

PROPOSITIONS

1. Less Invasive Surfactant Administration (LISA) should be accompanied by the use of premedication. (This thesis)
2. The Intubation Readiness Score (IRS) is a useful and easy to perform tool to determine if sedation is sufficient to undergo endotracheal intubation. (This thesis)
3. The effects and side effects of propofol in neonates are unpredictable in the individual patient. (This thesis)
4. Propofol as premedication for endotracheal intubation in neonates should be used with caution because of its pronounced and long-lasting decrease in blood pressure. (This thesis)
5. The choice for a certain premedication strategy for endotracheal intubation in neonates should be individualized in every patient. (This thesis)
6. Neonatologists and pediatric anesthesiologists both sedate should share their knowledge on sedation, intubation and ventilation of (preterm) neonates to improve neonatal health care.
7. Altering medical practices or clinician's behavior is not easy, even if there is convincing evidence to do so. (L.C. Leviton, Clin Perinatol 2003)
8. If you want to build a ship, don't drum up the men to gather wood, divide the work and give orders. Instead, teach them to yearn for the vast and endless sea. (Antoine de Saint Exupery)
9. The health and neurodevelopment of very low birth weight infants should be monitored through childhood and into adulthood.
10. Coming together is a beginning, keeping together is progress, working together is success. (Henry Ford)
11. Nobody sails to the middle of the ocean and calls it home. (James Blunt)