

Common Neonatal Emergencies: You Can Never Be Better Prepared

2016

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Dr. Alan Schwartz: Hello. This is Alan Jay Schwartz, Editor-in-Chief of the American Society of Anesthesiologists' 2016 *Refresher Courses in Anesthesiology*, the latest research and education information. The focus of the new online format of the *Refresher Courses in Anesthesiology's* CME program, and the modules featured, is to educate learners on current developments in the science and clinical practice of the specialty of anesthesiology, critical care medicine and pain management. For the first time ever, we will be speaking directly with individual authors to learn about their expertise, perspective and insight regarding their featured module.

Today, we are pleased to present the following one-on-one conversation with Dr. Mary Ellen McCann, and will be highlighting the module titled, "Common Neonatal Emergencies: You Can Never Be Better Prepared."

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Dr. Alan Schwartz: Dr. McCann, thank you for talking with us today. You've written a wonderful review of neonatal emergencies, and how the anesthesiologist can best provide safe care to children with these problems. You review neonatal physiology, and current concerns with potential neurotoxicity of anesthetics on the neonate's developing brain. What key lessons do you want our clinical colleagues to learn from your refresher course module, that will ultimately benefit our neonatal patients?

Dr. Mary Ellen McCann: Well, thank you for inviting me for this interview. There's probably three take-home messages that I would like the audience to get from reading this particular article. One is that the morbidity and mortality for neonates undergoing surgical procedures is very high.

The next would be that it's really important to have a systematic approach to managing congenital anomalies. A very high percentage of children that need to come to surgery will have some congenital abnormality—a cardiac abnormality in particular.

And I guess the third thing that I would like the audience to appreciate is that neonates and preterm infants are extremely fragile, and that it's very important that exquisite attention should be made to manage the hemodynamic and anesthetic parameters of these youngest patients. It's very easy for them to get hypotensive or bradycardic, and we don't really know what the long-term neurocognitive outcomes are of both the neurotoxic potential of general anesthetics, as well as changes in hemodynamic parameters during anesthesia—how that affects the children's development.

Dr. Alan Schwartz: Thank you, Dr. McCann, for your insights about anesthetic care for neonates with high-acuity surgical emergencies, and for educating ASA members about this critically important clinical care topic.

And thanks to the audience for participating in this insightful conversation with this month's featured author. Be sure to join us for next month's one-on-one author interview, presented in this new, exciting format.

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