**Management suggestions for a newborn with presumed prenatal closure of foramen ovale, persistent pulmonary hypertension of the newborn and severely impaired left ventricular function**

**Initial management**

Immediate stabilisation: endotracheal intubation, mechanical ventilation, FiO2 100%

Prostaglandin infusion

Diagnostic evaluation: chest X-ray, transthoracic echocardiography

Management of pulmonary hypertension: deep sedation, analgesia, relaxation, 20 ppm NO

Inotropic support and diuretics

**After normalisation of left ventricular function**

Discontinuation of inotropic support

Intensification of pulmonary hypertensive therapy: sildenafil i.v., bosentan p.o.

**After normalisation of pulmonary hypertension**

Discontinuation of prostaglandin infusion

Gradual discontinuation of NO, deep sedation, analgesia, relaxation

Oral sildenafil and bosentan therapy

Extubation

**After discharge**

Continuation of sildenafil and bosentan therapy for at least 6 months

Further regular follow-up evaluations