General Circular No : 01-19/2011

1st July 2011,
Ministry of Health,
"Suwasiripaya",
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10.

To:

All Provincial Directors of Health Services,
Deputy Provincial Directors of Health Services,
Directors of Teaching Hospitals,
MO i/c MoH Institutions,
MO i/c MoH Institutions of Line ministry,
President, College of Paediatricians,
President, Perinatal Society of Sri Lanka,
President, College of Obstrtricians,
Head of the Department, Pharmacology Department, University of Colombo.

GULDELINES FOR SURFACTANT USE

This replace the previous circular No P – 14 / 30 / 2008.
Surfactant is a life saving drug in a condition called Surfactant Deficiency Distress Syndrome (SDDS) occurring in newborn babies. The ministry has realized the importance of the surfactant availability at government hospitals and has taken steps to make available this drug in the hospitals through Medical Supplies Division.

Since the unit cost of the Surfactant is very high and the Ministry of Health has a limited budget for medical supplies, only a limited number of Surfactant will be made available at the initial stage. Therefore guidelines were formulated to ensure its optimum usage and avoid misuse.

Guidelines

1. Surfactant should be used in the **Neonatal Intensive Care Units** for the treatment of radiologically proven Hyaline Membrane Disease(HMD).
2. Surfactant should be requested and received only by the hospitals with ventilator support minimum CPAP facilities in the neonatal units.
3. It should be used for neonates,
    a) With a birth weight above 900grams
    b) With a maturity above 27 weeks gestation
    c) In the absence of major congenital abnormalities
    d) In the absence of asphyxia
    e) Any special circumstances Paediatricians / Neonatologists will decide to use

4. In meconium aspiration syndrome cases Paediatrician should take the decision.
5. Surfactant should not be used for prophylaxis.
6. It should be handled by trained personals. Consultant Paediatrician or a Medical Officer adequately trained to administer surfactant should use it.
7. It should be only single dose treatment.
8. The outcomes should be reported to the Family Health Bureau in the attached format and copy should be sent to Medical Supplies Division
9. Any adverse drug reaction reported due to the surfactant should be reported to ADR monitoring centre, Department of Pharmacology, University of Colombo (in the attached ADR form).
10. When required Surfactant should be administered as early as possible.

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Director General Health Services

Cc: DDG (MS)
DDG (PHS) II
Director / MCH
Director / MSD

o/c

AUDIT ON THE USE OF SURFACTANT

Name of the Patient : ..... BHT No : .....

Postal Address : ..... DOB : .....

..... Contact No : .....

Hospital : ..... UNIT : .....

District : ..... Province : .....

Institution transferred : .....

Age of the Neonate : ..... Gestation : .....

Number of doses and frequency : .....

Name of the Consultant : .....

Surfactant administered by : HO ☐ SHO ☐ REG. ☐ VP ☐

Hyaline Membrane Disease confirmed : yes ☐ o ☐ ROP Screening : Yes N ☐ ☐

CXR : Taken ☐ Not taken ☐ AGB : Done ☐ t done ☐

Source of Surfactant : Government : ☐ Private : ☐

Outcome : Live discharge ☐ Death ☐

Date of Extubation : .....

Duration of ventilation in hours : .....

Complications : Intra Ventricular Haemorrhage (IVH) ☐ Pulmonary Haemorrhage ☐

Necrotizing Enterocolitis (NEC) ☐ Pneumothorax ☐

Other comments : .....

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Signature of the Consultant : ..... Head of Institution: .....

Date : .....

ensure quality of patient care

DRUG INFORMATION CENTRE

DEPARTMENT OF PHARMACOLOGY

FACULTY OF MEDICINE, UNIVERSITY OF COLOMBO

REQUEST FOR DRUG INFORMATION

NADIC	200..	

Date: .. .. Time: .....

Requestor's Name: .....

Category:

- ☐ Consultant
- ☐ Medical officer
- ☐ GP
- ☐ Pharmacist
- ☐ Nurse
- ☐ Other

Reason for request:

- ☐ Patient care
- ☐ Education
- ☐ General
- ☐ Research

Patient Information (if appropriate):

Age: ..... Sex: M ☐ F ☐ Pregnant ☐

Address/Hospital:

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Diagnosis:

The question:

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Drug History:

Present: .....

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Past: .....

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Other relevant information:

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OFFICE USE

Nature of question

- ☐ ADR
- ☐ Indication / dosing
- ☐ Interactions / contraindications
- ☐ Pharmacokinetics
- ☐ Choice of drug
- ☐ Pharmaceutical identification
- ☐ Pharmaceutical incompatibility
- ☐ Overdose / poisoning
- ☐ General information

Method of answering question:

Oral	Phone	In writing	Other (specify)

Answer:

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Answered by:

Date: