

16 April 2025

Rachel Nicol  
Coroner's Registrar | Coronial Support Unit

Email: [cpuresponses@coronerscourt.vic.gov.au](mailto:cpuresponses@coronerscourt.vic.gov.au)

**Court Reference number: COR 2020 004409**

Dear Ms Nicol

We refer to receipt of the Coroner's Findings Without Inquest into the death of Amir Iran dated 29 January 2025 and provide the following response to Recommendation One.

*1. That the Royal Women's Hospital, PIPER and Safer Care Victoria review their guidelines relating to surfactant to ensure prompt administration to newborns who require intubation for respiratory distress and that initial and repeat doses accord with the latest available evidence bearing in mind interstate and European guidelines and the manufacturer's user guide.*

The Royal Children's Hospital (**RCH**) acknowledges the Findings and is committed to strengthening and improving our guidelines to address the recommendation made by the Coroner. We wish to advise that the recommendation has been implemented by RCH.

#### **PIPER response**

1. In response to the Coroner's recommendation PIPER has reviewed its surfactant dosing bearing in mind interstate and European guidelines and the manufacturers user guide.
2. As PIPER is a statewide service it is important that PIPER guidelines are broadly consistent with the 5 Victorian Level 6 neonatal services as well as the Victorian neonatal e handbook managed by Safer Care Victoria (**SCV**).
3. Using the Neonatal Advisory Group (**the NAG**), a monthly collaborative meeting of the medical and nursing directors of Victoria's level 5 & 6 neonatal services and PIPER, the level 6 neonatal services and PIPER shared their surfactant guidelines and discussed specifically the place of surfactant in the term infant with Respiratory Distress Syndrome (**RDS**) as well as the dosing recommendations across all gestational age groups.

4. The NAG agree with the conclusion of the European Consensus Guidelines on the Management of Respiratory Distress Syndrome 2022 Update (Sweet, Carnielli et al. 2023)<sup>i</sup> that states:

*“The current evidence for more mature infants with signs of RDS indicates a potentially decreased risk of mortality, air leaks, persistent pulmonary hypertension, and duration of respiratory support. However, due to heterogeneity of data, there is currently not enough evidence to make any recommendations”*

5. PIPER notes that there is currently at least one clinical trial in progress that is studying the place of surfactant in the term baby and we await the outcome of this study with interest.
6. Notwithstanding the above it is clear that most Neonatologists use surfactant in the term baby with a clinical picture consistent with RDS.
7. In Victorian level 6 neonatal services the most common dose is 200mg/kg for the initial dose and 100mg/kg for subsequent doses.
8. Following the receipt of the Coroner’s recommendations, the subsequent NAG discussions including consideration of European and interstate guidelines along with the manufacturer’s user guide, and in the absence of high-grade evidence, PIPER has decided to adopt this dosing regimen and has amended its guideline accordingly to ensure a standardised and consistent approach. The amended guidelines are attached and marked ‘A’.
9. PIPER staff, the Level 6 neonatal services and SCV were advised of the change on Tuesday April 15<sup>th</sup> 2025.
10. PIPER’s communication with SCV included an offer to assist with updating its Surfactant guideline in the e handbook.

Thank you for the opportunity to respond to recommendations.

We wish to convey our sincere sympathy to Amir’s family for their loss.

Regards



A/Prof. Michael Stewart FRACP

Director, Paediatric Infant Perinatal Emergency Retrieval (PIPER)

The Royal Children's Hospital, 50 Flemington Road, Parkville VIC 3052. AUSTRALIA



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<sup>i</sup> Sweet, D. G., et al. (2023). "European Consensus Guidelines on the Management of Respiratory Distress Syndrome: 2022 Update." Neonatology **120**(1): 3-23.