Quick Reference Guide for the Management of the newborn with Pierre Robin Sequence

NURSE PRONE
Cardiorespiratory monitoring
Feed with OGT or Haberman teat

Significant obstruction
Insert nasopharyngeal airway
Stabilises
Discuss with Respiratory Team timing of sleep study – with or without nasopharyngeal tube

Minimal or no obstruction
Consider breast feeds with supervision

Consider CPAP or intubation
Multidisciplinary review: Neonatal/ENT Plastics/Respiratory

Moderate or severe obstruction needs NP tube
• Generally remains inpatient until tube is out
• Repeat sleep studies every 4 weeks

Mild obstruction

Discharge on home monitor in prone position if meets all other criteria (see main PRS document)