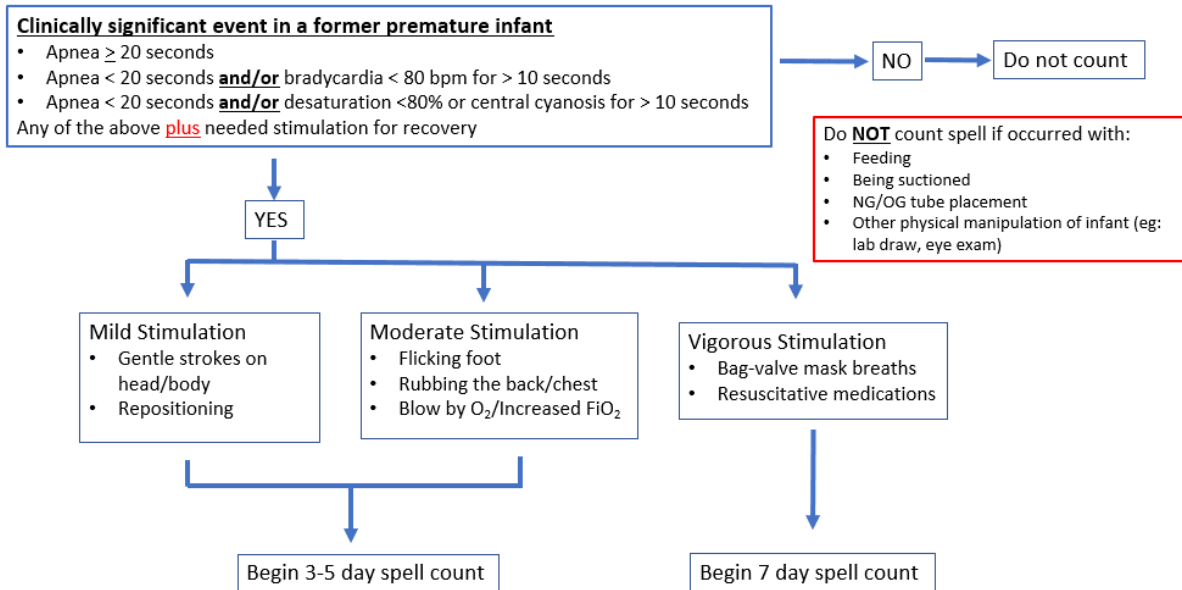


Discharge of Preterm Infants with Apnea of Prematurity



**Consider a longer spell count (at least 5 days) for infants <30 weeks gestation at birth
Spell count starts when at least 5 days have passed since the last dose of caffeine**

Resources:

Chung J, Tran Lopez K, Amendolia B, Bhat V, Nakhla T, Slater-Myer L, Saslow J, Aghai ZH. Stopping caffeine in premature neonates: how long does it take for the level of caffeine to fall below the therapeutic range? *J Matern Fetal Neonatal Med.* 2022 Feb;35(3):551-555. doi: 10.1080/14767058.2020.1729117. Epub 2020 Feb 20. PMID: 32079435.

Eichenwald EC; Committee on Fetus and Newborn, American Academy of Pediatrics. Apnea of Prematurity. *Pediatrics.* 2016 Jan;137(1). doi: 10.1542/peds.2015-3757. Epub 2015 Dec 1. PMID: 26628729.

Lorch SA, Srinivasan L, Escobar GJ. Epidemiology of apnea and bradycardia resolution in premature infants. *Pediatrics.* 2011 Aug;128(2):e366-73. doi: 10.1542/peds.2010-1567. Epub 2011 Jul 11. PMID: 21746726; PMCID: PMC3387856.

Medical Legal Disclaimer:

Welcome to the UC Davis Health, Department of Pediatrics, Clinical Practice Guidelines Website. All health and health-related information contained within the Site is intended chiefly for use as a resource by the Department's clinical staff and trainees in the course and scope of their approved functions/activities (although it may be accessible by others via the internet). This Site is not intended to be used as a substitute for the exercise of independent professional judgment. These clinical pathways are intended to be a guide for practitioners and may need to be adapted for each specific patient based on the practitioner's professional judgment, consideration of any unique circumstances, the needs of each patient and their family, and/or the availability of various resources at the health care institution where the patient is located. Efforts are made to ensure that the material within this Site is accurate and timely but is provided without warranty for quality or accuracy. The Regents of the University of California; University of California, Davis; University of California, Davis, Health nor any other contributing author is responsible for any errors or omissions in any information provided or the results obtained from the use of such information. Some pages within this Site, for the convenience of users, are linked to or may refer to websites not managed by UC Davis Health. UC Davis Health does not control or take responsibility for the content of these websites, and the views and opinions of the documents in this Site do not imply endorsement or credibility of the service, information or product offered through the linked sites by UC Davis Health. UC Davis Health provides limited personal permission to use the Site. This Site is limited in that you may not:

- Use, download or print material from this site for commercial use such as selling, creating course packets, or posting information on another website.
- Change or delete propriety notices from material downloaded or printed from it. · Post or transmit any unlawful, threatening, libelous, defamatory, obscene, scandalous, inflammatory, pornographic, or profane material, any propriety information belonging to others or any material that could be deemed as or encourage criminal activity, give rise to civil liability, or otherwise violate the law.
- Use the Site in a manner contrary to any applicable law.

You should assume that everything you see or read on this Site is copyrighted by University of California or others unless otherwise noted. You may download information from this Site as long as it is not used for commercial purposes, and you retain the proprietary notices. You may not use, modify, make multiple copies, or distribute or transmit the contents of this Site for public or commercial purposes without the express consent of UC Davis Health.