of GERD can cause irritation of the feeding tube (esophagus). Signs of GERD may include:

- Coughing, choking or gasping after eating
- Color changes around my baby's mouth (pale or blue)
- My baby may be more fussy
- My baby not gaining weight or losing weight

The doctor may order tests if my baby is not growing well or is having difficult breathing. A common test is an X-ray of the esophagus and stomach after the baby has been given a special liquid to drink

What do I need to do?

I will learn basic CPR

- I will learn to recognize infant emergencies.
- I will be able to demonstrate basic infant CPR.
- I will be able to recognize and respond to a choking infant.

I will learn to use a home apnea monitor if prescribed one by the doctor.

- I will use the provided equipment.
- I will demonstrate the proper placement of leads on my baby's chest.
- I will keep my baby on the apnea monitor if one is prescribed.
- I will learn what to do if the alarm sounds.

I will have an emergency plan in place

- I will call 911 if my baby stops breathing.
- I will be able to perform basic CPR if my baby stops breathing.
- I will have emergency numbers of people I might need to call.

I will give my baby all medications as prescribed

- I will give my baby any medications according to the instructions on the bottle and from my doctor.
- I will take my baby to all follow-up appointments.

I will have a safe sleep environment for my baby.

- I will place my baby to sleep in a crib with a firm mattress and a tight fitting bottom sheet.
- I will position my baby on his/her back to sleep unless given other instructions by my baby's doctor.
- My baby will be the only soft thing in the crib.
- I will not place my baby to sleep on an adult bed or sofa.

I will know ways to reduce or prevent the signs and symptoms of gastroesophageal reflux (GERD).

- I will feed smaller amounts more often.
- I will burp my baby after every 1 to 2 ounces. Or after feeding on each side if breastfeeding.
- I will burp my baby in this way: Sit my baby up and hold my baby's head with my hand. Let baby lean over slightly, bending at the waist. This helps move air to the top of the stomach. Light taps to the back help baby to burp.
- I will not push on the stomach by holding baby over my shoulder to burp.

- I will keep my baby upright for 30 minutes after eating.
- I will avoid too much movement and jiggling during and right after a feeding.

Why is this important to me?

I want my baby to be safe and healthy. I want to know how to prevent GERD. I want to know what to do if my baby is having a hard time breathing or stops breathing.

As part of my baby's care, I have received this education plan, Apparent Life Threatening Event. I have also received a handout of Basic CPR information. The handout includes an internet address to a CPR video.

Apparent Life Threatening Event Education Plan

Resources for Staff

- CPR handouts for parents – Learn CPR at <http://depts.washington.edu/learncpr/>
- [Nursing Reference Center Plus](#)- Apparent Life Threatening Event
- [Nursing Reference Center Plus](#)- Gastroesophageal Reflux Disease- Infant
- [Nursing Reference Center Plus](#)- Parent Teaching Apnea Home Monitoring of The Newborn

Teaching Tools Each are available in Spanish

- Kidshealth.org – easy to understand info for parents on many subjects including safe sleep, ALTE, and GERD
<http://kidshealth.org/parent/general/sleep/apnea.html#>
- CPR teaching site - <http://depts.washington.edu/learncpr/>

References

- <http://depts.washington.edu/learncpr/>
- <http://digestive.niddk.nih.gov/ddiseases/pubs/gerdinfant>
- [Nursing Reference Center Plus](#)
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**Always close each teaching session with the question,
“What questions do you have for me?”**

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