British Association of Perinatal Medicine

Consultation Response Form

Document Title: Minimising the burden of bronchopulmonary dysplasia
Neonatal and Paediatric Pharmacist Group response
Closing date: 25/10/23
Please return this form to: **bapm@rcpch.ac.uk**

Comments received on this form will be shared with the BAPM working group to assist with the production of a final version of the document. We will publish the comments received with names attributed on the BAPM website alongside the final published document. Please note that due to the large number of comments received during consultations for BAPM publications we may not be able to respond to all comments on an individual basis.

Page number/ heading / general comments	Line number/ 'general' for comments	Comments Please insert each new comment in a new row.
P19	General	For hydrocortisone and dexamethasone recommendations, would the working group consider making a recommendation on the dose of each of these medications to include in the document to standardise the dose used?
		Thank you for the valuable feedback. It is certainly important to have some guidance on the dosing regime, however the evidence is not very clear in case of Dexamethasone. For Hydrocortisone, the most acceptable and available dosing is based on the PREMILOC trial. The group has decided to go with this statement: *"There is insufficient evidence to suggest optimal dosing of PCS at present, especially for dexamethasone. However, the most commonly used dexamethasone regime in the UK is the DART regime (Rademaker et al, 2007) (17).The hydrocortisone mentioned in the framework refers to the dosing regimen used in the PREMILOC clinical trial (Baud et al, 2016)(18)"*
P18,75		Acknowledgement to Dr Souvik Mita, Associate Professor of Pediatrics, University of British Columbia, for input on current consensus and expert opinion on PDA management and its impact on prevention of BPD

Please add extra rows as needed.